

Face - Face and/or Distance Counseling Consent & Information Form

Please Read, Complete and Sign 1 Form For Each Person:

Once all 3 pages are completed, please either scan and email this form to **Victoria Baum, LMHC, LCPC, BC-TMH, at:**
victoria@victoriabaum.com

As a client of [Victoria Baum's](#), I understand that Distance Counseling is provided utilizing technology and that there may be problems with phone and internet connectivity, which is neither the fault of Victoria Baum or myself. Internet availability may be limited or disrupted by things such as server maintenance, upgrades, or other problems (such as software or hardware malfunction) or natural or man-made disasters (such as terrorist acts, Internet viruses, and so forth). These types of problems are beyond the control of Victoria Baum and me (client). If something like this were to occur, any scheduled appointments would be re-scheduled.

I understand that I must be at least 18 years of age to consent to Distance Counseling. If not at least 18 years old, a parent or legal guardian must contact Victoria Baum and provide a written consent for services. *Face to Face Counseling age of consent is 13 years old

* As a client of [Victoria Baum, LMHC, LCPC, BC-TMH](#), I declare that she may be legally required to violate confidentiality to make appropriate legal notifications if she reasonably believes I am: engaged in child or elder abuse or neglect, if I intend to harm myself or anyone else.

*If you would like more information, this is discussed in the first session.

I realize that I will be charged a pre-arranged fee for services rendered by [Victoria Baum, LMHC, LCPC, BC-TMH](#) and that this fee is due at time of service. *In the event I cancel a session, with less than 24 -hour notice, I understand I will be charged that fee.

I recognize that the process of counseling can cause emotional discomfort at times, (as difficult issues are addressed). Victoria Baum will provide suggestions on how best to handle, however, she cannot guarantee issue resolution or assure "success" of counseling, either explicit or implied.

As a client [Victoria Baum's](#), I can end services at any time, for any reason, (with 24-hour notice), without explanation. However, a call or email, explaining your decision to end services may be quite beneficial for you, as well as, greatly appreciated by Victoria Baum, LMHC, LCPC, BC-TMH.

Consent/Information P. 2

Lastly, although [Victoria Baum](#) has taken a significant number of steps to ensure the confidentiality and privacy of In Person, Online or Distance communication(s) between you and her, these actions, in whole or in part, cannot completely be 100% guaranteed re: the security of internet transmissions, i.e., the possibility of a hacker.

I permanently agree to release and indemnify [Victoria Baum](#) from all suits, claims, and other actions originating from Face to Face or Distance Counseling.

By signing and checking the box below, you agree to [Victoria Baum's, LMHC, LCPC, BC-TMH](#) consent form.

I AGREE WITH THE ABOVE.

Signature: _____

Name: _____ **Date**_____

Client Questionnaire

The following information is being collected for professional purposes only. I encourage you to fill out all the questions so I may better serve you.

*Confidentiality of all submitted information will be strictly maintained.

Name*

Date of Birth: Age: M or F M/S/D/Other Children:

Email Address*:

Primary Telephone Number*:

Alternate Telephone Number:

In Case of Emergency Contact

Name*: Relationship: Phone Number:

Please briefly describe the issue(s) that you would like to address in counseling:

Are you currently receiving treatment from another mental health professional? Yes or No
If yes, please provide their name and further details:

In the past, have you ever been seen by a mental health professional? Yes or No
If yes, for what and what was the outcome:

Are you currently taking any medication(s)? (e.g. anti-depressants, anti-anxiety, other)?
If so, please name here:

Have you ever taken such medication(s) in the past?
If so, please name here:

Is there anything more that you would like to share with me, prior to our 1st session?