



Mary Ewing Rixford, M. A., LPC
6750 Hillcrest Plaza Dr. Suite 222
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(972) 788-0990 www.singlecandle.com

Name: _____

Address: _____

City & State: _____ Zip Code: _____

Primary phone number: _____ Alternate phone number: _____

Date of birth: _____ Who referred you for Counseling? _____

E-Mail Address: _____@_____

____ Initial here if I may contact the person who referred you.

____ Initial here if you request receipts by E-mail

What brings you to counseling?

How long have you considered counseling?

What finally helped you decide to come?

Has life been satisfying to you? ____ Yes ____ No (Please explain)

Who or what have you lost of major significance in the past five years?

Please list your goals for counseling:

Are issues related to God, faith or spirituality important to consider in your counseling?
____ Yes ____ No (if yes, please describe on the back of this page)

Current occupation (job, volunteer work, school, etc.):

Is your occupation satisfying to you? _____ Yes _____ No
(Please explain)

Are you satisfied with your current social life? _____ Yes _____ No (Please explain)

Have you had counseling or psychiatric care in the past? _____ Yes _____ No (If yes, please list the names of those with whom you were in treatment, the dates and length of treatment)

Type of treatment:

Are you currently being treated for any medical conditions? _____ Yes _____ No. If yes, (please describe and give the names of your physicians)

Please list the type and dose of all medically prescribed medication you are currently taking:

Please check which of the following substances you use and, after each you have checked, describe your pattern of use (number of times a day/week/month and amount):

_____ Alcohol

_____ Tobacco

_____ Caffeine

_____ Non-medically prescribed drugs (marijuana, cocaine, amphetamines, etc.)

_____ Pain pills

_____ Tranquilizers

_____ Herbal remedies (list type)

_____ Others (please describe)

RELATIONSHIP INFORMATION:

(Please check the one that applies to you):

Single Engaged Long-term committed relationship
 Married Separated Divorced Widowed

How long have you been in this relationship status?

If in a relationship, what is your partner's first name?

Please list the first names and ages of any children currently living in your home:

Children living away from home:

Names and ages of other persons currently living in your home:

Please list any other relationships of significance in your life and the length of this relationship:

FAMILY OF ORIGIN:

Describe your relationship with your mother (if she is deceased, please tell how she died and how old you were when she died):

Describe your relationship with your father (if he is deceased, please tell how he died and how old you were when he died):

Please list first names of your brothers and/or sisters. After each name, briefly describe your relationship with this sibling (if he or she is deceased, please tell how he/she died and how old you were when he/she died):

What is your birth order?

Only child Oldest Child Middle child Youngest child

IMPORTANT FAMILY HISTORY:

Many factors have a strong effect on family life. Please check which of the following events occurred in your family. After each you have checked, please briefly describe who was involved in the event.

- Physical Abuse
- Sexual abuse
- Verbal Abuse
- Emotional abuse
- Neglect or abandonment
- Suicide
- Homicide
- Drug or alcohol abuse
- Domestic violence

Please list other events you believe had an important effect on your family or you:

Important Information about Confidentiality

You may believe everything that is said in therapy is always kept confidential by your therapist. I am committed to keeping what you tell me private and confidential. However, some laws and careful professional practices may require me to tell others what you have said to me. Please carefully read and initial each of the following statements about some of the situations in which I cannot promise to protect your confidentiality. Changes in the laws and other circumstances out of my control may add situations to the list below that may affect your privacy. Please ask questions about what you read and only initial or sign when you are satisfied you understand the answers. In addition to initialing here, you will be given a copy of your privacy rights at your first session. Please take this document home and read it carefully and ask me questions about items you do not understand.

_____ I understand that my therapist is required by law to report suspected or actual incidents of abuse or neglect of children, the elderly or others unable to care for themselves.

_____ I understand that the law permits my therapist to notify law enforcement officials or medical professionals if she believes I am dangerously close to harming myself or others.

_____ My initial here gives my therapist permission to notify the following persons in cases of emergency or if she believes I am dangerously close to hurting myself or others. I understand that my therapist may choose to tell the following persons in order to get me the best help possible.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____

_____ I understand my therapist is concerned about the life and safety of all persons and that she may choose to notify any person she perceives I am dangerously close to harming (in addition to notifying law enforcement officials) in order to safeguard my safety and the safety of others.

_____ I understand my therapist may be required to turn over my mental health records to an attorney or a judge if I am involved in a legal case such as child custody, civil litigation or criminal proceedings (please refer to the attached Policy for Legal Matters).

_____ I understand that if I choose to use insurance to pay for therapy I am waving my rights to confidentiality to the extent requested by the insurance company.

_____ I have been informed that upon termination, my therapy records will be kept for ten years then shredded; that a Custodian of Records has been designated to notify me, refer me and terminate my file should Mary E. Rixford M.A. LPC die, become incapacitated or otherwise no longer be able to practice.

_____ I understand my therapist may consult with other professionals concerning my case in order to assure high quality service to me. I understand that she will protect my identity and confidentiality (within the limits listed above) when consulting with other professionals on my behalf.

_____ I understand that E-Mail and other forms of electronic communication are not confidential.

My signature below means I have read this form, been given opportunity to ask questions and have received answers to my questions that I understand. My signature also means I am making a voluntary, informed choice to enter a counseling/therapy relationship with Mary Ewing Rixford.

Signature _____ **Date:** _____

About Your Fee

My fee is \$135.00 for a 45-50 minute individual, couple or family session. For an EMDR session, my fee is \$145.00 for 45-50 minutes and \$200.00 for an hour and a half session. I am willing to slide the fee on a case by case basis depending on a variety of financial considerations. Please discuss your fee with me on the telephone when making the appointment or at the beginning of the first session so you are clear about the fee before beginning therapy.

The full fee will be charged for appointments not cancelled 24 hours prior to the scheduled appointment or failure to show for a scheduled appointment. The "late cancellation" or no show" fee is due at the time of your next session.

I am not on any insurance panels. As a result, I require payment at time of service for which I will provide an electronic receipt that you can file with your insurance company or apply to your Flexible Spending Account.

Policy Concerning Legal Matters

I am not a legal consultant or representative. I do not perform custody evaluations or make recommendations regarding custody agreements. I do provide counseling, consultation, and psychotherapy to individuals, couples, and families who are making changes in their lives or dealing with difficulty in a life situation. Because I am mandated to protect the confidentiality of all my clients and their children, I shall not testify nor provide summary of sessions for the purpose of custody issues. I shall not discuss the content of any session with any legal representative. If, however, I am subpoenaed to do so or ordered to do so by a presiding judge, the fee to the party demanding such services will be \$200.00 per hour for all activity related to and providing such a service including travel time, etc. Reasonable reimbursement for travel expenses is required. A retaining fee of \$1500.00 must be prepaid.



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FINANCIAL INFORMATION & AGREEMENT

How much money have you budgeted for therapy?

What is your family's net annual income?

List any financial obligations you believe have a significant impact on your family's budget and, therefore, will influence the fee we set:

Is someone else going to help you pay for therapy? ___ Yes ___ No (if Yes, please fill in the following):

Name: _____

Address: _____

: _____

City: _____ State: _____ Zip: _____

Phone number: _____

I do not file insurance. Please request receipts for filing insurance claims yourself.

My signature below means I understand my fee is _____ which I agree to pay in cash or by check at each therapy session. It also means I have been told how this fee is determined and I have received clear answers to any questions I have asked. My signature also means I am responsible for paying the full, negotiated fee for any appointment I schedule but do not show for (i.e., a "no show") or fail to cancel at least 24 hours before the scheduled appointment (i.e., a "late cancel"). My signature also acknowledges that I know that if someone else is responsible for payment of my therapy fees that Mary Ewing Rixford, M.A, LPC may contact this responsible party listed above concerning billing or overdue balances.

Signature: _____ **Date:** _____

My counseling philosophy

I believe human beings are wondrously made with thoughts, feelings, behaviors, bodies and spirits that influence one's ability to meet life's challenges.

I define mental health as the ability to be honest with oneself and others, to take responsibility for self and the tasks of life, to have a sense of humor and to engage in meaningful, satisfying relationships, work and social activities.

I am willing to explore with you how your thoughts, emotions, behaviors, physiology and or spirit are helping or hindering your full enjoyment of mental health.

If there are any areas you do not wish to explore, please tell me and we will not discuss those areas. ***You are in charge of your therapy. It is okay to say "no" to any suggestion and to ask me "why" i am doing what i am doing.***

I believe that a counseling relationship is collaborative. What "collaborative" means to me is that you and I meet as equal human beings with different experiences, knowledge and expertise. You are the expert on your life and have many resources within you that will help you meet your goals in therapy. I bring my own life experiences; my training and information about human psychology, behavior and theology that may assist you meet your goals in therapy. You and I will decide on mutually acceptable goals for therapy and work together to achieve them. We are both responsible for "the work" of therapy.

I am able to provide outpatient psychotherapy services. In other words, I am able to work with people who can be responsible for their part of the working relationship, take care of themselves between sessions and stay safe from harming themselves or others. I will make recommendations and refer to other professionals who can provide more intense therapy for anyone I perceive cannot take responsibility for her-/himself or who cannot remain safe between sessions. I believe your part of the working relationship is to set goals, make decisions about how you will live your life and solve your problems and take actions on your new decisions. You are also responsible for telling me what is helpful AND what is not helpful. I am responsible for assessing your needs in therapy, applying what I have learned to best address these needs, encouraging you to take the power within you to make your life work and for making recommendations of other resources to help you achieve your goals.

I do not believe I can help persons if certain conditions occur on a consistent basis. If these conditions occur, I will be unwilling to continue working with you and will make recommendations for other sources of help. The conditions include the following:

If you are prescribed medication by a physician and are not taking it as prescribed by that doctor, I will terminate professional responsibility for your care and make appropriate referrals.

I am unwilling to continue working with you if you are using drugs or alcohol in a way that I believe is harmful to you or others or that is impairing your progress in therapy. I am willing to work with you if I perceive you are taking positive steps toward stopping harmful drug or alcohol use.

If you arrive for a session under the influence of a non-medically prescribed, mind altering substance, I will not conduct a session with you on that day and will charge you for the session.

If you choose to consistently not follow my recommendations that I deem essential for the maintenance of your mental health, I will notify you of my unwillingness to continue as your therapist and make appropriate referrals.

I will not be able to effectively help you if you consistently engage in self harm or act in violent ways toward persons or property.

I will terminate our relationship if you act in a disruptive, harassing or abusive manner to me, those around me in my place of business or toward any of my family or friends.

If you consistently miss scheduled appointments, we will discuss your continued commitment to therapy and I may recommend termination or referral to other sources of help.

After you have read this information, please ask me any questions you may have. Keep asking questions until you are satisfied you understand the answers.