



Snapdragon Counseling Services, LLC

Jessica Ferrante LPC, CGAC II, CADC II
3800 SW Cedar Hills Blvd, suite 152-J
Beaverton, OR 97005
(503) 389-3321 Phone
info@SnapdragonCS.com Email
www.SnapdragonCS.com

Client Information Sheet

Date: _____

Legal Name _____ Age _____

Preferred Name _____ Which pronoun(s) do you use? _____

Address: _____

City _____ State _____ Zip Code _____

Email address: _____

Phone Number(s): _____

(Cell) Okay to leave Voice message? Y N (Home) Okay to leave Voice message? Y N

Date of Birth: ____/____/____

Race/Ethnicity: _____

Occupation: _____ Employer: _____

Years of school completed: _____ Currently enrolled? _____ *If yes, where?* _____

Intimate Relationship Status: _____

Do you have any children? N Y

Emergency Contact(s): **At least one is Required*

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Who are the members of your household?

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Medications:

Last Hospitalization: (Date and reason)

Current or Chronic Health Concerns:

Please list all reasons and/or prompting events for seeking counseling:

Please list your ***Disability Status*** as well as any accommodations and/or special considerations that you would like us to implement for your treatment:

How did you hear about Snapdragon Counseling Services?

Client or Legal Guardian Signature

Date

Jessica Ferrante LPC, CGAC II, CADC II

Date

Release of Confidential Information

This authorization must be written, dated & signed by the client or their representative.

Regarding (Client Name) _____ Birthdate ___/___/___

I will authorize **Jessica Ferrante of Snapdragon Counseling Services** to:

_____ Release information to (and/or) _____ Receive information from

(Person/organization)

(Address)

(Phone Number)

(Fax Number)

Information will be used on my behalf for the following purpose(s):

___ Diagnosis & Evaluation

___ Treatment planning

___ Facilitation of ongoing treatment

___ Coordination with other service providers

By Initialing the spaces below, I specifically authorize the release of the following medical / mental health records.

____ Social, medical or psychological reports
____ Treatment goals and results
____ **Information about drug and/or alcohol abuse**
____ **HIV/AIDS related records**
____ Other(specify):

This authorization may be revoked at any time, in writing.

Unless revoked earlier, this consent will **EXPIRE 180 DAYS** from the date of signing.

***This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR, part 2) prohibits you from making any further disclosure or it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal regulation also restricts any use of the information to criminally investigate or prosecute the patient.*

Client or Legal Guardian Signature

Date

Jessica Ferrante LPC, CGAC II, CADC II

Date

Counseling Information Disclosure Statement

I am looking forward to working with you as your counselor. This document provides information about my background and the work we can do together in this professional relationship.

I hold a Master's degree in Professional Mental Health Counseling with a specialization in addictions treatment from Lewis & Clark Graduate School of Education and Counseling. As a licensee of the Oregon Board of Licensed Professional Counselors and Therapists (License #C6286), I will abide by its Code of Ethics. You may contact the Board at www.oregon.gov/OBLPCT or 503-378-5499. Their mailing address is: 3218 Pringle Rd. SE #250, Salem, OR 97302-6312.

My training has prepared me to work with diverse clients on many different issues. My clinical interests include treating adults and adolescents with concerns related to gambling addiction, internet/technology/gaming, depression, anxiety, shame, and substance use. I have a foundation in transtheoretical theory; my work with clients explores how we navigate the process of change in various areas of our lives.

My goal is for clients to discover ways to embrace their own strength and wisdom in order to navigate their world and find resolution to troubling issues. Techniques used in our sessions will include: dialogue, mindfulness, visualization, and may include homework assignments that involve reading, writing, and art. Counseling can be a rewarding, life-changing process, that opens up places in our lives which have been stuck, and creating opportunities to fully embrace life.

Doing counseling takes focus, dedication, and a willingness to be present to the work at hand. It can be risky to open oneself to the process of self-discovery and the task of changing life patterns. While there are no guarantees of specific results in counseling, I assure you I will always interact in a professional manner consistent with accepted ethical standards. You may have questions about the process of counseling, and I invite these questions at any time. If I do not know the answer, I will research and find an answer for you.

As a client you have the right to choose your counselor, and the right to decide when the counseling relationship is no longer working for you. If you choose to discontinue our counseling relationship, I will respect that decision. If you wish, I will provide appropriate referrals to other providers. You have the right and the responsibility to play an active role in treatment planning as we work together. This means that we will work together to create action plans to achieve desired outcomes.

What you share with me will be kept confidential, with the following exceptions:

- if you direct me to tell someone else;
- if I determine you are a danger to yourself or others;
- if I am ordered by a court to disclose information;
- if I am made aware of any actual or suspected abuse of a child or vulnerable adult, I am required to inform the appropriate authorities (Child or Adult Protective Services).

Outside of these exceptions I will not share with anyone the fact that you are in counseling with me, or any information you have shared with me. If a situation requires me to break confidentiality, I will inform you of my need to disclose.

It is possible that we will inhabit similar spaces online or in the community. If I can foresee an interaction, I will do my best to stop it from happening (i.e. blocking clients on social media sites). Please note that if I see you in a shared public space, I will not initiate contact.

Records are kept confidential. You as the client will have access to your records at any time. To obtain these records, please submit a written request and allow me sufficient time to print them for you. Records include session notes, intake assessments or tests, written reports, and diagnoses.

Our interactions will be limited to a professional counseling relationship, which involves counseling sessions, occasional brief phone calls between sessions, and occasional email or text message contact for the purpose of scheduling and appointment reminders.

I offer a free, 15-minute, initial consultation either by phone or in person and I offer 90-minute intake sessions for \$175. Individual and family counseling sessions last 60-minutes each and the fee for each session is \$150. I offer flexibility in my fees upon request. Fees must be paid at the end of each session by contactless forms of payment, check, or credit/debit card. If you are unable to keep your appointment and provide less than 24-hour notice (with the exception of emergencies or unexpected situations), you will be charged for the session.

Please sign below, indicating that you have read and have an understanding of these rights and responsibilities. We will review this information during our first session.

Request and Consent to Treatment

I hereby consent to treatment by Jessica Ferrante LPC, CGAC II, CADC II of Snapdragon Counseling Services, LLC.

I have been informed of the nature of treatment and understand that I may revoke this consent at any time.

As a client of Snapdragon Counseling Services, I understand that any information shared by me in the course of treatment will be held in the strictest confidence and will not be divulged to any person or agency without my written permission, with the following exceptions:

1. When required by Oregon Law, as outlined in "Counseling Information Disclosure Statement".
2. Counselors must share client information with their supervisor to ensure quality of client care.

Client or Legal Guardian printed name

Client or Legal Guardian signature

Date

Jessica Ferrante LPC, CGAC II, CADC II

Date

I have been given instructions of how to access Jessica Ferrante's Professional Disclosure Statement (PDS) on the Snapdragon Counseling Services website (www.snapdragoncs.com/forms), and I understand how to contact the Oregon Board of Licensed Professional Counselors and Therapists if I have questions or concerns.

Client or Legal Guardian Signature

Date

Jessica Ferrante LPC, CGAC II, CADC II

Date

I have been given instructions of how to access the Notice of Privacy Practices (NPP) on the Snapdragon Counseling Services website (www.snapdragoncs.com/forms).

Client or Legal Guardian Initials

I have read and reviewed the Notice of Privacy Practices (NPP) on the Snapdragon Counseling Services website (www.snapdragoncs.com/forms) and agree that I understand all Client Rights and Responsibilities as they were outlined in the document.

Client or Legal Guardian Signature

Date

Jessica Ferrante LPC, CGAC II, CADC II

Date

Description of Telehealth Services

Snapdragon Counseling Services offers telehealth services for individual, couples, and family therapy. Telehealth services include the use of phone or electronic communication between provider and client for the purpose of providing services without direct interaction.

TELEHEALTH RIGHTS AND RESPONSIBILITIES

I understand I have the following rights and responsibilities with respect to telehealth services:

1. The laws that protect the confidentiality of personal information also apply to telehealth. The information disclosed by you is generally confidential and will not be released outside of the center without written authorization from you, except where required or permitted by law.

2. There are some additional important legal and ethical exceptions to complete confidentiality that you should be aware of and some situations in which we are permitted or required to disclose information without either your consent or authorization:
 - Statements that clients make of any intention to commit suicide or homicide with respect to a readily identifiable person
 - Statements indicating that a client or another has committed acts of abuse toward a child or vulnerable adult, or intent to commit such acts
 - Information that would facilitate treatment of a medical emergency
 - Defense of claims brought against Snapdragon Counseling Services by the client
 - If your records are requested by a valid subpoena or court order.

3. I understand that I have the right to withhold or withdraw my consent to the use of telehealth services in the course of my care at any time, without affecting my right to future care or treatment.

4. I understand that if electronic communication is used, the center will use encrypted, HIPPA compliant software.

5. I understand that there are risks and consequences from utilizing telehealth, including but not limited to the possibility that:
 - The transmission of my personal information could be disconnected, disrupted, or distorted by technical failures
 - The transmission of my personal information could be interrupted by unauthorized persons

6. I understand that as a client using telehealth services I am responsible for securing my own computer hardware, internet access points, and password security. I also understand that Snapdragon Counseling Services is not liable for confidentiality breaches due to client error or

client equipment failure. If using phone or computer, I know that I am responsible for taking telehealth phone calls in a private and confidential space.

7. Telehealth services may not be readily available for emergency or crisis based clinical services. If you are experiencing an emergency, please call 911. If you are experiencing a crisis, please reach out to a crisis helpline via one of the phone numbers listed below (Phone Access and Emergencies).

8. I agree to not audio or video record any part of sessions.

9. Just as with in-person therapeutic services, telehealth services can benefit many people, but success is not guaranteed. Please talk about this with your therapist since you must be the judge about the benefits and risks therapy holds for you.

PHONE ACCESS AND EMERGENCIES

Our business days are Monday-Wednesday. You may always call and leave a voice message and I will check voice messages regularly and respond to all calls within 48 hours. The Snapdragon Counseling Services phone number is (503) 389-3321.

If you are experiencing a mental health emergency please call 911. If you are experiencing a mental health crisis, please call your local crisis line:

Multnomah County Crisis Line: (503) 988-4888

Washington County Crisis Line: (503) 291 9111

Clackamas County Crisis Line: (503) 655-8585

Please list all forms of telecommunication that you consent to receive. If you leave a section blank, it will be assumed that you do not consent to that form of communication and I will not contact you through that method.

Cell Phone: _____ Consent to leave voice message? _____

Consent to text? _____

Home Phone: _____ Consent to leave voice message? _____

Email Address: _____ Okay to email? _____

Preferred Order of Communication: 1) _____ 2) _____ 3) _____

By signing this form, you have acknowledged the following: receiving a description and understanding the treatment you will receive, authorizing the treatment, and understanding how your private information will be shared.

Client or Legal Guardian signature

Date

Jessica Ferrante LPC, CGAC II, CADC II

Date

Fee Agreement

The standard fee for a 60-minute session at Snapdragon Counseling Services is \$150. The standard fee for a 90-minute new client intake session is \$175.

If it was determined during our initial screening that you qualify for a reduced fee structure, please indicate the amount below:

- For a 60-minute individual or family session \$ _____
- For a 90-minute new client intake session \$ _____

I agree to pay this fee at each session by contactless payment, check, or credit/debit card. If a check is returned for any reason, I agree to replace the payment, and cover any returned check fees incurred by Snapdragon Counseling Services. Please note, forms of accepted contactless payment are listed on www.SnapdragonCS.com. Please make checks payable to *Snapdragon Counseling Services, LLC*.

I utilize Square POS for all business transactions. I can provide receipts for each transaction upon request. If for some reason a payment does not go through, I will contact you via your preferred method of communication prior to making any new and/or additional transactions. Please note that you will be charged our agreed upon fee for any missed or canceled appointments in which you were not able to provide at least 24-hour notice (with the exception of missing/canceling due to an emergency or unexpected situation).

Missing more than three payments without making a payment arrangement with me can result in termination of counseling services.

At this time, I am not able to bill any insurance providers directly but I can provide a superbill for any services received that you may submit to your insurance company independently for reimbursement. Please notify me prior to the start of our first session if you would like to receive superbills.

By signing this form, you indicate that you have read this fee agreement and that you agree to pay either the standard per-session rate, or the reduced per-session rate indicated above if applicable.

Client or Legal Guardian printed name

Client or Legal Guardian signature

Date

Jessica Ferrante LPC, CGAC II, CADC II

Date