D.ERNST COUNSELING

GIVING YOU THE TOOLS TO HELP YOU HEAL

TELEPHONE GROUP FORM

Today's Date:_____

Client Name:_____ Date of Birth:_____Age:_____

Client Address: _____

Contact Phone:_____Email Address:_____

Work Phone:_____ Mobile #:_____

Group Interested in: _____

Referred by: _____ Start Date:_____

Financial Policy:

I give permission to Heart to Heart Counseling Center to bill for group sessions. The fee for each 60-90 minute group therapy session is $15.00 per week for groups. A consecutive 4-week (or 5 week month) commitment is required for all groups. A charge of $60 for 4 weeks will be charged on the first of the month. If there are 5 weeks in the month, you will be charged for $75. Unattended group meetings are non-refundable. PLEASE NOTE: Termination of group participation must be submitted via written documentation (email or letter) 48 business hours prior to the next billing cycle. If you fail to provide written notification to terminate your group membership, you will be charged on the credit or debit card you provide below.

Payment Information:

Credit card Number:_____ Exp. Date_____

Billing Zip Code:_____ CVC2 Code:_____

*** The biller on your credit card will be "Heart to Heart" ***

720 Elkton Dr., Colorado Springs, CO 80907 | 719.424.7112 | dernstcounseling@gmail.com | 719.278.3804 (fax)

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TELEPHONE GROUP PARTICIATION FORM

Please read and complete prior to joining group meeting.
This document is for the purpose of solidifying an agreement between Group Therapy group member(signed below) and David Ernst ("Therapist"). The following represents the covenants known as "Group Membership" by which parties abide.

1. All group participants are expected to treat each other with confidentiality, dignity and respect. What is said in the group stays in the group.

2. This is a "group," and it is important that members actively participate in order to receive the benefit of the group.

3. I agree not to talk more than 5-10 minutes at one time to allow others to speak.

4. I will refrain from giving advice and only speak of my own experience during and after group.

5. I will attend group on time as a courtesy to other group members.

6. The Groups are designed for men only and will meet weekly.

7. It is understood that the group will meet once per week for 50 minutes unless prior notice is given to the client by the therapist.

8. All group members agree to a minimum 4-week commitment. If for any reason this commitment is broken prematurely, the group member will not receive a refund for unattended meetings.

9. The fee for each group is $15 per meeting, billed 4 sessions at a time (unless there are 5 weeks in a month). There are no refunds for missed meetings.

10. The groups are not "drop-in" type; and therefore weekly attendance is expected to be maintained by all except in cases of urgency or emergency, whereby the client is to make every attempt to inform the therapist before the meeting.

11. Group members agree that they may be expected to purchase a 12-step recovery workbook or book at their own cost and agree to do so by the 3rd meeting.

12. Each week the group member will receive feedback from other group members and will consider and apply this feedback appropriately, as he progresses through his workbook. You, the group member, always have the right to refuse feedback at any time.

I attest that I have read all the above information and that I understand the conditions as stated. The undersigned releases David Ernst from any claim to litigation whatsoever arising from the undersigned's participation. I agree to fully accept the above terms of this agreement.

***By signing below, I also agree to confidentiality of all teleconference numbers, access codes ***

Client enter full name and date below as your electronic signature:

_____ Date:_____

Therapist's SIgnature:_____ Date:_____

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DISCLOSURE STATEMENT

Therapist Name

David Ernst MA., LPCC
720 Elkton Dr.,
Colorado Springs, CO 80907

Degrees/Credentials

- Master of Arts in Counseling, Colorado Christian University
- Bachelor of Theology, Biblical Counseling, Nazarene Bible College
- Pre & Marital Counseling, Prepare and Enrich

Client's Rights and Important Information required by the Board of Licensing:

a. The practice of licensed or registered person in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Professional Counselors and the Board of Psychologists Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303-894-7800. As to regulatory requirements applicable to mental health professionals: (1) Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. (2) Certified Addiction Counselor I (CAC I)must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. (3) Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. (4) Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. (5) Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. (6) Licensed Social Worker must hold a masters degree in social work. (7) Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. (8) Licensed Clinical Social Work, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. (9) A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

b. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.

c. You can seek a second opinion from another therapist or terminate therapy at any time.

d. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has the responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite #1370, Denver, Colorado, 80202, 303-894-7766.

e. Generally speaking, the information provided by and to a client during therapy session is legally confidential if the therapist is licensed. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to me is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes. You should be aware that legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions which include: 1) If I am required to report suspected child abuse or neglect to the appropriate law enforcement agency; 2) If I receive information from a client concerning a serious threat in imminent physical violence against a specific person, I must inform that person of the threat, and also notify law enforcement authorities; 3) I am required to initiate a mental health evaluation of a client who is dangerous to self or others, or who is gravely disabled, as a result of mental disorder; and 4) I am required to report any suspected threat to national security to federal officials.

f. In order to keep our relationship professional, please do not give me any gifts, however small.

g. Should you discontinue therapy for more than 45 days, your treatment will be considered "terminated" and no longer a client of David Ernst. You may resume therapy anytime after such day. This disclosure statement will remain in effect should you resume therapy and you may be asked to provide additional information to update your client records.

h. I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party. I also acknowledge that I have received a copy upon request of this Disclosure Statement.

i. My records will be kept for 7 years after treatment ends or following our last session. After 7 years these records will be destroyed.

j. I am working under the supervision of Dr. Piper for my licensure hours.

_____	_____	_____	_____
Date	Client Signature	Therapist Signature	Witness Initials