

Tamra Weber Zehner, LCSW
4202 Spicewood Springs Road Suite 116 Austin, TX 78759 Telephone (512) 569-1025
Email: TWZehner@Gmail.com Website: www.TamraZehner.com

Welcome to my office! This document is meant to inform you about therapy and Tamra Weber Zehner, LCSW's policies regarding psychotherapy, as well as capture your basic information for record keeping and some background information.

CLIENT INFORMATION: **Name of Child:** _____ **Today's Date** _____

Date of birth: _____ **Child lives with?** Mother Father Both Parents Step-Mother/Father

Because Client is a child, please list both parents' names, birth dates, phone numbers and addresses.

If parents are divorced, both parents must give consent for the child to attend counseling and both fill out a copy of this form or a copy of the custodial agreement showing parent's custody agreement must be provided.

Mother's name: _____ **Birth date:** _____

Please circle one: Married/Divorced/Separated **Date of Marriage:** _____ **Separation:** _____ **Divorce:** _____

Mother's address: _____ **Email** _____

City: _____ **State:** _____ **Zip Code:** _____

Mother's Phone Numbers: Day: _____ Night: _____ Cell: _____

Father's name: _____ **Birth date:** _____

Please circle one: Married/Divorced/Separated **Date of Marriage:** _____ **Separation:** _____ **Divorce:** _____

Father's address: _____ **Email:** _____

City: _____ **State:** _____ **Zip Code:** _____

Father's Phone Numbers: Day: _____ Night: _____ Cell: _____

Step-Mother/Father's name: _____ **Birth date:** _____

Phone Numbers: Day: _____ Night: _____ Cell: _____

Are there any phone numbers we cannot leave a message asking you to return a call or reminding you about your child's appointment with Tamra?

EMAIL & TEXTING: Tamra will email and text with a client if they have **initialed here** _____ Tamra has passwords and virus protections on both her cell phone and computer and makes her best effort to prevent hacking, but clients must realize that these are not necessarily foolproof.

Please list all other family and non-family members living at your residence: Their names, ages and relationship(s):

How did you hear about Tamra? _____

Please check if she may contact your referral to thank them _____

Are you aware that she is an out of network provider for any and all insurance plans? ____ Yes ____ No

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EMERGENCY CONTACT

Please provide contact information for a person we can contact in case of emergency. This contact will only be used if we believe you, your child or someone else is in immediate danger or if you or your child becomes ill and are unable to continue or depart therapy without assistance.

Emergency Contact Person _____

Relationship _____ Phone Number (_____) _____

Address _____

City _____ State _____ Zip Code _____

(Please initial) _____ I agree Tamra Weber Zehner, LCSW may contact the above named person under the above named conditions.

Is there/has there ever been any custody dispute? _____

Has your child had prior therapy and if so when, with whom and for how long?

What is important for Tamra to know about that experience?

What is your reason for bringing your child to therapy now? What behaviors does your child exhibit that concern you?
Please be as specific as possible.

What are your goals for your child's therapy?

What school does your child attend? _____ For how long? _____

Grade: _____ Teacher's name: _____ Phone number: _____

Are there problems or issues at school?

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Child's interest's, hobbies, friends. Things that your child enjoys/ makes him/her happy ...

FAMILY INFORMATION:

Grandparents: Living? Maternal: Y/N Paternal: Y/N Ages: Maternal ____/____ Paternal ____/____ If deceased list year of death.

Please describe you child's childhood and current relationship with parents , grandparents(and Step-Parents):

Siblings: Names and ages +What are they like?

What role does your child play in your family? How do your children get along? Has that changed?

Parents relationship: Why did you get married? (other than being in love!) And if applicable, divorced?

Describe marital relationship problems or concerns that you have currently or have had:

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MEDICAL HISTORY

Please complete to the best of your ability. If your child does not have a current provider please mark N/A or otherwise indicate that it is not applicable. Please do not leave any spaces blank.

Psychiatric Information:

Psychiatrist's Name: _____ Phone Number: _____

Current medications prescribed by Psychiatrist:

Medical Information:

Physician's Name: _____ Physician's Phone Number: _____

Date of last complete physical: _____

Current medical concerns:

Current medications prescribed by Physician and reason for medication:

Childhood/Adolescent illnesses, hospitalizations, operations, injuries; including falls, broken bones, car accidents, head injuries, etc:

Pregnancy and Birth History as well as Complications:

How would you describe your child's current state of health?

Is there anything in your child's medical history or family health pattern that would be useful for me to know?

Is there anything else that you think would be helpful for Tamra to know about your child or your family?

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THERAPIST-CLIENT AGREEMENT

Tamra Weber Zehner, LCSW does not discriminate on the basis of sex, gender, sexual orientation, race, ethnicity, color, national origin, age, economic status, disability, marital status, HIV/AIDS status, religion, creed, Veterans status, or political beliefs. Tamra Weber Zehner, LCSW is licensed in the State of Texas as a Clinical Social Worker as well as a Clinical Social Work Supervisor.

NATURE OF PSYCHOTHERAPY AND THE THERAPEUTIC RELATIONSHIP

This practice does not provide 24-hour or emergency therapy services. Should you or someone close to you require such service, the following referrals are offered:

- Hotline to Help: 472-HELP (4357)
- 9-1-1 for emergency assistance
- MHMR Psychiatric Emergency: 472-8996
- Nearest hospital emergency room

Tamra accepts only those clients whom she believes have the capacity to resolve their problems with the assistance of psychotherapy. Although every client's goals are individualized, there are certain basic things you can expect from therapy. Essentially, therapy will help your child to better manage the challenges of daily life. Discussion of your and your child's more specific goals and progress will be a constant and central part of the therapy process.

Be aware that counseling often requires the sharing of difficult thoughts and feelings and that your child may feel uncomfortable at times. At other times, you may feel that they are not making enough progress. It is especially important that during these difficult times you continue to communicate with Tamra. She will want to work with you to consider all options available to help meet your therapy goals. Although your sessions may be very emotionally and psychologically intimate, it is important for you to realize the professional nature of your relationship with your therapist. Clients are best served if the therapist-client relationship remains professional and sessions concentrate on your concerns.

RECORDS & CONFIDENTIALITY

All interactions including scheduling of appointments, your records, content of your sessions and progress in counseling, are kept confidential. In order to provide you with the best possible services, Tamra participates in case consultation with supervisors and peers. Under certain circumstances, your therapist may be required to share confidential information under legal mandate. These circumstances are outlined below.

•Client Authorization: Clients (parents and legal guardians) can give written consent for Tamra Weber Zehner, LCSW to provide information to others (e.g., psychiatrists, doctors, case workers, etc.) in an effort to coordinate treatment. A release is standard practice for Tamra if you are taking a prescribed psychotropic medicine.

PLEASE INITIAL HERE _____ if you DO give permission for Tamra Zehner LCSW to contact you via email or text message.

•Imminent Risk of Harm: When there is reason to believe that a client may be at imminent risk of harming him/herself, others, and/or property, the therapist has the legal and ethical option to warn appropriate authorities.

•Cases of Abuse and Neglect: When there is reason to believe that a minor, an elderly person, or a person with a disability is in danger of being, or has been physically, emotionally, or sexually abused or neglected, therapists are obliged by law to report the information to the appropriate authorities.

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- **Past Abuse:** It is required by law to report perpetrators of past abuse if the therapist has reasonable suspicion that they have current access to an individual in a protected group (children, other-abled, elderly people...).
- **Orders from Court of Law & Criminal Proceedings:** When a court of law orders a therapist to release information, the therapist must comply with such an order. Confidentiality does not extend to criminal proceedings in Texas, so that if a client is presently, or will later become, involved in a criminal lawsuit, the client's file may be opened for court inspection.
- **Inappropriate Behavior by Previous Therapist:** If a client discloses that a previous therapist behaved in a sexually inappropriate manner, then the current therapist is legally bound to report it to the District Attorney's office as well as to the appropriate state licensing board. The client's identity need not be disclosed if he or she does not wish it.
- **Kids and Sex:** Therapists are required to report sexual activity of minors under the age of consent of 17 years of age that are not emancipated. This means sexual activity between a minor and an adult must be reported to the proper authorities for the protection of the minor. Sexual activity between a minor and another minor may be reportable, depending on the specifics of the situation.

CLIENT RIGHTS

If at any time or for any reason you are dissatisfied with your services, please speak with Tamra directly. Tamra is committed to trying to resolve your concerns. Tamra practices according to national and state guidelines for professional and ethical standards of care. If you have reason to believe that she is practicing outside of these guidelines, you may report your concerns directly to the Texas State Board of Examiners of Clinical Social Workers, (512) 834-6657.

CLIENT RESPONSIBILITIES

● Fees & Payment Expectations

You are responsible for paying your fee at each session. You understand that your current assessed fee is \$130 (50 minutes). If you attend Family, Couple or EMDR sessions the fee is \$180 for 80 minutes. Letter or report writing or other clinical services is based on 15 minute increments / \$40.00 per increment. Fees may be adjusted with at least a 4-week notice before the fee change would be in effect.

The agreement for paying by check is to pay a \$35 service charge for each check returned. After your second returned check, you will no longer be allowed to pay by check. If your debt becomes outstanding, it will be turned over to a collection agency, thereby releasing your status as a client of Tamra Weber Zehner, LCSW. You will be charged \$160-/ per hour for all research, copying and administrative work requested on your behalf, including any requests for paperwork and/or clinical evaluations.

Therapists may have to appear in court only if subpoenaed or court-ordered by a judge. In these cases, therapist testimony and/or case consultation will be provided at the cost of \$400 per hour to be paid by the subpoenaing party at the time of court-related service. You will be charged \$400 per hour for all court-related proceedings, including but not limited to, meetings with attorneys and court appearances. Charges will be incurred for court preparation and travel as well as court appearance time. There is no sliding scale for court testimony or court case-related consultation.

● Cancellations & Missed Appointments

All individual psychotherapy sessions last 50 minutes; first appointments, couples and EMDR sessions, 80 minutes. If you are unable to attend a session due to illness or an emergency, please notify Tamra as far in advance as possible. If you do not show up for an appointment or fail to cancel at least 48 hours prior to your appointment, you will be responsible for paying 100% of your fee for the missed session. If you are late for your appointment, you will still be charged your assessed fee. Fees for no-shows and cancellations without 48 hours notice must be paid before your next therapy meeting.

Tamra Weber Zehner, LCSW reserves the right to not begin or to terminate a session with clients believed to be under the influence of drugs and/or alcohol. If she believes that you are under the influence, she may end the session and require you to find a safe method of transportation to your residence.

● Termination of the Therapeutic Relationship

The majority of therapy relationships will end because the client achieves his or her goals and agrees with the therapist to terminate. However, there could be circumstances in which you or your therapist will end the relationship regardless of the other's preferences. You are free to end service at any time for any reason, whether or not your therapist feels it is advisable. I ask that you tell me if you plan to stop rather than just not returning and that you schedule one final appointment or tell me before the start of the session so that we can review your progress and discuss any referrals that might be beneficial to you.

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There are a few situations in which your therapist may determine the need to end the therapeutic relationship. For instance, if you no longer need therapy or cannot benefit from continuing, the therapy relationship must end. If your needs surpass your therapist's ability to help you or if the therapy relationship becomes subject to a conflict of interest, the therapist must refer you to another therapist.

CONSENT FOR THERAPY

By signing below, you are indicating that you have read and understand this informed consent statement and that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. You are hereby agreeing to enter into a professional therapeutic relationship with Tamra Weber Zehner, LCSW.

Parent Signature _____ Date _____

Parents Full Name Printed _____

Therapist's Signature _____ Date _____