

Client Individual Data

Date _____

Last Name _____ First Name _____

(if a minor) Mother's Name _____ Father's Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Contact Phone _____ Additional Phone Contact _____

Emergency Contact Person _____

Relationship _____ Phone Number _____

Please sign here if you give your consent to leave voicemail/email messages using
the information above _____

Sex (M/F) _____ DOB _____

Are you currently under medical care? Y / N
If yes, then please explain/describe.

Name of Personal Physician & Phone Number:

Are you currently taking prescribed medications? Y / N
If yes, then please explain/describe.

List any psychiatric/mental health medications you have taken.

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N
If yes, please give the name, date, and location of the therapy and briefly explain the nature of the issue(s) which required attention.

Please circle any of the following struggles that pertain to you:

Anxiety	Depression	Fears/Phobias	Eating Issues
Sexual Issues	Suicidal Thoughts	Separation/Divorce	Relationships
Finances	Drug/Alcohol Use	Career Choices	Anger
Self-Control	Unhappiness	Insomnia	Religious Matters
Work/Stress	Health Problems	Cutting/Self-Mutilation	
Rapid Thought Patterns		Body Image Struggles	

Informed Consent Agreement

This Informed Consent Agreement contains important information regarding counseling services provided by Ben Woodruff, LCSW, MDiv. If you have any questions, we can discuss any that you have about the process. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at anytime.

Training and Degree Work

I am licensed clinical social worker in Arizona (LCSW-13846). I have a Masters of Social Work from ASU as well as a Masters of Divinity in counseling and family from Phoenix Seminary. I formally work as a Pastor and have experience and training in offering Christian counseling. This is not a requirement and I respect the beliefs and preferences of all clients. I have training and experience working with adolescent issues, anxiety, depression, trauma, marital counseling, sexual/pornography addiction, and other issues. If there are issues that seem beyond my ability or training, appropriate referrals will be made.

Counseling

I approach each client as an individual with unique qualities and stories. Counseling is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you are experiencing. There are many different methods which may be used to deal with the problems you hope to address. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and outside of our sessions.

Benefits of Counseling: Counseling has been shown to have many benefits including better relationships, solutions to specific issues, and significant reduction in feelings of distress. However, there are no guarantees of what you will experience.

Risks/Limitations of Counseling: Most people find counseling very helpful. However, depending on the nature of your difficulty, you might experience uncomfortable emotions such as anger, fear, or frustration during the course of counseling. While I cannot remove these feelings from you, I will help you work through them, or assist you in finding an alternative counselor. You are free to discontinue counseling at any time. Occasionally, I may elect to discontinue counseling. This usually happens when I think that no substantial progress is being made. If counseling ends prematurely, I will help you find qualified help elsewhere.

You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or terminate therapy at any time. If you would like to seek another professional please let me know, and I can help refer you to another counselor.

Appointments & contacting me by phone, email, and texting

In order to provide the best possible service and availability to all my clients, I ask that you notify me at least 24 hours if needing to cancel an appointment. Appointments missed without a 24 hour notice will be charged full price (or agreed rate for insurance). Please note that there is no childcare or pet care available during your scheduled appointment times.

Phone calls, emails, and texts should be primarily used for appointment scheduling purposes. You may schedule appointments at Optimal You by calling 480-427-3550. I can be reached by phone at 480-779-0058 or by email at ben@optimalyou.com. I will respond to voicemails/emails as soon as I am able.

Emergencies

I also want you to be aware that my counseling services are not an emergency service, and in the event of an emergency please consult one of the following:

- 1.) **In a life-threatening emergency contact: Police Emergency: 911.**
- 2.) For other emergencies contact Crisis Line: 602-222-9444 or Scottsdale Crisis Center: 480-941-7500.

Payment

Payment is expected at the time of service. Cash, checks, and credit cards are accepted. Rates for an individual session are \$120 for a 50-60 minute individual session, \$175 for a 80 minute session. 80 Minute sessions are required for an initial session and are strongly recommended for couples sessions or EMDR sessions, though this is ultimately up to the client. Longer sessions and weeklong intensives are available and will be billed at a pro-rated portion of the hourly rate. If you are paying with insurance, then you will be responsible for your copay. I do accept some insurances. If I do not accept your insurance, you may be covered under your insurance's out of network benefits. A "superbill" can be provided upon request to help with this process.

Supervision and Consultation

At times, I find it helpful to consult other mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of the client. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I believe that it is important to our counseling.

Confidentiality and State/Legal Information

There is a legal privilege in this state protecting the confidentiality of the information that is shared in our time together. As a professional, I strive to maintain strict ethical standards of confidentiality.

I will hold our conversations in the strictest confidence in accordance with federal and Arizona state laws and ethical practice. There are a few exceptions to this privacy and they include: 1) suspected abuse of a child or disabled or elderly adult, 2) threat to harm of self or other, 3) you give me permission to talk with a specific person, 4) you bring charges against me as the therapist. If needed, we will discuss any exceptions to confidentiality as they arise.

Methods for a client to obtain information about the client's records

In accordance with Arizona Revised Statute (A.R.S.) §12-2293, with your written request of access to or copies of your client records, I shall promptly provide your client records to you or the person that you designate in writing (for example, another health professional or your legal representative) unless I determine and notify you that access to your client records is contraindicated. Also, I am exempt from making available raw test data and psychometric testing materials. There may also be additional limitations on access to your records not mentioned here but found in the Arizona Revised Statutes that apply. If I determine that you should not have access to your client records, I shall note this determination in your client record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence.

Litigation Considerations

If you become involved in the legal system (divorce, custody, civil litigation, criminal activity, etc.) you can expect that I will not make recommendations, testify, or get otherwise involved in your legal activities. It is an inherent conflict of interest for a treating professional to also offer evaluations or opinions in legal matters. If a client has these expectations, it can affect their willingness to disclose personal information vital to treatment. If you need an evaluation for legal reasons, I will make a referral to an outside, unbiased professional who can perform this service. ***In signing this agreement, you agree that you will not call me as a witness to testify or to expect recommendations or other involvement in your legal activities.***

By signing this I have read and understand the information presented in this form.

Treatment Plan (To be completed with Therapist)

Client's signature _____ Date _____

Therapist's signature _____ Date _____

(if applicable)

Parent/Guardian's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

Restored Living, LLC
Ben Woodruff, LCSW, MDiv
8114 East Cactus Road, #240
Scottsdale, AZ 85260
P 480.779.0058

Authorization to Bill Credit Card

I, _____ hereby authorize Restored Living, LLC to bill
my Visa/MasterCard/Discover/Amex Account _____

Expiration Date _____

Security Code _____

Name as it appears on the Card

Billing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

I furthermore understand I am fully financially responsible for all patient charges resulting from treatment regardless of whether or not these services/charges are covered by insurance. I authorize the use of this credit card for any unpaid balances that are 30 days past due.

All "No Show or Late Cancelation" (less than 24 hours) appointments will be charged the full appointment fee, per stated in the Disclosure Statement, the day the appointment was scheduled.

Please be advised of outstanding invoices are turned over to Collections (after 60 days) there will a 30% fee assessed to the outstanding balance

Authorized Signature

Date