

Kim Saltzman

LICENSED PROFESSIONAL COUNSELOR

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INTRODUCTION

This will serve as an introduction and address some of the questions you may have about my qualifications and private practice.

I am a Licensed Professional Counselor, a National Certified Counselor, a Certified Sex Addiction Therapist, and an EMDR Practitioner. I graduated from Sam Houston State University with my master's degree in Community Counseling and completed my undergraduate studies at Texas A&M University. My mission is to come along side clients and provide them with hope and healing on their journey.

While it may not be easy to seek help from a mental health professional, research has shown the benefits of psychotherapy, and it is my desire to assist you in reaching your personal goals. This can often be accomplished through exploration of feelings and by identifying thoughts and behaviors that may be limiting or even destructive.

APPOINTMENTS AND CANCELLATIONS

My fee for an individual session is **170**. The sessions are 55 minutes long with 5 minutes at the end for rescheduling and collection of payment. Couples sessions and family sessions are also 60 minutes long and are **\$175**. Should sessions exceed the allotted time, prorated fees may be added on to the base cost listed above.

You are responsible for payment in full at the time of service. Cash, check and all major credit cards are accepted as well as most HSA and FSA cards. Please be advised that payment of your services with check or credit card could provide sufficient information to financial institutions and their employees to identify you as a client.

I do not accept the assignment of Insurance benefits. An invoice will be provided upon request with all the appropriate information should you wish to file for reimbursement through your insurance company.

Appointments are scheduled by email or phone. The nature of my practice limits the number of clients that I can see, therefore, I request **48 hours advance notice** for cancellations. With less notice, you will be billed accordingly for the time set aside for your use.

____ PLEASE INITIAL HERE THAT YOU HAVE READ AND UNDERSTAND THE **48HR** CANCELLATION POLICY.

As a courtesy, clients can receive a complimentary reminder text approximately two days in advance of their scheduled appointment. Please keep in mind that if for some unforeseen reason you do not receive a reminder text, you are still responsible to keep track of your scheduled appointments.

____ PLEASE INITIAL HERE IF YOU WOULD LIKE TO RECEIVE TEXT REMINDERS FOR APPOINTMENTS.

CONTACT BETWEEN SESSIONS OR EMERGENCIES

Should you need to contact me between scheduled sessions, please call (281) 989-5106 Monday through Friday. If I am unavailable, I usually return calls within 24 hours or less. In an emergency you may need to call 911 or go to your nearest emergency room.

I am fine with receiving text messages and emails in regards to appointment scheduling and referral information, however, I ask that clients bring up therapeutic issues in session. Since I cannot completely ensure confidentiality with electronic communication, it is best to not share sensitive material via text or email.

RELATIONSHIP

Your relationship with me is a professional and therapeutic relationship. In order to preserve our relationship, it is important that I not have any other personal or business affiliations, including social media friendships, with you as they can undermine the therapeutic agreement. I believe that adding clients as social media "friends" can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

It is also considered unethical for me to acknowledge or approach you in any setting outside of the office. It is appropriate and permissible for you to approach me, but as your therapist I do not hold the same privilege with you.

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney's, nor anyone else acting on your behalf will call Kim Saltzman, LPC to testify in court or at any other proceeding. In addition, a disclosure of the psychotherapy notes will not be requested.

BEREAVEMENT NOTICE

In the unforeseen event that I should die, my practice will be taken over by another Licensed Professional Counselor via an agreement that is already in place. Your files will be transferred to their practice during the interim, at which point you can decide if you will continue counseling them or choose another professional. It is the responsibility of the appointed therapist to provide you with other professional referrals if desired.

RISKS OF THERAPY

Often growth cannot occur until you experience and confront issues that may induce you to feel a wide range of emotions, including sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle/choices/changes that may result from therapy.

TERMINATION OF THERAPY

It is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may discuss termination with you and begin the termination process should I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of termination. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified professionals. Of course, you may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive months, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

I, _____, have read, understand, and agree to the Practice Policies contained herein.

Signature _____ Date _____

CLIENT INFORMATION

Name _____ Date _____

Age _____ DOB _____ Gender _____ SSN _____

Address _____

City _____

State _____ ZIP _____

Phone _____ Alternate# _____

Email address _____

Occupation _____ Employer/School _____



PLEASE COMPLETE FOR MINORS ONLY (17 YEARS OF AGE OR YOUNGER)

Parent/Legal Guardian _____ Relationship to Client _____

Address _____

City _____

State _____ ZIP _____

Phone _____ Alternate# _____

Email address _____

Occupation _____ Employer/School _____



Marital Status: **Single** **Married** **Divorced** **Widow(er)** **Separated** **Remarried**

Do you have children? **Yes** **No**

If yes, names and ages _____

Who Lives in your home? _____

Please list all medical conditions and current medications:

Have you ever seen a mental health professional (psychologist, psychiatrist, marriage and family therapist, social worker, counselor)? **Yes No**

If you have seen a mental health professional before, when? Please briefly list the reasons.

Are you currently taking any medication for mental health issues? **Yes No**

Please list medications:

Have you ever tried to take your own life? **Yes No**

Are you currently having thoughts of taking your own life? **Yes No**

Do you drink alcohol? **Yes No** Last use _____ How often? _____

Do you use/abuse drugs? **Yes No**

What drugs? _____

Date/time of last use _____ How much do you use? _____

How often? _____ Where/With whom? _____

Current withdrawal symptoms? **Shakes Convulsions Hallucinations Cravings**

