

# Consent to Counseling

*Life Tide Counseling, PC*  
*Carol A. Shepard, President*

**Carol A. Shepard, LMFT (License #755)**

a Licensed Marriage and Family Therapist

**Welcome to Life Tide Counseling, PC.** Please read the following information and sign your name in the space provided.

**Confidentiality:** With a few exceptions that are required by law all information you share with Life Tide Counseling, PC and Carol A. Shepard, LMFT is confidential. The exceptions to confidentiality are discussed in the Notice of Privacy Practices for Life Tide Counseling, PC, a copy of which you have received. Other than the exceptions discussed in the Notice of Privacy Practices information from your sessions is only shared with another individual if we have your written permission.

**Confidentiality for minor:** By signing below I consent to allow confidentiality between Carol A. Shepard, LMFT, Life Tide Counseling, PC and my minor child or the minor for whom I seek services.

**Appointments:** Appointments are made at the end of each session or by calling our office at 910-326-8881. Because we reserve your scheduled appointment exclusively for you, a 24-hour notice is required for cancellations. Cancellations made with less than a 24-hour notice are subject to a full fee charge. You can reach our office 24 hours a day by leaving a message on our voice mail. All messages left are kept confidential.

**Fee:** Our fees are based on a 53 minute session. The fee for the first session is \$160.00 and all following 53 minute sessions are \$145.00. All charges are due at the end of each session. Other arrangements can be made once insurance coverage is verified. However, you are responsible for all charges incurred should there be a problem with insurance payment.

**Telephone accessibility:** Life Tide Counseling, PC can be reached via voice mail 24 hours a day at 910-326-8881. We attempt to return all calls received during business hours Monday through Thursday by the next day. The voice mail is not checked from Friday through Sunday. If you need to speak to someone during the times our office is closed or when your therapist is unavailable please contact your primary care physician. You may also call a 24-hour mobile crisis service at (844) 709-4097 or the Suicide Hotline by dialing 988. If you feel it is an emergency, please call "911".

**Life Tide Counseling, PC** is a professional corporation that is owned and operated by Carol A. Shepard as President. Carol A. Shepard is a Licensed Marriage and Family Therapist for Life Tide Counseling, PC.

**Please complete the attached "Client Information Form".**

**Outpatient Service Contract:** The law requires Life Tide Counseling, PC to give a full and knowledgeable disclosure of the counseling process, which is contained in the Outpatient Services Contract you have received. You may read and sign the Outpatient Services Contract before your first session or you may bring it back with your signature prior to your second session. By signing below you acknowledge that you will read the Outpatient Services Contract and return a copy signed to Life Tide Counseling no later than the beginning of your second session.

**Authorizations and Acknowledgements:** The undersigned patient and/or responsible party hereby authorizes Life Tide Counseling, PC and Carol A. Shepard, LMFT to administer and perform treatment and diagnostic procedures which may now or during the course of treatment be deemed advisable or necessary and for Life Tide Counseling, PC to perform administrative and billing services as necessary to secure payment for the services rendered. While you are at Life Tide Counseling's office if a medical emergency occurs where you are not able to make your own medical decisions you authorize Life Tide Counseling, PC and/or your Therapist to seek emergency medical help for you. The undersigned also acknowledges that he or she has read understands and agrees to the content of this Consent to Counseling and has received a Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Client(s) Date

\_\_\_\_\_  
Signature of Parent/Guardian-Conservator Date

# Client Information Form

*Life Tide Counseling, PC*  
*Carol A. Shepard, President*

DATE: \_\_\_/\_\_\_/\_\_\_

YOUR NAME (self or parent) \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_  
SPOUSE/PARTNER \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_  
**CHILD'S NAME (if he/she is the one being seen.)** \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
MARITAL STATUS (M) (D) (W) (S) \_\_\_\_\_ YEARS MARRIED \_\_\_\_\_ RACE \_\_\_\_\_  
NUMBER OF CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_  
PREVIOUS MARRIAGES \_\_\_\_\_ DATE DIVORCE FINAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ NUMBER you would like me use if I need to contact you: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
YOUR EMPLOYER NAME \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_  
SPOUSE/PARTNER'S EMPLOYEE \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_  
EMERGENCY CONTACT PERSON AND TELEPHONE NUMBER \_\_\_\_\_  
PRIMARY PHYSICIANS NAME AND TELEPHONE NUMBER \_\_\_\_\_

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EDUCATION OR TRAINING \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_  
MEDICAL PROBLEMS/ Allergies \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_  
MEDICATIONS BEING TAKEN \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_  
SUBSTANCE ABUSE AND SUBSTANCE \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_  
SPIRITUAL BACKGROUND \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_

**IF CHILD WILL BE SEEN, COMPLETE THE FIRST 3 QUESTIONS ABOVE FOR CHILD.**

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HAVE YOU RECEIVED COUNSELING BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_  
IF YES, WAS IT A GOOD OR BAD EXPERIENCE? \_\_\_\_\_

WHAT BRINGS YOU TO COUNSELING AT THIS TIME? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO REFERRED YOU TO Life Tide Counseling, PC \_\_\_\_\_  
If referred by an individual, is it all right to contact them and thank them for the referral? Yes No  
DO YOU HAVE INSURANCE? \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_  
Who is the primary insured? \_\_\_\_\_ Their date of birth \_\_\_\_\_ SS# (if not above) \_\_\_\_\_  
Their address if different from above: \_\_\_\_\_

IF YOU PLAN TO USE INSURANCE PLEASE READ AND SIGN AFTER THIS STATEMENT: I hereby authorize Carol A. Shepard, LMFT, Life Tide Counseling, PC and its agents to bill my insurance company for our sessions and to furnish my insurance company with any information it requires regarding our sessions. I further authorize my insurance company to pay Life Tide Counseling, PC for the services provided.

SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_