

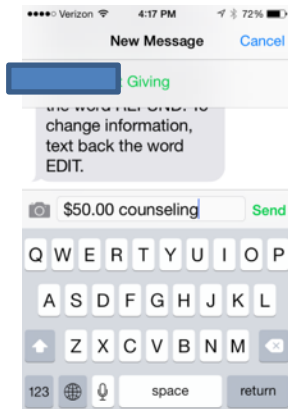
The Counseling Center

1022 W. 1st Street, Suite 206, Winston-Salem, NC 27101

Dear Client,

Thank you for choosing The Counseling Center. **Please read all of this important information.** **Keep this one sheet for your information.**

- 1) Please complete all forms in full and bring all of the pages with you to your session. If you need a copy of it we will be glad to provide that for you.
- 2) The Counseling Center strives to offer the best counseling experience possible. For this reason and in consideration to liability issues, we ask that you do not bring your child(ren) to the counseling session unless your child(ren) is the client or involved in the scheduled counseling session. Children over 13 may wait in the lobby by themselves if the parent deems them responsible enough to leave unattended. However, they will not be permitted to care for younger children there. We cannot guarantee the safety of your child(ren) while left unattended.
- 3) The Counseling Center is pleased to offer affordable rates for counseling. Therefore, should you need to cancel an appointment with Eric Hoyme, LPC, please do so at least 24 hours before you are scheduled by calling the office at 336-661-8142 or by emailing him directly at eric@thecounselingcenter.ws. Otherwise you will be charged \$125.00 for the missed appointment and will not be able to reschedule until the fee is received.
- 4) Payments should be made at the time of your appointment. There are three methods in which we receive payment:
 1. Credit or Debit Card
 2. Cash
 3. Text Payment – You will have to set up an account one time with this secure way of paying. Send a message to text payment at 336-777-7100 and follow the instructions. Enter in the payment amount followed by the word “counseling”. Then forward your confirmation email that shows you paid to: eric@thecounselingcenter.ws.



If you have any questions about this information please feel free to call the office.

Thank you for this opportunity! We look forward to working with you! The Counseling Center

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CLIENT INTAKE FORM

Please complete this & bring it with you to your appointment.

Today's Date: _____

Client's Name _____ Age _____ Date of Birth _____

Spouse/Partner _____ Parent/Guardian name(s) _____

Client Address _____

Phone (home) _____ (cell) _____ What number can a recorded message be left? _____

Email _____ May I email you? Yes No **Please note: The Counseling Center uses a HIPPA-compliant email service, which enhances security by encrypting communications. Messages from your therapist require a password in order to be read.*

Place of Work/School: _____

How did you hear about us? _____

Emergency Contact

Name _____ Relationship to client: _____

Daytime phone _____ Evening phone _____

Session Fees & Length of Sessions

Each session is scheduled for 50 minutes unless otherwise specified by the counselor. We collect your sliding scale payment by credit/debit card, cash, or text giving. Payment is due at the time of the session. When using an envelope for cash payments please be sure to include the date, your name, name of counselor and the amount. Any questions about the fees are to be directed to your counselor.

Situations may arise that prohibit you from attending your scheduled session. In this case, you are required to give more than 24-hour notice in order to cancel the appointment. **If the center does not receive notice of cancelation at least 24-hours before the scheduled appointment, you will be responsible for the full price of the missed session.** To cancel your appointment or make a new one, please call The Counseling Center at 336-661-8142 or email your therapist at eric@thecounselingcenter.ws.

By signing this form you are indicating that you have read the Professional Disclosure Statement as well as agree with the office's terms & guidelines.

Client/Guardian Signature

Date

Staff Signature

Date

The Counseling Center

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SIGNIFICANT RELATIONSHIPS

In the section below, list the individual's name, age, relationship to you, quality of relationship with you, and whether you share a residence.

Name	Age	Relationship	Quality of Relationship	At home?
1.				YES NO
2.				YES NO
3.				YES NO
4.				YES NO
5.				YES NO
6.				YES NO

Are you presently married? Yes _____ No _____ If yes, how long? _____

Presently separated? Yes _____ No _____ Date of Separation: _____

Divorced? Yes _____ No _____ Date of Divorce: _____

Military background? Yes _____ No _____ If yes, dates and branch of service: _____

FAMILY MENTAL HEALTH HISTORY

In the section below, identify if there is a family history of any of the listed conditions. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	<u>Please Circle</u>	<u>List Family Member(s)</u>
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Gambling/pornography/sex addiction	yes/no	
Obesity	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	
Was abused/neglected (physical, sexual, emotional)	yes/no	

GENERAL HEALTH & MENTAL HEALTH

Previous counseling? Yes _____ No _____ Reason for seeking services: _____

What was learned or gained in previous counseling? _____

Are you currently working with a psychiatrist or another counselor? Yes _____ No _____

Reasons for seeking services: _____

Provider's name and location: _____

Have you ever had any thoughts or feelings of hurting yourself? Yes _____ No _____

Have you ever attempted to hurt or kill yourself? Yes _____ No _____

Dates of self-harm thoughts and/or attempts: _____
Reasons for self-harm thoughts and/or attempts: _____

Have you ever had any thoughts or feelings of hurting or killing someone else? Yes ___ No ___

Have you ever attempted to hurt or kill someone else? Yes ___ No ___

Dates of thoughts and/or attempts to hurt others: _____

Reasons for thoughts and/or attempts to hurt others: _____

Do you have any present and/or past problems with: alcohol abuse ___ drug abuse ___ gambling ___ pornography ___
sexual addiction ___ spending ___ over-eating ___ over-working ___ over-exercising ___

Dates of substance or other abuse: _____

How have you received treatment for these issues? _____

Have you ever been sexually, physically, emotionally/mentally abused? Yes ___ No ___ Abuser and age of abuse: _____

Were you ever exposed to domestic violence? Yes ___ No ___ Age of exposure: _____

Have you had any significant life stressors or losses in the last year? (Death of a loved one, loss of job, home, etc.) _____

Primary Care Physician: _____ Last exam: _____ Are you currently taking any
prescribed medication? Yes ___ No ___ Please list: _____

Any past surgeries or medical hospitalizations? Dates and reasons: _____

Any problems with eating ___ sleeping ___ chronic pain ___ weight changes ___ loss of consciousness ___ headaches ___

Describe any answers checked above _____

Other medical problems: _____

OTHER INFORMATION

Do you consider yourself to be spiritual or religious? Yes ___ No ___ Any specific denomination? _____

What values are important to you? _____

What has brought you to counseling now? _____

What would you like to see change in your life? _____

What do you consider to be some of your strengths? _____

What do you consider to be some of your weaknesses? _____

CONSENT FOR TREATMENT:

I hereby give my consent to my counselor, _____, to provide an evaluation & treatment that we may mutually determine to be appropriate. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. I understand I will likely gain the most benefit from counseling if I am committed to the process and attend regularly. I understand that no promises have been made to me as to the results of therapy provided by this professional. If at any time during treatment I cannot wait for a return call from my counselor, I agree to contact my psychiatrist or family physician, and call **Forsyth Medical Center Crisis Response Team @ 1-800-718-3550 or 911.**

Print Name _____ Client/Guardian Signature _____ Date _____

Eric Hoyme, MA, LPC

THE COUNSELING CENTER

1022 W. 1st St., Suite 206, Winston Salem, NC 27101

Office: (336) 661-8142

eric@thecounselingcenter.ws

Professional Disclosure Statement & Informed Consent

Hello & welcome! I am pleased to be working with you as your counselor. This information will inform you about my background and certain aspects regarding our therapeutic relationship. I'm able to answer concerns at anytime throughout the duration of the counseling relationship, and thereafter.

Qualifications & Experience

In 2006, I completed my Masters in Marriage and Family Therapy at Richmond Graduate University (Atlanta, GA). After a 3 year period of post-graduate practice and supervision, I became a Licensed Professional Counselor in the state of Georgia in 2009 (LPC005783). I am also currently a Licensed Professional Counselor in North Carolina (11706).

In 2010, I began to specialize my practice in trauma counseling, completing Level I and Level II of EMDR training through the EMDR Institute. In 2014, I completed post-training practice and supervision through the EMDR International Association and am currently a certified EMDR therapist (emdria.org). I have completed advanced EMDR trainings for the treatment of dissociation (2013) and early trauma (2014).

Over the past 10 years, I have practiced in inpatient psychiatric, residential substance abuse treatment, and outpatient settings.

Therapeutic Approach and Counseling Services

I work with adolescents and adults whose daily lives are being hindered or disrupted by memories, emotional responses, and physical reactions from past traumatic experiences. Many of the individuals I counsel have been diagnosed with Post Traumatic Stress Disorder (PTSD).

In treating the symptoms of trauma, I use Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Therapy (CBT). EMDR is an evidence-based, gold-standard treatment for PTSD, which has been shown in clinical trials to significantly reduce trauma symptoms in as few as 3 sessions. Most people will participate in 6 - 12 sessions before having a successful resolution, but some people who have experienced multiple traumas will require more than 12 sessions to achieve their counseling goals.

I use the principles and techniques of CBT (also an evidenced-based treatment) to augment our EMDR work. Because past experiences have shaped how we view ourselves, others, and the world around us,

learning how to think about life in new ways and choose new adaptive behaviors is crucial for personal healing. Cognitive Behavioral Therapy offers a system of interventions that facilitate these goals.

There are both benefits and risks to psychotherapy. The risks include experiencing uncomfortable levels of emotions such as anxiety, sadness, anger, and frustration. However, psychotherapy has also proven to have many benefits for people who undertake it. It often leads to a significant reduction in feelings of distress, better relationships, and resolutions to specific problems. There are no guarantees about what will happen. Please discuss any reactions and emotions experienced during the counseling process with your therapist.

Counseling involves a commitment of time, money, and energy. By the end of your evaluation, your therapist will be able to offer you some initial impressions of what your therapeutic work will require, and will create an individualized treatment plan which suits your needs. You should consider this information and decide if you feel comfortable working with your therapist. If there are any questions about procedures, please discuss them with your therapist as the issues arise.

Session Fees and Length of Sessions

Counseling sessions last up to 90 minutes. Whereas a standard counseling session is completed in 50 - 60 minutes, EMDR sessions can require additional time for processing to occur. While not all sessions will take 90 minutes, you should allow this much time in your schedule for planning purposes.

The cost for a counseling session is \$125.00. Because I do not accept payment from insurance companies, I offer a sliding scale based on annual income. The sliding scale is attached to this form. Please notify me of the income range that you fall into and we will establish your session fee.

After discussing the sliding scale with my counselor, my fee for 1 counseling session will be:_____

Payments are required at the time of the session. Acceptable forms of payment are cash, check, or credit card (Visa, MasterCard, American Express, or Discover).

If you must cancel your appointment, you are required to do so *more than* 24 hours in advance of your session by contacting eric@thecounselingcenter.ws or calling (336) 661-8142. If cancellation is made less than 24 hours before your appointment, you will be billed the full fee for a missed session. In rare emergencies, you may cancel your appointment less than 24 hours before your session and not be charged.

Use of Diagnosis

The use of insurance poses risks that clients should be aware of in making decisions regarding counseling services. For instance, most managed care companies and insurance panels will only provide limited reimbursement for services from their providers. Additionally, using insurance requires your counselor to make a mental health diagnosis that will remain in your medical record where a variety of insurance companies might have access to it. Some conditions for which people seek counseling do not qualify for reimbursement. Finally, the risk of confidentiality being violated increases when insurance papers are filed. If you do choose to file for insurance benefits, your therapist will provide a superbill at the end of each session, which is suitable for requesting reimbursement from your insurance provider.

Confidentiality and the Counseling Relationship

Communications between a client and a counselor are confidential and are protected by state and federal law. However, there are several important exceptions to this confidentiality due, in part, to the special needs of minors, disabled adults, and elders.

The first exception to confidentiality occurs when you sign a Release of Information, which allows your therapist to communicate with specified individuals about predetermined parts of your client record. Even after signing a Release of Information you can choose to rescind your counselor's right to discuss the predetermined material at any time.

The second exception to confidentiality occurs when you provide reasonable cause for your counselor to believe that a minor is being abused. As a mandated reporter, your therapist must act in the best interest of the child and report the suspected abuse to the proper authorities.

This same requirement to report also applies if your counselor believes that a disabled adult or an elder is being abused.

The third exception to confidentiality arises when there is a clear and imminent danger to you and/or an identifiable third party. If you are suicidal and have a plan to kill or seriously hurt yourself, or if you make your counselor aware of your intent to kill or seriously injure another person, your counselor must take all actions necessary to prevent these events from occurring.

The fourth exception to confidentiality occurs when I am ordered by a court to disclose information about your treatment.

Finally, in order to provide the highest possible standard of care, your therapist is involved in regular and ongoing supervision and case consultations. Supervision and case consultations involve discussing assessments, treatment plans, and therapist-client relationship dynamics with other mental health professionals. These important interactions allow your counselor to avoid oversights and enhance the quality of treatment which he can provide to you. The confidentiality of supervision and case consultations is also protected by law.

While this summary of exceptions to confidentiality can be helpful in identifying potential problems, it is important that you and your therapist discuss any questions or concerns you may have.

All of our communication becomes part of the clinical record, which is accessible to you upon request.

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to the sessions you arrange with me. It is also vital for you to know that if I see you in public, I will protect your confidentiality by greeting you only if you greet me first.

In the event that you need to reach me outside of our scheduled session time, please first try to reach me by calling the main office number, which is (336) 661-8142. The office manager will advise me that you have called and I will respond in as timely a fashion as my schedule allows. If the issue is a psychological emergency and you cannot reach me, call: Forsyth Medical Center Crisis Response Team at 1-800-718-3550 or 911.

Questions or Concerns

General guiding principles for the counseling relationship are published by the American Counseling Association (ACA). You can access these principles by referring to ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-ethics.pdf>). I encourage you to discuss any questions or concerns you may have about the counseling process or our work together with me. If I am not able to resolve your concerns, you may contact our Director of Counseling at The Counseling Center, Karen Maldonado, LPC by calling (336) 661-8142. You may also report complaints to the North Carolina Board of Licensed Professional Counselors (see below):

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblpc.org

I look forward to working together with you!

Acceptance of Terms: By signing below you are acknowledging that you have read, understood, and agreed to the conditions outlined above.

Client: _____ Date: _____

Counselor: _____ Date: _____

The Counseling Center

Sliding Scale For Eric Hoyme, LPC

This sliding scale fee schedule is for individuals who have no dependent children

Circle the session fee amount that is paired with your annual household income

Annual Income	Session Fee
Less than \$40,000	\$65
\$40,000 - \$50,000	\$75
\$50,000 - \$60,000	\$85
\$60,000 - \$70,000	\$105
\$70,000 - \$80,000	\$115
Greater than \$80,000	\$125

The Counseling Center

Sliding Scale For Eric Hoyme, LPC

This sliding scale fee schedule is for individuals who have dependent children

Circle the session fee amount that is paired with your annual household income

Annual Income	Session Fee
Less than \$50,000	\$65
\$50,000 - \$60,000	\$75
\$60,000 - \$70,000	\$85
\$70,000 - \$80,000	\$95
\$80,000 - \$90,000	\$105
\$90,000 - \$100,000	\$115
Greater than \$100,000	\$125