

Human Connections Counseling Services
Mark Felber, M.S., LPC, SAP, LCDC, CSAT, CMAT, CP
Plano, Texas
Office: (214) 796-2323
www.MarriageCPR.com

NEW CLIENT INFORMATION

Your Email Address:

_____ @ _____

Please add my Email Address (above) to your mailing list to receive Mark's Free Newsletter each month: _____ Yes

Date _____ Referred by _____
Full Name _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Work Phone _____ Cell Phone _____
Age _____ Date of Birth _____
Driver's License # _____

EMERGENCY CONTACT

Name _____ Phone _____
Address _____
Name _____ Phone _____
Address _____

Family Doctor _____ City _____ Phone _____

Credit Card Information

***Required:** I consent to the use of my credit card for appointments broken without 24-hour notice and for unpaid services:

Credit Card # _____
Exp Date _____
Signature _____ Date _____

*MC and Visa are accepted. (We do not take Amex, Express or Discover.)

Appointments/Cancellation Contract

I understand that I am held responsible for remembering my appointment time or day.

Initial here: _____

If an appointment is missed or cancelled “for any reason” with less than 24 hours notice, you will be billed my full fee of \$150.00. My voice mail may be reached 24 hours a day and the date and time of phone calls are recorded. **Initial here:**_____

A pattern of more than two to three missed appointments or cancellations per year may be cause for termination or revocation of your standing appointment requiring that you make future appointments on a week to week basis depending on the availability of current appointment times.

If you fail to attend your sessions on a regular and consistent basis and your therapy sessions are terminated for failing to comply with this contract, I will attend to your mental health needs for a period of 14 days after the termination date, to give you ample time to find another mental health practitioner.

I realize that due to unforeseen circumstances, you may arrive late for your appointment. In these instances, I will make every effort to see you for the remaining time you have left of your scheduled appointment, however, **if you are 20 minutes late your appointment will be considered missed and you will be billed accordingly.** Due to **CONFIDENTIALITY** I require the **CLIENT call** to cancel/reschedule their appointment. Repeated “**no show**” appointments could result in referring you back to the insurance company for reassignment to another practitioner. Your insurance company will not be billed for fees associated with missed or cancelled appointments and you are solely responsible for paying my \$150.00 fee. **This fee must be paid before a new appointment is scheduled.** **Initial here:**_____

TRAVEL POLICY: If you have to travel more than 3 times a year and cannot attend your sessions in Plano, we will conduct your therapy sessions via teletherapy (phone) **Initial Here:**_____

CANCELLATIONS: There is a 24-hour cancellation policy. If you need to cancel or reschedule an appointment, please notify me as soon as possible. If there is a 24-hour notice you will not be charged. Thank you for respecting this clinical boundary as my professional time for your session has been set aside specifically for you. **Initial here:**_____

OUT OF SESSION CONTACT: Thanks for respecting my boundaries regarding out of session contact. Unless this is an emergency, I ask that you please bring your questions into the session. If you are experiencing a life-threatening emergency please call 911 immediately. **Initial here** _____

NOTE TO NEW CLIENTS: If you are a new client seeking therapy and are currently in crises or experiencing a life-threatening emergency, please contact 911 immediately. **Initial here** _____

ILLNESS POLICY: If you are ill at any stage of illness, or have a virus, we will conduct your session via teletherapy (phone.) Please do not come into the office session or group, with a virus, cough or any other potentially contagious disease. Thank you for respecting this clinical boundary: **Initial here** _____

By your signature below, you are indicating that you have read and understood this document, and/or that any questions you have had about this statement have been answered to your satisfaction.

Client _____ Date Client _____ Date _____