



"Thank you for trusting us with your counseling needs. As a counselor, my primary goal is to provide the most professional and effective counseling possible and to promote the client's well being. In counseling, there are many different theoretical approaches that are practiced. I approach counseling from a cognitive behavioral framework and attempt to base all that I do on a Biblical foundational."

- Hal L. Threadcraft, PhD.

Counselor Credentials: I have an earned Ph.D. from the University of Alabama where I concentrated in individual, marriage, and family counseling. I also received a Th.M. degree from Dallas Theological Seminary. The Alabama Board of Examiners in Counseling has conferred upon me Licensed Professional Counselor status. I am also recognized as a Certified Marriage and Family Therapist. A resume detailing other credentials is available upon request.

Confidentiality: All counseling activities, records, and identifying information will remain confidential. Some limitations to confidentiality do apply. These limits are when the counselor, or the court through a court order deem a client to be in danger of bringing harm to him/herself, or others, or when the client(s) grants disclosure of the information through a signed release form.

Length of Session: The length of the sessions will be fifty (50) minutes.

After Hours Contact: No after hours contact between the counselor and the client is provided. In cases where an emergency arises, it is understood the client is to call the nearest hospital emergency room to be seen by them. A voice mail service is provided to take messages.

Cancellation: If the client must cancel an appointment, it is to be done at least twenty-four (24) hours in advance of the scheduled time. **The client may be billed for any appointment that has been canceled less than twenty-four (24) hours in advance.** This office does not practice double booking. The hour assigned for your session is intended to be devoted entirely to you. As a result, it is important if you need to cancel the appointment that you notify the office at least twenty-four (24) hours in advance so this time can be given to someone else.

Referrals: The counselor reserves the right to terminate the counseling relationship for any reason that has been decided to be in the best interest of the client. In the event the counselor or client believes that continued therapy is called for, the counselor will assist the client with a referral.

Follow-up: Following the termination of the counseling relationship, the counselor would like to contact the client(s) after a reasonable time. The purpose of this contact is to follow-up on the client's progress and to see how he/she is doing.

Fee Schedule: The following schedule will be followed in computing the client's fees.

Individual, Marriage, and Family Counseling	\$110.00 per hour
Group Counseling	60.00 per hour
Testing	Cost of the instrument and time of administration

The office accepts Visa, Master Card, check or cash. Payment is requested at the time the services are rendered.

I agree to allow this office to be in contact with the referring source where applicable regarding my case. In situations where insurance coverage or other source(s) are providing full or partial reimbursement, I authorize this office to release any information that may be necessary to secure payment. In the event where such parties will not provide reimbursement, I will be personally responsible. I also agree that if my account were to go ninety (90) days past due, or is turned over to service, I, the guarantor, will be responsible for any cost incurred for collection.

I have received a copy of the counseling privacy policy in the "Contact Us" section and have fully read, and clearly understand the above information.

Client's Name

Date



Background Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail _____

Referred by: _____

Age: _____ Date of Birth: _____ Soc. Sec.# _____

Contact in case of emergency: _____

Phone: _____

Marital Status: Single Married Separated Divorced Widowed

Age When You Married	Duration of Marriage	Number of Children	Reason for Termination (If Applicable)
1 st Mar.			
2 nd Mar.			
3 rd Mar.			

Educational Background: H.S. or GED College Degree Post Grad.

Place of Employment: _____

How long have you currently held this job: _____

Previous counseling services received: _____

Current medication being taken: _____

Date of your last physical: _____

Current physical concerns:

Name of your physician(s): _____

Previous hospitalizations and reasons: _____

Member's Name in Household

Relationship

Age
