**MK Counseling**

**2070 Business Center Drive, Suite 110**

**Irvine, CA 92612**

**(949) 200-6497**

|  |
| --- |
| CLIENT INFORMATION |

Chart #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First M.I. Last

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female

*If client is married:*

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Emergency Contact Information |

1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Services Requested: Individual Marital Family Other  |

***Goal for counseling/What is bringing you here at this time?***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### **Informed Consent Contract for Counseling Services**

#### ***Counseling Services***

Counseling is a treatment that addresses psychological distress and is professional guidance that helps resolve both personal and emotional problems. Counseling is a collaborative process that calls for a very active effort on your part. My intent in our counseling is to build a relationship with you where you feel free to explore your thoughts, feelings, and behaviors. This will include those thoughts, feelings, and behaviors that may be causing you psychological distress, impeding progress in achieving your life goals, and/or getting in the way of your ability to find fulfillment and meaning in your life.

Counseling involves the exploration and processing of uncomfortable aspects of life and you may at times experience difficult feelings like sadness, guilt, anger, depression, frustration, loneliness, and helplessness. These emotional states can sometimes last for days or even weeks. In such cases, it may be beneficial to seek a medication consultation (with a psychiatrist or other medical doctor) to aid in the process of counseling. If you are seeking out marriage counseling there is a risk that your marriage could end in divorce but there is also a chance that your relationship can dramatically improve. Counseling has been shown to have clear and important benefits for those clients who follow through with it. Counseling often leads to improved relationships, healthy solutions to specific problems, and significant increases in mental clarity and emotional balance along with a reduction in feelings of distress.

#### ***Confidentiality***

The privacy of all communications between client and therapist is protected by law, and the therapist can only release information about your case to others with your written permission. There are, however, some exceptions to your complete confidentiality. There are three conditions in which disclosure of privileged conversations is mandated by law: 1) any reasonable suspicion of child or elder abuse, 2) the client makes a credible threat to the physical well being of others, and 3) the client is likely to take his or her own life.

I may occasionally find it necessary to consult other professionals about your treatment. During a professional consultation, I will not give any identifying information about you. The consultant will also be legally (and most often ethically) bound to keep all information confidential. By the standards of practice in psychotherapy, such a consultation is not a violation of your confidentiality. To protect your confidentiality as my client, if we should happen to see each other in public, I will not acknowledge you unless you acknowledge me first.

***Professional Fees***

All fees are due and payable upon services rendered unless you have an agreement with me. My fee for individual therapy sessions (50 minutes) is $130. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. You are responsible for missed appointments and if you do not cancel with 24 hour notice you will be charged a $50 late fee. If you no-show an appointment you will be charged the full fee for the session. If you become involved in legal proceedings that require my professional input, you will be expected to pay for my time even if I am ordered to court by another party. Because of the difficulties and complexities involved in attending to legal matters, my fees for participation differ from my customary rates. Fees will increase if travel is necessary to provide counseling in other locations other than my office.

#### ***Contacting Me***

Office hours at MK counseling vary from week to week. A voicemail is available for which you can leave me a confidential message. I will make every effort to return your call on the same day. Messages left after 8pm may be returned on the following day. All phone conversations that require more than 20 minutes of my time are deemed to constitute a therapy session and a fee may apply. I cannot guarantee that I will be able to respond to you immediately. In case of a psychological emergency, particularly one that is life threatening, you should go to your local emergency room and ask for the psychologist or psychiatrist on call. You can also dial 911 or the local suicide prevention and/or crisis intervention hotlines.

***Professional Records***

By California state law and the standards of practice in my profession, I am required to keep appropriate records of all treatment and services rendered. The confidentiality of these records is closely safeguarded.

***Termination***

Termination of counseling services typically occurs when the client has completed their treatment goals or if the client moves away from where treatement takes place. Three phone sessions will be available to the client if termination occurs due to a location change to help transistion the client to their new location. Counseling services may also be terminated if the client should refuse to cooperate with treatment. Referrals to another qualified therapist for alternative treatement will be provided.

***Patients’ Rights***

You have the right to end therapy at any time, for any reason, with or without notice. You also have a right to question any aspect of your treatment, and to expect, if requested, that I will provide you with a referral to another qualified therapist for alternative treatment. If your presenting problems and/or symptoms fall outside my areas of treatment expertise, you can expect that I will refer you to an appropriate professional for treatment you need. Please feel free to speak to me about any of the above policies if you have any questions or concerns.

**Your signature below acknowledges that you have read, understand and agree to be bound by the content, terms, and conditions of this informed consent contract.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

*If client is a minor:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Michael Kuhle, LCSW 71124 Date

Therapist

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Michael Kuhle, LCSW 71124 Date

Therapist

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# RELEASE OF INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Michael J. Kuhle to release information pertaining to my evaluation and/or counseling sessions to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the purpose of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(indicate the specific reason)

I understand that authorization shall remain valid from the date of my signature below and end on the day counseling services are terminated. I have been informed that I may revoke this authorization by written or oral communication to the MK Counseling. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client Date of Authorization

Signature of Client Date of Authorization

Signature of Therapist Date