



Ker Cleary, M.A.
Clearheart Counseling

541.349.0595 581 West 17th Avenue Eugene, OR 97401

Client Information Form

Date _____ Name _____ D.O.B. _____

Address _____

May I send correspondence here? _____ May I send you my quarterly newsletter? _____

Home phone _____ Work phone _____ May I leave messages for you? _____

Occupation _____ Referred by _____ May I thank them? _____

If Internet, which site? NetworkTherapy___ GoodTherapy___ PsychologyToday___ Google Search___ Other_

This form is for information-gathering only. Your answers will be kept confidential. You will not be judged or diagnosed by your answers, nor expected to maintain the status quo. Feel free to add any other information you think might be useful.

Describe briefly what brings you to therapy.

What are your goals for therapy/how will you know if it is helping?

Have you ever been in therapy before? How was it?

What are your hopes about therapy?

What are your fears about therapy?

How would you describe your circle of friends?

Are you currently in a primary relationship? If so, for how long? Briefly describe the quality of the relationship.

Who lives in your household (# of people/ages/relationships)? Are you happy with this arrangement?

Please describe the strategies you most often use for coping with stress.

Do you have any history of addiction or alcohol/substance abuse? What is your present use?

Do you have any history of sexual abuse? Please describe briefly.

Any history of addiction/alcoholism, sexual or physical abuse, or mental illness in your family?

Have you ever felt or acted suicidal? Please explain.

Please list any significant (to you) accidents, surgeries, and hospitalizations with date/year.

Please describe briefly your spiritual practices/beliefs, if any.

How is your physical health? How is your sleep?

How do you feel about how you eat?

What is your daily caffeine intake?

What kinds of exercise do you get, and how often?

What do you do for fun?

What else should I know about you at this time?

Please list any other health care practitioners you are currently working with.

Please list any medications, supplements, homeopathics, herbs etc. you are currently taking.

Thank you for sharing this information. It will be held in confidence.



Ker Cleary, M.A.
Clearheart Counseling

541.349.0595 581 West 17th Avenue Eugene, OR 97401

Professional Disclosure Statement

Philosophy and Approach: In the contemplative view, we all have the wisdom we need to live satisfying lives. Painful experiences and habitual ways of relating to ourselves and others can obscure this innate wisdom. I help people develop self-awareness coupled with a compassionate self- and world-view. Knowing and befriending ourselves allows us to utilize our inner wisdom to overcome obstacles such as stress, anxiety and depression and move towards happiness.

I employ mindfulness practices and a present-moment body awareness approach, with cognitive, humanistic and psychodynamic elements, to help my clients meet their counseling goals.

Formal Education and Training: I hold a Masters Degree in Psychology: Contemplative Psychotherapy from Naropa University. Major coursework included: Buddhist psychology, human growth and development and group dynamics, with an emphasis on mindfulness practices and meditation. I have completed all coursework to become a Bach Foundation Registered Practitioner and am currently training towards certification in Comprehensive Energy Psychology.

As a Registered Intern of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. I am under the ongoing supervision of David Northway, PhD, which I will be happy to explain if you wish.

Fees: My fee is \$95/hour for individuals, \$150/90 minutes for couples. Group and workshop rates vary. Payment is expected at each session. Full fee will be charged for missed appointments and cancellations of less than 24 hours' notice. Exceptions may be made in case of emergency or sudden illness.

As a client of an Oregon Registered Intern you have the following rights:

- To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Oregon Board of Licensed Professional Counselors and Therapists at:
3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499



Ker Cleary, M.A.
Clearheart Counseling

541.349.0595 581 West 17th Avenue Eugene, OR 97401

Informed Consent

Approach to Counseling

Counseling can be a challenging, exciting, scary and surprising process.. My goal is to collaborate with you for your benefit, growth and wellbeing. Each person is unique, so our work will unfold in its own particular way, but the ground rules are the same for everybody I work with. Please read carefully, and ask questions.

I combine Western and Buddhist/Contemplative psychology and mindfulness practices. I encourage a friendly curiosity about your habits of thought and patterns of behavior. Cultivating self-awareness and compassion is the most radical and helpful approach to healing ourselves that we can take. I acknowledge the intrinsically healthy nature of each person. Working together, we will develop a range of practical tools that suit you. Counseling is a collaborative effort, and you are the ultimate authority on your life and in charge of any changes you make. I offer you my training, my support and perspective to help you travel your life well.

The Process of Counseling

The process of counseling is - despite decades of clinical study - a mystery. Its success depends as much on the individual, your goals and how you work as on the clinical skills of the counselor. The relationship between client and therapist is recognized as the most important element in successful therapy. If you do not feel we are a good fit, I will be happy to help you find someone with whom you can work more effectively.

How long we work together is determined by many factors - it might be anywhere from a few months to several years. We will evaluate our work together from time to time, to see that your goals are being met, and whether your needs have changed. Ideally, we will agree on when to complete our work, but as the client, you may choose to end at any time. It is useful to have a session focused on completion.

Appointments & Cancellations

Sessions last one hour, including time for payment and scheduling. If you are late, we will still end at our scheduled time. If I am late starting your session, you will get your full hour.

Meeting weekly at the same time helps maintain continuity and momentum and lends stability to the process of therapy. Meeting less often can slow the process and create a sense of frustration or lack of progress. Like learning a musical instrument, diligence reaps the quickest rewards. You are in charge of deciding how often we meet. Counseling can be intensive and frequent, occasional and supportive, and a place to return as needed. **If you miss an appointment, or cancel with less than 24 hours' notice, you will be charged the full fee (\$95/hour or \$150/90 minutes).** If you need to cancel, please call the office (541-349-0595) and leave a voicemail.

Phone Calls

You may leave messages on my office voicemail (541-349-0595) any time, day or night. I rarely answer, but I check my messages often. I try to return calls within 24 hours, except on weekends (unless it's an emergency).

Confidentiality

The work we do together is private (see exceptions in Permission to Treat) and I will not discuss our work with anyone (except my supervisor) without your written permission.

If we happen to meet outside my office - at a social event or grocery store, for instance - the decision to approach or acknowledge me is up to you. I will not make the first move, so as to protect your privacy. You are welcome to greet me, keeping in mind that confidentiality may be compromised if either of us is accompanied.

To some this sounds extreme; for others it barely covers the need for safety. Privacy is a vital factor in counseling. I do my best to provide and maintain it.



Financial Policies

By entering into therapy, we have begun a professional relationship with financial implications. Financial matters are extremely important to all of us. I welcome your questions and comments regarding my financial policies, to reduce any chance of misunderstandings or difficulties.

Fees

My fee is currently \$95 per hour for individual sessions, \$150 for 90 minutes (couples and extended individual sessions). Group and workshop rates vary. Occasionally, my hourly fees must be raised to cover increased expenses. I will give you sufficient notice prior to any increase.

Payment

Payment in full is expected at each session. Please bring your checkbook or exact change with you, unless you pay by credit card. You may pay by check, cash, debit card or credit card (MasterCard, Visa or Discover). There will be a \$30 charge for every check returned or resubmitted.

Credit cards: I will charge your card (with notice) if you miss a session or cancel with less than 24 hours' notice. I will attempt to contact you first to see how you wish to pay for the missed session. If I cannot make contact, I will charge your card. *Note that charges from me will show up on your statement as "Professional Charges", not Ker Cleary.*

Payment plans can be arranged as needed, under certain circumstances and with advance notice. Please don't let financial concerns keep you from getting the counseling you need.

Insurance

I do not take or bill insurance, and because I am not licensed, most insurance companies will not reimburse you for your expenses. There are also long-term implications when using insurance for mental health care that I will be happy to discuss with you if you wish.

Appointment & Cancellations

If you miss an appointment, or cancel with less than 24 hours' notice, you will be charged the full fee. I will attempt to contact you to see how you plan to pay for the missed session, but if I can't reach you within 24 hours of the scheduled appointment, your credit card will be charged. Exceptions *may* be made for emergencies. If you need to cancel, please call the office (349-0595) at any time, day or night and leave a voicemail.

Phone consults

You may leave messages on my office voicemail (541-349-0595) any time, day or night. I rarely answer, but I check my messages often. I try to return calls within 24 hours, except on weekends (unless it's an emergency).

Occasionally we may have a mutually agreed upon appointment by phone, in an emergency or when unusual circumstances preclude our meeting face to face. The fee for a phone consultation is the same as the regular fee. *I will not charge you for a phone call for a simple question or concern.*



Ker Cleary, M.A.
Clearheart Counseling

541.349.0595 581 West 17th Avenue Eugene, OR 97401

Permission to Treat

I authorize Ker Cleary, MA, to provide counseling services to me. I understand that I may ask questions at any time. I affirm that my request for services is voluntary and that I may discontinue at any time, and that I am responsible for payment for the services rendered to me.

I understand that there may be periods during the course of counseling when I experience emotional discomfort, changes in my relationships, and temporary worsening of symptoms. I understand I may request, at any time, a review of treatment progress from my counselor. I can also refuse any treatment with which I am uncomfortable. I am aware that counseling is not an exact science and that predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by my counselor.

I am aware that any cancellations of appointments must be made more than 24 hours in advance of the appointment. If I miss or do not cancel in time, I will be charged the full fee for that appointment.

I understand that my counselor, Ker Cleary, is a qualified mental health professional. I understand that she is in the process of becoming licensed by the state of Oregon, but is not yet licensed. I understand that Ker does not accept insurance payments. I understand that I am the holder of privilege within the client-counselor setting. This means that information discussed during counseling is confidential and that no information about my case can be released to anyone without written authorization from me.

I further understand that, by law, **the following exceptions exist to the client-counselor privilege of confidentiality**: counselors must report knowledge of child abuse or suspected child abuse to the authorities; counselors have a duty to warn intended victims if a threat of physical harm from a client is judged to exist; a client’s serious threat of self-harm will also be reported. I understand that if my counseling becomes an issue in a court proceeding that the judge may order confidential information disclosed. I understand my counselor will not volunteer such information within a court without my express written permission. I understand that if a judge orders such disclosure within the court, my counselor will obey the order.

I understand that my counselor may discuss elements of our work together in confidential settings with a supervisor for the purposes of learning and better service. I understand my name will not be used and potential identifying elements will be changed in these circumstances.

I have received, read and understand the Professional Disclosure, Financial Policies and Informed Consent information sheets, and agree to abide by the policies outlined therein. I certify that I have read, and had explained to me where necessary, fully understand, and agree with the contents of this Permission to Treat form.

Client Signature

Date

Client Signature

Date



Ker Cleary, M.A.
Clearheart Counseling

541.349.0595 581 West 17th Avenue Eugene, OR 97401

Credit Card Payment Consent Form

Client Name _____
Print Last First Middle Initial

Name on Card if different _____

I authorize *Ker A. Cleary, MA, and ProfessionalCharges.com*, to charge my credit/debit card for professional services as follows:

Initial below

_____ A one time charge in the amount of \$ _____ for _____ on _____
services date

_____ Recurring charges for services in the amount of \$ _____ per visit

_____ With verbal permission/As needed basis (you can say, "Put it on my card this time")

_____ I understand and agree that my card will be charged *full fee* for cancellations with less than 24 hours' notice and for appointments I miss without notice

_____ I understand this form is valid for two years unless I cancel the authorization in writing. I will not dispute charges ("charge back") for sessions I have received or appointments I missed according to the above policy.

Type of Card: Visa, MasterCard, Discover, Medical Savings/Expense

Credit Card Number _____ - _____ - _____ - _____,

Expiration Date _____ CVV Number _____ (3-digit number in reverse italics on card **back**)

Card Holder's Billing Address for Credit Card Statements

Street City State Zip

Card Holder Signature _____ Date ____ / ____ / ____

Email address (for receiving receipts for charges) _____

Charges will appear on your credit card statement as ProfessionalCharges.com or some abbreviation of it.