

**Denver Counseling & Executive Life Coaching
Colorado, Massachusetts and Telehealth in Florida**

www.counselingexecclifecoach.com

Confidential Client Information Personal Information

Today's Date: _____

Personal Information:

Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I give permission to leave voicemails/text messages: Yes _____ No _____ (Please INITIAL)

I give permission to email me regarding scheduling, billing, or education at the following email: _____ (Initial)

Email Address: _____

Birth Date: _____ Sex: Male _____ Female _____

Occupation: _____ Employer: _____

Relationship Status:

Single ___ Married ___ Widowed ___ Divorced ___ Separated ___ Engaged ___ Live-In ___ Partner ___

How Long? _____ Spouse or Significant Other's Name: _____

Do you have children? _____ Names & Ages: _____

Who are your closest relational supports? _____

In case of emergency please notify: _____

Address: _____ Phone: _____

By whom were you referred, or if on-line, what website? _____

Counseling History & Goals: Have you previously received psychological counseling or treatment? _____

If yes, please explain: _____

Previous Psychological Diagnosis (if any): _____

Name of Therapist/Provider	From When to When?	Primary Reasons:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Diagnosis: _____

Presenting Problems: What are the main issues you'd like to address in counseling?

Medical History: Are you currently under medical care? _____ If yes, for what reason?

Physician's/Psychiatrist's Name: _____ Phone: _____

Do you take any prescription medications? _____ If yes, please explain:

Type of Medication	Dosage	Approx Start Date?	For What Purpose?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other current/ongoing significant medical/physical problems:

Denver Counseling & Executive Life Coaching, PLLC

Frances Forgione, MSW-LCSW, LAC
Denver, CO 80202, Dennis, MA 02638

Disclosure Statement

Client Name: _____ Date: _____

Welcome to my practice. Please read the following important information about the practice of Frances Forgione,

Education, Licenses & Certifications:

M.S.W. – U. of Texas at Arlington, Arlington, TX 1990
B.S.W. - Washburn University, Topeka, KS 1985
LCSW – CO Licensed Clinical Social Worker #959
LAC – CO Licensed Addictions Counselor #367
LICSW – MA Licensed Independent Clinical Social Worker # MA License #122927
TPSW – FL Telehealth Provider for Social Work #3401

EMDR Trained (Eye Movement Desensitization Reprocessing) Maiberger Institute Certification Completion
EFT Trained (Emotionally Focused Therapy). Completed Externship, Advance Training Core Skills & Supervision
Gottman Training, Level 1 & 2 Couples Therapy
AEDP Trained (Accelerated Experiential Dynamic Psychotherapy)
Gestalt Training – Gestalt Institute of the Rockies
DBT Training (Dialectical Behavioral Therapy) – Lane Pederson, PESI

Explanation of Licenses & Certifications: (Frances' licenses are in bold)

Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.

Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.

Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.

Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.

Licensed Social Worker must hold a master's degree in social work.

Psychologist Candidate, a Marriage and Family Therapist Candidate

Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.

A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

Regulatory Agencies:

Colorado:

The Colorado Department of Regulatory Agencies has the general responsibility of regulating mental health providers. The State Board of Social Work Examiners can be reached at https://www.colorado.gov/pacific/dora/social_work or 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800 and ask for the Social Work State Board of Examiners, which oversees Licensed Clinical Social Workers.

As of October 1, 2017, any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, records are kept for a period of seven (7) years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

Massachusetts:

The Commonwealth of Massachusetts has the general responsibility of regulating the practice of licensed professionals. Consumers have the right to file a complaint if they feel as though a licensee or unlicensed individual has violated the standards of professional conduct. The following website will guide you to file a complaint either by mail or online: <https://www.mass.gov/how-to/file-a-complaint-against-an-occupational-board-licensee>. The office can be reached at Division of Occupational Licensure, Office of Investigations, 1000 Washington Street, Suite 710, Boston, MA 02118. Ph 617-701-8600.

Fees:

Payment by cash, check or credit card is due at the beginning of each session. To make the most of our time together, please make out checks out to "DCELC" in advance; or sign a consent authorizing use of your credit card.

Rates: (Any sessions longer or shorter than what is listed, is prorated)

Individual Therapy: \$170 per 55-minute session. Longer sessions are prorated.

Couples Therapy: \$175 per 55-minute session. \$215 for 70-minute sessions. \$250 for 85-minute sessions.

Recommended length of session for couples therapy is 70-minute sessions.

Recommended length of session for EMDR therapy is 90 minute sessions.

Intensives are available for 3-6 hours of therapy per day. Rates vary.

There is no "surprise billing" since fees are paid at each session. A Good Faith Estimate of Expected Charges with your therapist will help indicate approximate number of sessions.

While the needs of each person and situation are different, a good rule of thumb for therapy is to meet for three months or twelve (12) sessions. However, some situations may only call for a few sessions, while others may need much more.

When discussing the length of timeframe for therapy, general considerations include: level of functioning in day-to-day activities at work and home; level of intensity of the issues presented; how long the problems have endured; the quality of outside supports of the client; the type of early bonding and development in the client's family of origin, and types of trauma involved in the client's life, medical or other complicating issues. Even when issues have reached a place of stability, sometimes clients choose to continue meeting with a therapist long term as a means of self-care.

The number of sessions is ultimately decided by the client, however, it may also be limited if the needs of the client are in an area not provided by the therapist.

Phone therapy available at individual rate or billed by 15-minute segments. Brief 5-10 min. phone calls are allowed without charge on a limited basis.

Texting is to be used for scheduling and simple communications not for relaying therapeutic information. By signing this agreement, the client is giving consent to use email and text for scheduling, billing and exchanging psychoeducational information. Exceptions are agreed upon as part of a treatment plan.

I provide non-emergency services. If you are experiencing an emergency, please call 911, or call the National Suicide Prevention Lifeline: 1-800-273-8255.

Insurance: Frances Forgione is considered an "out-of-network" provider. Payment is due at each session. However, some may wish to submit statements to their insurance for possible reimbursement. You are advised to first call your insurance company and inquire about your plan's coverage for "out-of-network" providers and how your deductible plays in to the equation. **Please note that it is your responsibility to complete and file any insurance paperwork.** If you elect to use your health insurance plan to assist in the payment of treatment, your insurance carrier and the National Information Center will have access to your diagnosis code and other pertinent data needed for claim processing.

My insurance provider is: _____ Statement Requested? Yes ___ No ___

Client Records: Client records are kept securely & confidentially for a period of seven years, then destroyed except for general dates of therapy.

Cancellations & Authorization: It is understandable that at times it may be necessary to cancel an appointment. To help to insure efficient and responsible use of time, any changes or cancellations must be made at least 24 hours in advance or a charge of \$125 per hour booked is applied and prorated if session is longer or shorter than regular 55-minute session.

Client Contact Information:

By signing below, I give Frances Forgione, CO-LCSW, MA-LICSW, CO-LAC, permission to contact me for scheduling, billing statements, sending psycho-educational information, sharing resources, good faith estimates, referrals through the phone numbers for text and voicemail, and emails provided. Any other clinical information will not be shared via these means. I understand the risks of electronic transformation of information.

By signing below, I authorize services & will pay all fees. Denver Counseling & Executive Life Coaching reserves the right to send clients with unpaid fees to collections. I have been informed of my therapist's credentials and understand my client rights. I understand that there are no guarantees as to therapy outcomes and that decisions are ultimately my own to make. I have access to a copy of this agreement.

Client Signature: _____ Date _____

Client Signature: _____ Date _____

Parent/Legal Guardian Signature (Minors) _____ Date _____

Therapist Signature _____ Date _____