**Individual Counseling Information, Fees, and Guidelines**

Counseling is a collaborative endeavor requiring mutual commitment and participation. Individual counseling involves the willingness to look again, with fresh eyes, at yourself and your current outlook (perspective). In counseling we will explore the current dynamics causing distress and identify new strategies to cope. As such in this work you will be asked to practice and develop the following:

* An on-going willingness to feel, identify, describe, and express aspects of yourself
* The willingness to be curious about your current reactions and responses to (stimuli-things that affect you).
* The willingness to learn how to (cope, regulate) emotional experiences within yourself.

These can be difficult skills, as they may be new to you. They require courage and perseverance to practice. I will share experience, tools and ground rules that enhance emotional safety and stability.

I offer the following information with a commitment to clarity and to create a safe environment that you can express thoughts, feelings and emotions and discover patterns that were created in the past, that put you where you are today. Please read the following. It is designed to provide broad guidelines to our collaboration, as well as address specific situations should they arise. I welcome your response and questions. I encourage you to discuss them with me in person or over the phone at (918-729-6201)

**Confidentiality:** Strict confidentiality applies to information you share with me in session or phone contact except where limited by law. In the event I believe that you may harm yourself or another, or I become aware of the occurrence of child or elder abuse, I am required by law to make a formal report to the appropriate agencies. If you wish for me to exchange or provide information to others concerning your well-being, I will need a written release of information form signed by you.

**FEES:** **My fee for individual counseling is $85.00 per 55-minute session. All sessions that go over the 55-minute time limit will be charged $15/per 15 minutes over time**. **Initial you have read this \_\_\_\_\_\_\_\_\_** I do provide a sliding scale based on income if this is requested. This is provided on a case-by-case basis. **Payment is due at the time of service either the beginning or end of the session.** I do require a credit/debit card be stored on file. Reasoning for this is due to “NO Call/NO Show” appointments. Your time is important to me as my time is important as well.

**Cancellations/Punctuality:** If you are late or going to be late and you have not contacted or received notification by text or phone call, I will wait for 15 minutes before assuming you are not keeping your appointment. Otherwise, we will proceed when you arrive and will end after our 55 minutes would normally end. **Please give a 24hr notice if you need to reschedule or cancel your appointment. If you are unable to keep an appointment without a 24hr notice, the standard fee set for your appointment will be charged. Initial you have read this**\_\_\_\_\_\_\_

**Disclosure of Credentials:** I am required by the State of Oklahoma to disclose to you my credentials. I have a master’s degree in Psychology with the emphasis on Counseling. I like to work with the person as a whole, I am eclectic in my approach, Short-term Solution Focused, Cognitive Behavioral Therapy, Dialectical Behavior Therapy to mention a few. I have an emphasis on treating multiple mental health ailments: anxiety, panic attacks, depression, ADHD, conduct disorders, anger management problems**. I have a faith-based background which is the foundation of New View Counseling, so it is important to me to view every aspect of the individual, spiritual, physical, mental, psychological, emotional. The mind, body, and spirit need to all be working together, otherwise dysfunction will occur.** You may ask for my credentials at any time and they are prominently displayed on my office wall.

I look forward to working with you and let me be the first to congratulate you on taking the first step toward change and moving toward the person you desire to become.

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Client Signature Date

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

Anthony Beard, MA LPC Date

**\*\*\*\*\*IT IS THE POLICY OF THIS OFFICE TO KEEP DEBIT/CREDIT CARD ON FILE. YOU MAY PAY CASH OR CHECK, BUT A CARD MUST STILL BE KEPT ON FILE\*\*\*\* (refer to the fees, cancellations policy)**

**Name as appears on card:**

**I authorize New View Counseling PLLC and its officers to charge my credit/debit card a one-time fee for each professional service I received or missed without notifying my therapist. (please initial below)**

**\_\_\_\_\_\_\_ All visits for which payment was not made at time of visit.**

**\_\_\_\_\_\_\_To charge my card the agreed upon fee for each no-show or late cancellation (less than 24-hour notice, per informed consent and fees/cancellation policy agreement.)**

**Type of card: Check one of the following:**

**\_\_\_Visa**

**\_\_\_Mastercard**

**\_\_\_Discover**

**Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CVV Number (3-digit number on back of card) \_\_\_\_\_\_\_\_**

**Expiration Date: \_\_\_/\_\_\_\_**

**Card Holders Billing zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card holders Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_**

**(signature will stay on file)**