DAVID B. WEIR, MBA, MA, NCC

LICENSED PROFESSIONAL COUNSELOR SUPERVISOR (NC)

# LICENSED MENTAL HEALTH COUNSELOR (FL)

# CERTIFIED SEX THERAPIST

DavidWeir@WeirPartners.Net

# 828-575-3358

### CONFIDENTIAL CLIENT QUESTIONNAIRE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

↑Name Social Security # Today’s Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

↑Address City State Zip

Phone: Home (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to call? Y N Work (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to call? Y N

Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to call? Y N E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to use? Y N

Relationship status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years\_\_\_\_\_\_\_\_ Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years\_\_\_\_\_\_

Birth place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious orientation (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currently active? \_\_\_\_\_\_\_\_\_\_\_\_\_

If you have received counseling services in the past, please list dates and purpose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any health problems you have now\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medications (prescribed or over-the-counter) which you take: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalized for mental health reasons? YES NO When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Family & significant others: Name Age*

Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Still married to each other? \_\_\_\_\_\_\_\_\_\_

Spouse/partner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name & age of sisters & brothers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name & age of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle any of the following which are currently concerns for you:

Depression Fears Sleeping

Stress Sexual problems Suicidal thoughts

Self-esteem Panic Guilt

Communicating Alcohol/drug use Eating problems

Anger Terminal illness Thoughts

Anxiety Memory/concentration Perfectionism

Fearing failure Making decisions Death of loved one

##### Health Relationship problems Lesbian/gay/ bisexual/transgender

Obsession/Compulsion Legal matters Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has any *biological* family member ever had a drinking or drug problem, depression, bi-polar (manic depression) nervous breakdown, mental disorder, or attempted suicide? Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your reasons for seeking counseling:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your goals for counseling:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your average *daily* intake of caffeinated drinks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_per day

What is your average *weekly* intake of alcoholic drinks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_per week

Any recent increase?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the time of your life when you were drinking the most, how much did you drink *weekly*?\_\_\_\_\_\_\_\_\_\_

List any other kinds of drugs you sometimes use, or have used in the past, legal or illegal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to me for counseling?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May I thank this person? \_\_\_\_\_\_\_\_\_

Who may I contact in case of emergency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DAVID WEIR, MBA, MA, NCC

LICENSED PROFESSIONAL COUNSELOR SUPERVISOR (NC)

# LICENSED MENTAL HEALTH COUNSELOR (FL)

# CERTIFIED SEX THERAPIST

DavidWeir@WeirPartners.Net

828-505-0877

828-575-3358 cell

## INFORMATION FOR CLIENTS

Welcome. My name is David Weir. My goal is to provide a range of cost-effective and solution-oriented counseling services to people like you who are seeking to improve the quality of their lives and relationships. From the start, I want to make this experience as convenient as possible for you. I’m happy to provide this intake paperwork on my web site so you don’t have to do it in my waiting room. Please read it, fill it out at your convenience, and bring it with you to our scheduled meeting. If you are coming with a spouse or partner, each of you will need to bring your own forms. We will each keep a copy of it.

**APPOINTMENTS**. I recommend that you come to your appointments early in order to unwind from traffic and to begin focusing on our meeting. Counseling sessions are generally 50 minutes. Appointments end promptly at the time agreed, even if you arrive late, so I can prepare for my next client. We’ll arrange appointments at your convenience. I may even come to the office solely to see you. If you need to cancel an appointment, *please* give me at least 24 hours notice. Failure to provide notice generally means that some other person is not able to use the appointment time that is reserved for you. *You agree to be responsible for payment for appointments that are not canceled 24 hours in advance unless you have experienced circumstances which both you and I would define as a justifiable higher priority.* I understand that changes are often necessary, and I would be happy to reschedule our appointment.

By the same token, if I cancel a session without 24 hours notice, and we would not define it as an emergency, your next session is free. I am a member of Critical Response Teams and may be called to assist victims during a crisis event. I will make every effort to call you if this happens.

Most people who come to counseling for the first time are a little uncertain about what they will be doing, what is expected of them, and what the rights and responsibilities of both counselor and client actually are. I’m providing this form to help you understand my services and to answer some questions you might have. Please discuss with me any questions you might have about any aspect of the counseling process.

COUNSELING. You are encouraged to obtain knowledge of the procedures, goals, and possible side effects of therapy. Your maximum benefit is our only legitimate goal. Counseling can be tremendously beneficial, and, at the same time, there are some risks. Risks may include the experience of unwanted feelings, including sadness, anger, fear, guilt or anxiety. These feelings are natural and normal, and are an important part of the counseling process. While in therapy, some people make major life decisions, including new commitments or separations, changes in relationships, and changes in employment settings and lifestyles. These decisions are a legitimate outcome of the counseling experience as a result of an individual's calling into question many of their beliefs and values. I am always willing to discuss any of your expectations, concerns, problems, diagnosis, or possible negative side effects of our work together. It is important to understand that the type of life improvement you are seeking is not something that simply occurs as a result of spending a session a week with a counselor. Modern "solution-oriented" techniques for effective and lasting results require an investment of time and effort on your part, such as doing homework and practicing the skills and information presented. I use various counseling approaches based upon your needs and goals. These may include rational emotive therapy, cognitive behavioral therapy, hypnotherapy, person-centered therapy, intensive counseling, existential approaches, and solution focused therapy.

**GOALS**. The more actively involved in counseling you are, the more effective counseling will be for you. At the outset, you will establish goals for your therapy. I am working for you. I will be a committed partner to the achievement of your goals. As indicated by your signature below, you agree to work toward these goals in your everyday life, and to use your sessions for guidance, understanding, and training as to how best to achieve these goals. Also, we will periodically review your goals, because life is a process and goals often change. And there is no guarantee that the goals will be attained. You will benefit most if you:

1. Make your counseling goals a part of your everyday life,
2. Commit to continuing counseling until your goals have been met, and
3. Work between sessions to deepen your understanding and put into effect the knowledge and techniques you are gaining from therapy.

**FEES**. My fees are set in accordance with usual and customary fees. The basic fee is $125 for a 50-minute session or $150 for a one hour session, and $225 for the initial 1 hour 45-minute session. The fee for intensive counseling is $395 for a minimum of 3 hours and up to a maximum of $1200 per day (at $145 per 60-minute hour). I am happy to work on a reduced fee in case of financial hardship. The lowest reduced fee is $65 per session. My fees cover time for other activities on your behalf, such as research, record keeping, and preparation. I do charge for telephone calls or other activities longer than 10 minutes. Fees for legal involvement and court time are 150% of standard fees.

You are encouraged to discuss fees at any time. I do not have the ability to accept credit cards. I do not work with insurance companies. I accept either cash or check. Please make your check out before the session, so that our time may be spent on your issues.

**MESSAGES**. I do not accept phone calls while in session. My voice mail is always available to you. Nearly always, your call will be returned the same day. Since my practice is unrelated to the practices of other therapists, no one else has access to your files.

**CONFIDENTIALITY**. Information shared with me is protected by professional ethics and state and federal law and will not be disclosed to anyone without your written permission except as identified herein. The only exceptions to confidentiality are: 1) where there is danger of actual physical harm to yourself or someone else; 2) when physical or sexual abuse or neglect of a specific minor child or elderly person becomes known or is suspected; 3) in legal cases, your clinical records may be released to the Court under a court order; 4) If you are seeing me with a spouse or partner, information shared with me may be disclosed to the other person; and, 5) by law, if I become aware that you have HIV or AIDS, I must inform governmental health services. Any diagnosis that you are given will be a part of your permanent records. It also is my responsibility to discuss, on occasion, certain aspects of your therapy with other professionals in order to take advantage of special training or experience they may have. The confidentiality of these consultations, like the confidentiality of your disclosures to me, is protected by both ethics and law. If you have concerns about confidentiality, please discuss with me the degree to which your confidentiality will or will not be protected, and what steps you and I might take to preserve your privacy.

**DISTANCE COUNSELING**. I am a Certified Distance Counselor. This means that I have been trained to offer counseling services by means of the telephone, email, or Skype. I do not use social media with clients. Distance counseling enables clients to receive counseling services at more convenient times and locations. In case of emergency, dial 911 on your telephone. Because technology is being used, it’s possible that there could be a technology failure so we would use a different form of technology or have our session at a later time. Please let me know if you have any concerns related to possible limits of confidentiality using technology. I am located in the Eastern time zone.

**MY BACKGROUND**. I will be having the opportunity of getting to know you, and I believe you have a right to know me. Since 1990, I have worked with individuals and couples on issues relating to personal growth, personal losses, sex and sexuality, anxiety, depression, anger, career issues, and relationship enhancement. I have received two Master's Degrees: in Business Administration from Case-Western Reserve University and in Counseling from the University of South Florida. (I am not a doctor & prefer to be called “David”.) I’m a Florida Licensed Mental Health Counselor #MH 3268 and a North Carolina Licensed Professional Counselor Supervisor #S9244. If you have any complaints or questions, you may contact the North Carolina Board of Licensed Professional Counselors at PO Box 1369, Garner, NC 27529. Their phone number is 919-661-0820. I have also earned the following specialty certifications and trainings:

* I am a Board Certified Diplomate of the American Board of Sexology #2562
* I am a Board Certified Diplomate of the National Board for Certified Clinical Hypnotherapists #R845
* I am Board Certified by the National Board for Certified Counselors #35498
* I am a Distance Credentialed Counselor of the Center for Credentialing and Education, Inc. #DCC00259
* I am Certified as a Florida Supervisor of Mental Health Counselor Interns

Along with my wife, Deborah Weir, Ph.D., LMHC, LPC, I have been trained by Dr. John Gray in using the Mars & Venus approaches. I also do research and attend seminars to keep up with new developments. I have attended the biennial meetings of the World Association of Sexology in Paris, France and in Havana, Cuba. As the founder of the Academy of Executive Coaching, I provide coaching and consulting services to businesses, organizations and individuals, as well as teach coaching skills to other professionals.

I have served as an officer and board member of the Tampa Bay Association of Marriage & Family Therapy and the Suncoast Mental Health Counselors Association. As a volunteer, I have served on the Board of Directors, including two years as President, of Northside Mental Health Centers, Inc., on the Patient Care Committee of Lifepath Hospice, and on the Speaker's Bureau and as a group facilitator for the Tampa AIDS Network. Michele Weiner-Davis, author of the best seller Divorce Busting, consulted with me in the preparation of her subsequent book, Change Your Life and Everyone in It. I have been quoted as an authority in the Tampa Tribune, St. Petersburg Times, and Woman’s World Magazine. I have been interviewed on TV stations in Tampa and in Utah. My own book, Controlling That Wild Inner Child: The Secret to Love, Sex, and Intimacy (2006), written with Deborah, has been endorsed by Dr. John Gray. I also consult with individuals and organizations both in the United States and overseas. I have worked with clients in various parts of the United States and in Moscow, Dubai, Tbilisi (Georgia), Prague, Baku (Azerbaijan), and Almaty (Kazakhstan).

While I have extensive and specialized training and experience helping people change, you are the client, and I am working for you. At any time, you may question and/or refuse therapeutic or diagnostic procedures, or request and obtain whatever information you wish to know about the process or course of therapy. You may also register a complaint with the North Carolina Board of Licensed Professional Counselors at PO Box 1369, Garner, NC 27529

Phone: 919.661.0820, Fax: 919.779.5642, E-mail: ncblpc@mgmt4u.com.

You also have the right to request a second opinion or to see another therapist if you do not feel comfortable with me. I know that other therapists are available to you, and I appreciate your having chosen me. You can expect me to be unconditionally committed to your personal growth. I hope you will feel comfortable and secure here, and that you will quickly experience real progress towards your goals.

*I HAVE READ AND UNDERSTAND ALL OF THE ABOVE “INFORMATION FOR CLIENTS” AND AGREE TO ITS CONDITIONS AND CONFIDENTIALITY LIMITS. I AGREE TO WORK TOWARD MY GOALS BETWEEN MEETINGS. I AGREE TO BE FULLY RESPONSIBLE FOR PAYMENT FOR COUNSELING SERVICES AND FOR MISSED APPOINTMENTS THAT ARE NOT CANCELED WITH 24 HOURS NOTICE.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Signed - Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Signed – David Weir Date