

## A HEALING ALTERNATIVE COUNELING AND WELLNESS CENTER, LLC

8603 CROWNHILLE SUITE 29 SAN ANTONIO, TX 78233

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INFO@FAITHGHARPER.COM

Hey there, new person!

Enclosed in this packet is all the basic forms you will need to complete before your first in-office appointment. Paperwork can absolutely be completed during your first appointment, though many people prefer it all completed ahead of time. It can be printed and brought in the day of your appointment or emailed or faxed to me before the appointment time.

Copies of my HIPPA Policy, Informed Consent for Technology Assisted Counseling, and my Social Media Policy are available as separate downloads and should be read before completing this packet. Additionally, I keep printed copies of them in the office and can provide them to you at your request.

There are other forms available on my website that you may need to complete such as a consent to release information if you are working with other treatment providers.

Please have each person who is entering services complete a packet. (Though don't freak out by the counseling contract...if you are attending as a couple or family unit you will only pay for the service visit, not per person!)

If you have any questions, do not hesitate to contact me at [info@faithgharper.com](mailto:info@faithgharper.com)

Faith G. Harper

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## Coaching Agreement

Counseling is most helpful when it takes place in a framework of trust, clarity, and understanding. This contract is intended to clarify and help this relationship. Should you have any questions concerning this covenant, please discuss them with me.

### **Financial Understanding**

I/we understand that the fee for a 50 minute session is **\$200.00**; this fee is the same for an initial visit.

I have discussed this amount with the therapist along with my ability to pay. **I agree to a fee in the amount of \_\_\_\_\_.**

I agree to be responsible for that full fee amount.

### **Cancellation Policy**

I understand that I will be charged the full fee of **\$200.00 for a missed appointment or if I fail to cancel without 24 hours notification.** This can be discussed with your coach if special circumstances result in a missed appointment.

### **Limits of Confidentiality**

I understand that confidentiality is central to the coaching process. For the coaching process, HIPPA regulations do not apply and TMRPA have limited applicability in protecting my information. Additionally, confidentiality must be broken and a report made to the proper authorities when there is abuse or neglect of children, disabled persons, and the elderly; when there is intent to harm oneself, another, or property; or when a court order is issued.

### **Terminating Coaching**

I understand that though I may stop coaching at any time, the ending of coaching is best if discussed with my therapist at least one session before it ends.

I understand that if my coach ascertains that therapy would be of more benefit to me, they may terminate coaching and provide a recommendation and/or referral to a licensed therapist.

Signed \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

Faith G. Harper, PhD, LPC-S  
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CONTACT INFORMATION

Today's Date \_\_\_\_\_ Reverified Date \_\_\_\_\_ Reverified Date \_\_\_\_\_

Legal Name \_\_\_\_\_  
*Last First MI*

Preferred Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Legally Authorized Representative (if applicable) \_\_\_\_\_  
*Last First MI*

Local Address \_\_\_\_\_  
*Street Apt#*  
\_\_\_\_\_  
*City, State, Zip*

Preferred Form of Contact? \_\_\_Phone \_\_\_Cell Phone \_\_\_Text \_\_\_Email

Cell Phone \_\_\_\_\_  
If Phone Contact checked, OK to leave message? \_\_\_\_\_

Home Phone \_\_\_\_\_  
If Phone Contact checked, OK to leave message? \_\_\_\_\_

Email address: \_\_\_\_\_

**If you marked that you prefer email contact or text contact, please note the following:**

I understand that the confidentiality of information transmitted via email or text cannot be guaranteed.

\_\_\_\_\_ *Your Initials*

**In Case of Emergency, Notify:**

Name \_\_\_\_\_  
*First Last*

Relationship \_\_\_\_\_

Contact info: \_\_\_\_\_  
*Street Apt#*

\_\_\_\_\_  
*City, State, Zip*

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_