

Martin J. Loberg, LLC

3917 East Memorial Rd. Bld. #A, Oakview Professional Pointe
Edmond, OK 73013
405-531-2448

Martin Loberg M.Div., M.A., LPC

(Make sure to fill in open areas and most important shaded areas!!)

INFORMED CONSENT: I am looking forward to working with you. Please read the following carefully. You will be asked to sign at the end of this form to verify that you have read and understand the contents. This agreement for counseling/consulting/mediation services are between Martin Loberg M.Div., M.A., L.P.C. of Martin J. Loberg, LLC and client(s) _____ and shall govern all professional relations between the parties.

Counselor

Marty Loberg is a Licensed Professional Counselor in Oklahoma and Texas and is an Ordained Minister in the PCUSA. My approach is an empathetic talk therapy approach that mainly incorporates multiple therapeutic interventions such as Restoration, Systems, Marital (if married), Structural, Contextual, Cognitive/Behavioral, Solution Focused, and Emotion Focused Therapy models. I am also a Christian counselor (a member of the American Association of Christian Counselors), and seek to incorporate the Christian faith with those clients who desire to use spiritual formation such as prayer, bible study, worship, service, small groups, etc. into our therapeutic process.

Confidentiality

The confidentiality that you share with me will be carefully guarded. However, it is Oklahoma and Texas law that all counselors have a duty to warn the appropriate individuals if the counselee intends to take harmful, dangerous, or criminal actions against themselves or someone around them. Counselors are also mandated to report any incidences of "reasonably suspected child abuse", elderly abuse, or suicide attempts to the Department of Social Services and/or the Police Department. *In an employment consulting arrangement*, confidentiality between employer and employee are also maintained and my consulting work is not a part of any official performance evaluation unless its criterion are agreed upon prior to the beginning of consultation (add Amendments) and complies with the exceptions to confidentiality stated above. Also, I may occasionally find it helpful to consult about your case with other professionals. Even in these situations, I do not reveal the identity of my client. The consultant is also legally bound to keep the information confidential. In addition, ***if we should meet in public I prefer that you decide whether or not to disclose our acquaintance to others.***

Minors

Minors must have parental consent for counseling except in the case of active duty armed forces, I am 16 years of age or older and reside apart from my parents or guardians and manage my own financial affairs, thinking about suicide, concerns about alcohol or drug addiction/dependency, or sexually, physically or emotionally abused. Consenting parents have the right to examine the treatment records of children under the age of 18, however in order that minors can enjoy the trust of a protected environment, it is my practice to ask parents to forego that right (I will provide a general short summary of therapeutic process if requested), unless for extreme circumstances (see confidentiality above). Also, in the state of Texas children under 17 may not have consensual sex (by law it is considered Indecency with a Child and therefore 'child abuse'). The state requires therapists to breach confidentiality and report such activity to Child Protective Services. If I am required to make such a report to CPS about your child, you will be informed as well.

Video Taping

In order to provide the highest level of care to my clients I may video/audio tape myself conducting sessions for review and consultation. Once again, this information will be kept confidential.

Release of Information

If information is needed to be released it will only be done so according to state law and with a written consent from the client indicating an informed consent of such release.

Availability

My desire is to provide the highest level of care to my clients both inside and outside of our sessions. For scheduling and non-emergency situations, I do provide my personal cell phone number (405-531-2448) with the understanding that in order to maintain professional and personal boundaries the client can attempt to contact me during typical business hours 8-5pm Mon-Fri and leave a message and I will contact them as soon as possible. In the case of an emergency or in my absence, they can contact a family member, 911, or their community's crisis Hot Line.

Appointments

Appointments will be scheduled at the end of each session. If you have made an appointment you cannot keep, please call my cell phone 405-531-2448 as soon as possible to reschedule. Please make cancellations at least 24 hours in advance of a scheduled session. If a cancellation has not been pre-arranged 24hrs in advance, the session is a loss for someone else wishing to use the time, therefore, **you will be charged the fee of \$60 for that non-canceled or no show appointment.** Initial _____.

Fees/payment

I do accept certain types of insurances and private pay that can be negotiated /renegotiated on a sliding fee scale. For the counseling/consulting work I will do with you we will contract for a fee (it may be initially an approximate "allowable insurance rate" until first EOB is received) of _____ \$ per _____ hr to be paid to Martin J. Loberg, LLC. Other fees will be assessed for separate profiles or educational materials. Payment prior to the appointment is preferred. Only one payment can be left outstanding with the scheduling of no further sessions until outstanding payment is made in full. By signing this agreement you understand that you are fully responsible for all fees whether or not they are paid by your insurance company. A credit card will be kept on file for any paid or unpaid fees until the account is brought to a zero balance after termination of services and/or other outstanding fees (i.e. late cancelation fees). Initial _____.

Modification and Conflict Resolution

It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties. If these negotiations are not satisfactory, then the parties agree to mediate any differences with a mutual acceptable third-party mediator. If these are unsatisfactory, then the parties shall move to arbitration, and then binding arbitration, choosing an arbitrator mutually agreeable by both. Litigation shall be considered only if and after all of these methods of resolution are given a good faith effort and are unsatisfactory.

Informed Consent

It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling/consulting process as an important priority at this time in his or her life. Counseling/Consulting is designed to assist clients in resolving issues and dealing with painful life problems. I will make every effort to make this process successful in this manner. However, you should know that counseling/consulting is no guarantee that you will "solve" your problems and that issues will be resolved. You should further know that in the course of counseling/consulting, we may expose issues that may cause additional problems to you and bring more life distress. Participation in counseling/consulting means that you accept these risks and are willing deal with the potential problems. Suspension, termination, or referral shall be discussed or lack of commitment, or for any unresolved conflict or impasse between counselor/consultant and client as soon as possible.

Counseling/Consulting Amendments: _____

Counselee's Signature _____	Date _____
Parent(s) or Guardian(s) Signature _____	Date _____
Counselor's Signature _____	Date _____

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Client Information Form

A. Identification:

Name: _____ D.O.B. _____ Age: _____
Home Address: _____
Insurance Company: _____ Memb ID#: _____ Group _____
Contact Phone: _____
Calls will be discreet, but please indicate any restrictions: _____
Is it okay to text you general information, appt reminders, etc. ___ Yes ___ No
Who may have referred you? _____

B. General Information (Please use the back if necessary, will also discuss at intake too):

What issues/challenges are bringing you in? _____

What would be indicators for you that things are getting better? _____

Share any pertinent educational/vocational information: _____

Share any pertinent growing-up/family-of-origin information: _____

Share any pertinent relationship (i.e. spouse, ex, family, children, etc.) information: _____

Share any pertinent health/medical/psychiatric medications information: _____

Share any pertinent legal information: _____

Share any pertinent psychological information (i.e. abuse, trauma, addictions): _____

Are you currently having thoughts of harming self or others? ___ Yes ___ No
Are you willing to incorporate Christian beliefs into your treatment? ___ Yes ___ No
If Yes, Share any pertinent faith information: _____

Share any other information you feel is pertinent to your treatment process _____

Counselee's Signature _____	Date _____
Parent(s) or Guardian(s) Signature _____	Date _____
Counselor's Signature _____	Date _____

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Authorization for Credit Card Use

(All information will remain confidential)

Name on Card: _____
Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize Martin J. Loberg LLC to keep this credit card on file in order to charge the amount listed below to the credit card provided herein. I agree to pay for these counseling services in accordance with the signed Informed Consent and the issuing bank cardholder agreement.

Charge the Private Pay or Approx. Insurance Allowable Hourly Rate of\$ _____ (US)

Or Charge \$60 for late cancelation (under 24hrs) or no show fee of: \$ 60.00 (US)

Or any remaining balance not received from client or client's insurance company:
\$ _____ (US)

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Martin J Loberg LLC
3917 East Memorial Rd Suite A.
Edmond, OK. 73013