

WELCOME

TOTAL LIFE COUNSELING CENTER



Congratulations!

The hardest step with coaching or counseling is making the first appointment and you did it! Here are a few recommendations to keep your momentum so you can maximize your benefits from coaching or counseling:

Financial Concerns: If there are any financial issues or concerns we may be able to work with you on this.

Calendar: Always remember to have your Calendar when you come to TLC and when you Call to Reschedule:

- **Save Time:** Having your Calendar will save you time and keep you from needing to remember to call us back.
- **Life gets busy** and often people forget to call back to reschedule or schedule a follow-up appointment.
- **Time Lapses:** If too much time passes without a follow-up appointment, clients can actually regress and lengthen the time needed to see results in counseling.
- **Consistency:** Follow-up appointments are important in order to receive the maximum benefits from your first session!
- **Canceling or Rescheduling:** If you do not receive a reminder call please keep in mind the reminder is a courtesy but we need to leave it up to you to contact us **at least one (1) business day** prior to your appointment time if you need to reschedule.

Expectations: Everyone has their own idea of what to expect from counseling varying from watching Dr. Phil or prior experiences. Please discuss your feelings if you feel your expectations are not being met. We can usually address this concern right away.

Closure: When things are going well often clients cancel their appointments before letting us know about your progress. We love to hear the Good News so it's very important to have that final session to celebrate your counselor!

Directions: For directions to our location please download the maps at <http://www.totallifecounseling.com/maps>

Bring Forms: Please remember to print out your new client registration forms and fill them out prior to your first session. Download the Forms @ <http://www.totallifecounseling.com/forms>

Should you need further assistance or an emergency arises before we can meet, please feel free to call 407-248-0030.



1507 S. Hiawassee Road, Suite 101
Orlando, FL 32835

Satellite Locations: Winter Park, Clermont,
& East Orlando

Phone: 407-248-0030

Email: info@totallifecounseling.com

Web: www.totallifecounseling.com



GENERAL INFORMATION

Date: _____ How did you hear about us? _____

Full Name: Mr. Mrs. Ms. Miss Dr. _____

Nick Name: _____ Name You Prefer: _____

Age: _____ Date of Birth: _____ Sex: Male Female

Race: White Black Hispanic Asian Other: _____

Parent/Guardian: _____ Relationship: _____

CONTACT INFORMATION

Street Address: _____ Suite/Apartment Number: _____

City: _____ State: _____ Zip Code: _____ May We Send Mail Here: Yes No

Mailing Address or Post Office Box: _____

City: _____ State: _____ Zip Code: _____ May We Send Mail Here: Yes No

Home Phone: (_____) _____ May We Leave a Message Here: Yes No

Mobile Phone: (_____) _____ May We Leave a Message Here: Yes No

Work Phone: (_____) _____ May We Leave a Message Here: Yes No

Email Address: _____ May We Send Email Here: Yes No

I would like to be added to Total Life Counseling Newsletter to receive free articles, tips and resources: Yes No

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

EMPLOYMENT INFORMATION

Employer: _____ Length of Employment: _____

Occupation: _____ Average Hours Worked Per Week: _____

Average Annual Salary: \$0 to \$25,000 \$25,001 to \$50,000 \$50,001 to \$75,000 \$75,001 to \$100,000
 \$100,001 to \$200,000 \$200,001 to \$500,000 \$500,001 to \$1,000,000 More than \$1,000,000

EDUCATION INFORMATION

Last Year of School Completed: 9 10 11 12 GED College: 1 2 3 4 Other: _____

Are You Currently in School: Yes No. If Yes, What School: _____

Degree/Major/Year: _____

Degree/Major/Year: _____

Degree/Major/Year: _____



WORK INFORMATION

Last 5 Work or Volunteer Locations:

Description of Work

1. _____
2. _____
3. _____
4. _____
5. _____

GENERAL INTERESTS

What is your goal in completing this career assessment?

List any career assessments results you may have done in the past or skills training, assessments, certifications or workshops in the past?

LIST YOUR STRENGTHFINDER 2.0 STRENGTHS – To save you time & money please purchase a “NEW” copy of Strengthfinder 2.0 at Barnes & Nobles Business Section and use the Code in the book to do the 20 Minutes test before your session. BRING YOUR LOGIN TO THE COACHING SESSION TO REVIEW!

1. _____ 2. _____ 3. _____
4. _____ 5. _____

ACTIVITIES, INTERESTS, & STRENGTHS

What do you do in your spare time? _____

What do you do well? _____

TERMS OF SERVICE

I hereby give Total Life Counseling Center permission to provide coaching or counseling services for the client mentioned above:

Signed: _____ Date: _____



Financial Policy

Payment Policy:

We are committed to providing you with the best possible care. Payment for services is due at the time of service. We accept cash, checks, Master Card, and Visa.

Our fees:

- Individual, Family and Marriage Sessions are _____ per hour (therapy sessions are 50 minutes).
- Groups are \$48.00 per session.
- Counselor Services: Treatment Summary Requests, Professional Letters, and Phone/Conference calls will be billed, if requested, at the individual therapeutic rate for a minimum of 30 minutes.
 - Emails will be charged in 15-minute increments at the individual therapeutic rate (15 minute minimum).
- Administrative Services: Letters from the administrative office, insurance forms, authorization requests and/or calls to your insurance company will be billed at \$15 per 15 minutes (15 minute minimum).
- Court Appearances and Depositions are double the therapy hour rate. If paying with a credit card on file, there is a minimum 2 hour charge including travel time to and from the office. If the court time exceeds the minimum 2 hours, the credit card will be charged accordingly. If paying with cash/check, there is a minimum \$1000 retainer.
- Returned checks are subject to a \$30 fee.
- A cancellation fee is charged for appointments that are no show or canceled without a 24 hours advance notice unless there is an emergency or illness. The no-show fee is equivalent to your normal session fee.

Policy on Insurance Reimbursement:

If you have medical Insurance that provides coverage for mental health counseling, we want to help you receive your maximum allowable benefits.

We will be happy to help you process your insurance claim form for your reimbursement. A completed insurance form must accompany any such request at each visit. You are responsible for mailing it to the insurance company and tracking your reimbursement.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, called "Usual, Customary and Reasonable" (UCR). Some companies pay a percentage of the UCR for a given area. However, some companies reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. If your company requests a report from us in order to process your claim, we will need to receive our normal hourly fee from you for this service.
5. I am financially responsible for this treatment and for any portion of the fees not reimbursed or covered by my health insurance.

If you have any questions about our financial policy please do not hesitate to ask us. We are here to help you.

Signature _____ Date _____



Informed Consent & Release of Liability

Name: (please print): _____

I understand the following:

1. Counseling services are provided by practitioners who have earned a Master's Degree, or higher, in the field of counseling from an accredited graduate program and who have been licensed by the state of Florida as Mental Health Counselors, Registered Mental Health Counselor Interns (under the supervision of a License Mental Health Counselor Supervisor).
 - a. **Licensed Mental Health Counselors:** Jim West, Laura Bravo, & Jamie Barrett
 - b. **Registered Mental Health Counselor Intern:** Anthony Gutierrez
 - c. **Graduate Student Intern:** Jada Collins, Matthew Martin
 - i. Graduate student who is earning a Master's Degree in the field of counseling from an accredited graduate program and who is supervised by Licensed Mental Health Counselors by the State of Florida.
2. Although I expect benefits from this treatment, such benefits or particular outcomes cannot be guaranteed.
3. Due to the counseling or therapy, I may experience emotional strains, feel worse during treatment, and make life changes that could be distressing.
4. This counselor is not providing an emergency service; therefore, at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone else, please call 911 for assistance. We do not provide an on-call service at this time.
5. Regular attendance will produce maximum results, but I am free to discontinue treatment at any time. A final closure/summary session is highly recommended to get the greatest benefits.
6. I understand that my counseling records & conversations with the counselor are kept confidential, except where disclosure is required by law (i.e. abuse of a child, elderly or disable person; potential harm or threat to self or others and specific information subpoenaed by a court of law.)
7. I know of no reasons that I should not undertake this therapy and I agree to participate fully and voluntarily.

My signature below indicated that I grant informed consent for Total Life Counseling to provide counseling services to myself and or minor members of my family.

Signature: _____ Date: _____



Notice of Privacy Practices

This Notice Describes how medical information about you may be used and disclosed and how you can get access to this information about you may be used and disclosed and how you can get access to this information. Please review this document carefully.

<p>The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.</p> <p>Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment, and health care operations.</p> <ul style="list-style-type: none"> • <i>Treatment</i> means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include psychotherapy, medication management, etc. • <i>Payment</i> means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your insurance company for your services. • <i>Health Care Operations</i> include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc. <p>In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services. We will use and disclose your PROTECTED HEALTH INFORMATION when we are required to do so by federal, state or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by</p>	<p>law to collect information; to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding; response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release your PROTECTED HEALTH INFORMATION to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.</p> <p>Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.</p> <p>You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:</p> <ul style="list-style-type: none"> • The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. • The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations. • The right to request an amendment to your PROTECTED HEALTH INFORMATION. 	<p>outside of treatment, payment and health care operations.</p> <ul style="list-style-type: none"> • The right to obtain a paper copy of this notice for us upon request. We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION. <p>We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.</p> <p>You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.</p> <p>For more information about our Privacy Practices, please contact: The Privacy Officer Total Life Counseling 1507 S. Hiawassee Road #101 Orlando, FL 32835 (407) 248-0030</p> <p>For more information about HIPAA or to file a complaint: The U.S. Department of Health & Human Services Office of Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 877.696.6775 (toll-free)</p>
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Individual, Family, Marriage
& Group Counseling

P: 407-248-0030

F: 407-248-0226

Satellite Locations:
Clermont & Winter Park

Acknowledgement of Receipt: Privacy Practice Notice

I, _____ have received a copy of Total Life Counseling Center
(Full Name) Notice of Privacy Practices.

Street Address: _____

City: _____ State: _____ Zip: _____

Client
Signed: _____ Date: _____

Parent/Guardian
Signed: _____ Date: _____

Witnessed
Signed: _____ Date: _____



DIRECTIONS-- SEE MAPS ON NEXT PAGE

Thank you for contacting Total Life Counseling Center. We consider it a privilege to serve you and look forward to working with you. Below are instructions to our offices. You can also go to our website and click the Office Locations Link and click on the office you are attending. Then you can enter your address for directions.

Metro West Office @ Metro West Professional Plaza, 1507 S. Hiwassee Road Suite 101, Orlando FL 32835:

- From Kissimmee N. on Turnpike to EXIT 259, take I-4 toward Tampa to the Kirkman Rd Exit 75B and take Kirkman 2.6 miles. Take Left on Metro West Blvd for 1 mile. Take Right on Hiwassee Road .3 miles and turn between the McDonalds on the right and our Building. Then immediately turn right again into the parking lot behind the building.
- From Tampa I-4 East to Orlando and take the Kirkman Rd Exit 75B and take Kirkman 2.6 miles. Take Left on Metro West Blvd for 1 mile. Take Right on Hiwassee Road .3 miles and turn between the McDonalds on the right and our Building. Then immediately turn right again into the parking lot behind the building.
- Downtown Orlando/East Orlando: Take the 408 West to Hiwassee Road. Take Left on Hiwassee Road for 2 miles. Cross Raleigh Street and our building is past the McDonalds on the left. However, our parking lot access is behind the McDonalds. So after Raleigh Turn into the Winn Dixie Shopping Plaza and turn right between McDonalds & the Winn Dixie to access our parking lot behind the Building.
- From Clermont/Ocoee/Winter Garden/Oakland/Montverde: Take the 408 East to Hiwassee Road. Take Right on Hiwassee Road for 2 miles. Cross Raleigh Street and our building is past the McDonalds on the left. However, our parking lot access is behind the McDonalds. So after Raleigh turn into the Winn Dixie Shopping Plaza and turn right between McDonalds & the Winn Dixie to access our parking lot behind the Building.

Winter Park Office at Lee World Center, 1850 Lee Road Suite 215, Winter Park, FL 32789:

- From Kissimmee N. on Turnpike to EXIT 259, take I-4 East toward Orlando/Downtown 11.4 miles to Lee Road. Take Right on Lee Road .7 miles to Lee World Center on Right.
- Take I-4 East toward Orlando/Downtown to Lee Road in Winter Park. Take Right on Lee Road EXIT 88 .7 miles to Lee World Center on Right.
- Downtown Orlando/East Orlando: Take I-4 East toward Orlando/Downtown to Lee Road in Winter Park. Take Right on Lee Road EXIT 88 .7 miles to Lee World Center on Right.
- From Daytona/Sanford/Lake Mary/Altamonte Spgs/Longwood: Take I-4 West toward Winter Park to Lee Road Exit 88. Take Left on Lee Road .7 miles to Lee World Center on Right.

East Orlando Office - UCF Area, 1850 N. Alafaya Trail Building 1-A Orlando, FL 32826

- From 408: Heading east, take the Alafaya trail exit. Head North on Alafaya Trail (SR 434) by taking a left. Cross over East Colonial Drive, and take your second left. You will have to make a U-turn right into the office complex. You've gone too far if you are at Office Suites Plus. They are right next to each other. The office faces the Radison Hotel and Office Suites Plus. You can park in the front or back.

Clermont Office-(Corner of Pearl St and Hwy 27) 100 N US Hwy 27 Unit B Minneola, FL 34715

- From Winter Garden/Ocoee/Oakland: Take Colonial/Hwy 50 West through Clermont. Head North on 27 building next to Jacks barbecue (yellow building with green awning next to Jacks Barbecue in the rear). From Downtown Clermont Minneola or Groveland: Head North on 27 building next to Jacks barbecue. Yellow building with green awning next to Jacks Barbecue in the rear Park in rear of building. Wait in the reception area until you are called.