

# Client Information

## **Grady Yarbrough, Jr. LPC PLLC**

Licenses: Louisiana 8391 | Pennsylvania PC 010147 | Texas 13072 | Florida telehealth TPMC 1822

Water Street Executive Suites

128 W Bandera, Suite 5D

Boerne, TX 78006

Grady@GradyTX.com 210.273.6173 www.GradyTX.com

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Personal Information

Occupation \_\_\_\_\_ How long at present job \_\_\_\_\_

Education \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status (Check One):    Single    Engaged    Married ( how long \_\_\_\_\_ )

Separated (how long \_\_\_\_\_ )    Divorced (how long \_\_\_\_\_ )    Widowed ( how long \_\_\_\_\_ )

Previous Marriages:   Number ended by divorce \_\_\_\_\_   Number ended by death \_\_\_\_\_

If Married, Spouse's:   Age \_\_\_\_\_   Occupation \_\_\_\_\_

Education \_\_\_\_\_   Religion \_\_\_\_\_

#### Children

<u>Name(s)</u>	<u>Age</u>	<u>Sex</u>	<u>Custody</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Medical History**

Your Physician: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current physical issues or illnesses \_\_\_\_\_

Please list all medications you are taking including dosages \_\_\_\_\_

**Information about Problems or Stresses**

Please list previous counseling or psychiatric care with dates \_\_\_\_\_

Have you ended your therapeutic relationship with previous mental health providers?  Yes  No

How were you referred to this office? \_\_\_\_\_

What are your reason(s) to seek counseling at this time? \_\_\_\_\_

List previous illnesses and/or issues that have caused you stress \_\_\_\_\_

Give any other information about your history that has caused you stress (such as life adjustment, trauma, finances, etc.) \_\_\_\_\_

Number your present issues and/or needs in order of importance (1 = most important)

- |                                      |                           |
|--------------------------------------|---------------------------|
| _____ Pre-Marital                    | _____ Self-Image          |
| _____ Marriage                       | _____ Depression          |
| _____ Separation                     | _____ Job/Career          |
| _____ Death (loss of a person)       | _____ Health              |
| _____ Suicide                        | _____ School              |
| _____ Family Relationships           | _____ Alcohol/Drugs       |
| _____ Child related (specific child) | _____ Food/Body Image     |
| _____ Abuse/Trauma                   | _____ Anxiety             |
| _____ Sexual Dysfunction             | _____ Porn, Sex Addiction |

Additional Information \_\_\_\_\_

**Financial Responsibility and Release of Information**

Please initial statements below to indicate your agreement:

\_\_\_\_\_ **Financial Responsibility:** I understand and agree that (regardless of my insurance status); I am personally responsible for the fees of my treatment and will pay those fees in full at the time the service is rendered.

Fee Schedule:	15 minutes - \$60	30 minutes - \$110	45 minutes - \$160
	60 minutes - \$210	75 minutes - \$255	90 minutes - \$295
	2 hours - \$390	2 1/2 hours - \$490	3 hours - \$585

**Payments accepted: Cash or Check**

***Checks to be made out to: Grady Yarbrough, Jr., LPC PLLC***

***If you plan to file with your insurance please request a SuperBill invoice.***

***If your bill is being paid by someone else, please list them below as guarantor.***

\_\_\_\_\_ **Cancellation Policy:** I understand that I will be charged in full for appointment not canceled 24 hours in advance. Appointments may be canceled after hours and on weekends by calling the office number and leaving voice mail.

\_\_\_\_\_ **Medical/Psychological Release of Information:** If I choose to file my counseling charges with my insurance company, I authorize, Grady Yarbrough, Jr. LPC PLLC to release any medical/psychological information necessary to process my insurance claim(s).

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If required)

Guarantor \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ACKNOWLEDGEMENT OF REVIEW OF  
NOTICE OF PRIVACY PRACTICES**

@2003, Lisa A. Vance, The Law Offices of Lisa A. Vance, P.C.

**I have been advised there is a copy of the  
Notice of Privacy Practices  
made available in the  
reception area of the office of  
Grady Yarbrough Jr., LPC PLLC  
which explains how I can get access to my medical information,  
and I know that I may have a copy  
of the Notice. I also know that from time to time the  
Notice of Privacy Practices may be revised by  
Grady Yarbrough, Jr. LPC PLLC  
Texas License No. 13072  
and if I want the revised Notice of Privacy Practices,  
I know I must ask for it.**

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**Signature of Client or Personal Representative**

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**Today's Date**

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**Name of Client (or Specific Identification)  
Of Authorized Personal Representative  
(Please Print)**

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**Description of Personal Representative's  
Authority To Act for Client**

## Declaration of Practices and Procedures

Grady Yarbrough, Jr., LPC-S PLLC  
128 W Bandera, Suite 5-400 | Boerne, TX 78006  
210.273.6173 | Grady@GradyTX.com | www.GradyTX.com

**Qualifications:** I earned a Master's Degree of Theology from Dallas Theological Seminary and additional graduate hours required for LPC from Liberty University. I am licensed and regulated by each state board where I am licensed. I provide counseling services in accordance with state laws and the board's rules, including the code of ethics established by the board. The following is to inform you of the ethical conduct that you can expect from me as required by the board, and as equally important by my own moral and ethical values. I have been truthful in all my advertising and statements concerning my services, training, credentials, and the scope of what may be accomplished in counseling. You may visit the board's website to confirm that my license is valid and that I am in good standing with the board. You may also view or print the state laws and board rules that govern counseling services in Texas.

**Counseling Relationship and Responsibilities:** Everything about the process should focus on enhancing your personal growth and your ability to cope with life's opportunities and problems. You will be treated with respect and dignity in a professional manner. I am committed to your wellbeing and will promote a positive counseling experience. You, the client are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If I determine that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

**Areas of Focus:** I treat individuals, couples and families. I follow Family of Origin and Cognitive Behavioral Therapy theories and techniques, certified in CBT, EMDR & Negotiation.

**Potential Counseling Risks:** In the course of your counseling you may have additional issues which may not have surfaced prior to the onset of the counseling relationship. In addition your growth and change may cause strain in relationships if your changes are not understood or accepted or if someone close to you is not willing to change themselves.

**Practicing within the Scope of the Counseling Profession:** I have been trained to assist you through a therapeutic relationship, using a combination of mental health and human development principles and techniques, including the use of psychotherapy, to achieve your mental, emotional, physical, social, educational, spiritual, or career-related development and adjustment. I may prevent, assess, evaluate, and

treat mental, emotional, or behavioral disorders and distresses that interfere with mental health. I may also implement and evaluate treatment plans using interventions that include counseling, assessment, consulting, and referral. You may have occasion to ask questions that require legal, medical, or other specialized knowledge. If so, you should ask your attorney or physician or I may provide a referral to a specialist in your area of concern.

***Information at Initial Session:*** At or before your first counseling session we will discuss general information relating to our counseling relationship, such as: 1. Fees, scheduling, cancellation and payment policies; 2. Your goals and how to prepare for sessions; 3. Methods or techniques that will be used during counseling; and 4. Confidentiality. Scheduling appointments can be done through the “schedule now” button on my website and I can assist you if needed.

***Confidentiality:*** Everything you discuss with me remains absolutely confidential except for information shared under the following circumstances: 1) You sign a written release of information; 2) you expresses intent to harm yourself or someone else; 3) I have reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older) or a dependent adult; 4) A court order requesting information from your file. In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client’s spouse or other family members only with the client’s written permission. Any material obtained from a minor client may be shared with the client’s parent or guardian understanding that personal information shared by a minor may be withheld to insure the minor is free to be open.

***Privileged Communication:*** It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

***No Sexual Activity:*** Counseling, by its very nature, often deals with the most private aspects of one’s life. It is my responsibility as your counselor to ensure an atmosphere of safety for you, free from any kind of exploitation. My morals and ethics do not tolerate any sexual misconduct not to mention the board does not either. Any sexual contact, sexual exploitation, or therapeutic deception with a client or former client could be a felony offense and is grounds for revocation of a counselor’s license.

***Maintaining a Professional Relationship:*** Our counseling relationship, although cordial, will be strictly professional in nature. For example, I will not, nor is it allowed by the board, invite you into a business venture, barter with you for counseling services, ask you for personal favors, or subcontract with you to assist with administration of my practice. These examples are called *non-therapeutic* or *dual relationships* and are unethical. I refer personal friends, or others with whom I have had a business or other type of relationship to other mental health professionals. Even after your counseling has been completed, I may not engage in any working or personal relationship with you without informing you that future counseling with me will no longer be a possibility.

**Online Counseling / Telehealth : Important:** I can provide Telehealth ONLY in Florida, Louisiana, Pennsylvania and Texas.

**Is Online Counseling Appropriate for you?** During the intake process we will decide together if the nature of your concerns can be fully addressed through telehealth. Telehealth may not be appropriate if you have numerous concerns with the risks of internet counseling, have active suicidal or homicidal thoughts, or any other mental health issues causing you to be unstable. In such cases then face-to-face is recommended or I will help you find an appropriate referral.

**Privacy:** Please ensure the space you occupy during telehealth sessions are private, free of being over-heard or interrupted. If interrupted we will pause the session until privacy is reestablished. At no time will telehealth be conducted while you are driving a vehicle. Sessions in a stationary vehicle are acceptable.

**Emergency Measures:** Prior to or at the beginning of each session you are to provide your exact location/address for the session. If in your stationary vehicle the make, model, color and license plate number. In addition please provide a ten (10) digit emergency phone number should for any reason I will need to make emergency contact.

**Possible misunderstandings:** Please be aware that misunderstandings are possible with telephone, email, or text. These modes of communication lack the ability to see non-verbal cues. Even with video misunderstandings may occur due to connection problems causing image delays or less than optimal image quality. Please have patience with the process and clarify information if you think I have not understood you well.

**Turnaround time:** I will make every effort to respond to message requests within a 24-hour period. If you are in a state of crisis or emergency, I recommend you contact a crisis line or call 911 or go to your nearest medical emergency facility. You may also utilize 1-800- SUICIDE or 1- 800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY).

**Potential risks:** The potential risks of message based counseling include messages not being received, sent to the wrong address, confidentiality being breached, lack of password protection, or leaving information on a public access computer, or I just didn't notice them.

**Safeguards:** I have an account with Google for email and text and an account with Zoom for Video communications to allow for the highest possible security and confidentiality of the content of your sessions. Your personal information is encrypted and stored on a secure server in compliance with HIPAA regulations. Unfortunately, FaceTime is not HIPPA approved. You are free to select which method you prefer for telehealth: phone, video, email, text, and FaceTime if you understand the risks. To use Zoom you will need to download the Zoom app. You must be able to access stable internet with speeds adequate to minimize interruptions. If we are disconnected during video I will call you back on your phone.



## **Board Contact Information**

### **Florida**

#### **Department of Health**

#### **Division of Medical Quality Assurance**

#### **Bureau of Health Care Practitioner Regulation, Telehealth**

4052 Bald Cypress Way, Bin C-11, Tallahassee, FL 32399-1701

Phone (850) 488-0595 Website: [FloridaHealth.gov](http://FloridaHealth.gov)

Florida telehealth provider registration number: TPMC 1822

### **Louisiana**

#### **Licensed Professional Counselors Board of Examiners**

11410 Lake Sherwood Ave North, Baton Rouge, LA 70816

Phone: (225) 765-2515 Email: [lpcboard@lpcboard.org](mailto:lpcboard@lpcboard.org)

Louisiana License Number: 8391

### **Pennsylvania**

#### **Social Workers, Marriage & Family Therapists, Professional Counselors**

Penn Center 2601 N. 3rd Street, Harrisburg, PA 17110

Phone: (717) 783-1389 Email: [st-socialwork@PA.gov](mailto:st-socialwork@PA.gov)

Pennsylvania License Number: PC010147

### **Texas**

#### **Texas State Board of Examiners of Professional Counselors – Mail Code 1982**

P.O. Box 149347 • Austin, Texas 78714-9347

Phone: (512) 834-6658 • Complaint Hotline: 1-800-942-5540 • Fax: (512) 834-6677

Email: [lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us)

Website: [dshs.state.tx.us/counselor/default.shfm](http://dshs.state.tx.us/counselor/default.shfm)

Texas License Number: 13072