

HAVE ANY CHILDREN DIED? Yes No

EDUCATION (Indicate last grade completed/last degree earned): _____

MILITARY SERVICE: _____ DATES: _____ DID YOU SERVE IN COMBAT? Yes No

MEDICAL INFORMATION

HAVE YOU HAD PREVIOUS COUNSELING? Yes No IF YES, WHEN? _____ WITH WHOM? _____

ARE YOU PRESENTLY SEEING ANOTHER THERAPIST? Yes No _____

ARE YOU PRESENTLY ON MEDICATION? Yes No IF SO, WHAT MEDICATIONS? _____

WHAT DO YOU BELIEVE YOUR **PHYSICAL** CONDITION IS AT THE PRESENT TIME?

- Poor Fair Average Good Excellent

WHAT DO YOU BELIEVE YOUR **EMOTIONAL** CONDITION IS AT THE PRESENT TIME?

- Poor Fair Average Good Excellent

CONCERNS

STATE IN YOUR OWN WORDS THE CONCERNS YOU BRING TO COUNSELING: _____

CHECK THE ITEMS THAT DESCRIBE OR RELATE TO THE CONCERNS MENTIONED ABOVE:

- | | | |
|--------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Frigidity | <input type="checkbox"/> Religious doubts |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Loss of faith/God |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fear | <input type="checkbox"/> Loss of faith/self |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Self doubt | <input type="checkbox"/> Loss of faith/other |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Guilt | <input type="checkbox"/> Loss of hope |
| <input type="checkbox"/> Marriage problems | <input type="checkbox"/> Suicidal feelings | <input type="checkbox"/> Loss of meaning |
| <input type="checkbox"/> Sexual concerns | <input type="checkbox"/> Relationship with parents | <input type="checkbox"/> Loss of self respect |
| <input type="checkbox"/> Impotency | <input type="checkbox"/> Relationship with children | <input type="checkbox"/> Loss of love |

WHAT IS YOUR MAIN REASON FOR SEEKING COUNSELING?

- | | |
|-------------------------------------|------------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Personal Growth |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Psychosis | <input type="checkbox"/> Other _____ |



PROTECTIVE
HEALTH
SERVICES

Oklahoma State Department of Health
Protective Health Services
Professional Counselor Licensing
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6030
FAX: (405) 271-1918
www.health.ok.gov/program/lpc

STATEMENT OF PROFESSIONAL DISCLOSURE

Please check the appropriate license: _X_ LPC

I am required by law to furnish this document to you. It requires that I inform you about my professional training, orientation /techniques, experience, fees and credentials. I am licensed to practice my profession by the Oklahoma State Department of Health.

***My license number is LPC* 4232**

The licensing website is **http://www.health.ok.gov/program/lpc/** where you can access the law and regulations which govern my license. I will furnish you with printed materials about the requirements of my licensure if you so desire. You may contact (without giving your name), the Professional Counselor Licensing Division at:

Oklahoma State Department of Health
Protective Health Services
Professional Counselor Licensing – 0504
1000 NE 10TH Street
Oklahoma City, OK 73117-1299

Telephone: (405) 271-6030
Fax: (405) 271-1918
e-mail: nenaw@health.ok.gov

Licensee’s Printed Name: **Thomas R. Sanders**

Licensee’s Signature: _____ **Date:** _____

The above-designated licensee has satisfactorily supplied me with information regarding his/her practice, licensure and professional development.

Client’s Signature: _____ **Date:** _____

Appointments and Fees at Whole Life Counseling and Coaching of Oklahoma

To New and Continuing Clients

Policy regarding missed appointments:

1. Payment is expected at the beginning of each session.
2. The session fee will be charged on all sessions missed without notification.
3. 24 hour notification is required for a request to cancel and reschedule. A fee will be charged for notification of cancellation in less than 24 hours.
4. In emergencies, same-day notification of need to reschedule will not incur the session fee.

I have read and understand my responsibilities in regard to appointments and fees with Whole Life Counseling and Coaching of Oklahoma:

Client's Signature

Date

Please spend the time in the making of each new appointment to carefully consider how the counseling pattern is to fit into the other circumstances of your life.

Thomas R. Sanders, M.A., LPC.
Licensed Professional Counselor #4232
918-269-0043

Professional Disclosure

I welcome you as a new client and look forward to working with you! In deciding to start therapy, you are investing in yourself and your future. Good information about your prospective therapist will help you decide which one is right for you. The purpose of this disclosure is to inform you about my counseling practice, my background, and your rights as a client. If you have any questions regarding any aspect of my practice or credentials, please discuss them with me. I will gladly answer your questions and welcome your comments.

Psychotherapy is an active and creative process between the client and therapist. Counseling offers you an opportunity to express and explore your issues and, hopefully, to resolve those issues. I will do my best to provide an accurate and fair assessment that will help us plan your goals for counseling. We will discuss the assessment and goals throughout the counseling process. There are risks to counseling and certainly no guarantees. At times you will experience feelings that are uncomfortable and hard to face. It might be difficult at times, but could be very good for you in the long run. Let me know how therapy is proceeding and please provide feedback on what is helping and on what is not helpful. This makes it possible to more clearly tailor the sessions to meet your needs.

Training, Experience and Credentials

I finished my Bachelor of Arts Degree in Speech and Psychology in 1976 at Houston Baptist University in Houston, Texas. From 1976 to 1988, I worked with troubled youth and families as part of a community youth agency. I have finished 2 Master of Arts degrees. In 1984 I finished a Master of Arts in Religious Education at Southwestern Baptist Theological Seminary. In 1989, I completed a Master of Arts in Counseling at the University of New Mexico in Albuquerque, New Mexico. From 1989 to 1984, I worked as a part-time counselor at Family Therapy of Albuquerque working with individuals and families. In 1989, I also became an ordained Cumberland Presbyterian minister and did pastoral counseling as part of the staff of Heights Cumberland Presbyterian Church in Albuquerque, New Mexico. In 2002, I began doing drug and alcohol counseling with the Providence Network in Denver, Colorado. From 2003 to 2008, I was Director of Counseling for Providence Network. In 2004, I completed the requirements to become a Licensed Professional Counselor in the state of Colorado. After moving to Tulsa, Oklahoma in 2008, I transferred my license in 2009, and joined the staff of the Center for Counseling and Education (CCE) in 2010 and continued there until they closed in March of 2014. In April of 2014 I opened my own counseling organization, Whole Life Counseling and Coaching of Oklahoma. My current practice emphasizes individual and couples counseling. I work out of offices located at First Baptist Church of Tulsa and East Side Christian Church, also in Tulsa.

Professional Practice Policies

Limits of Practice- I have limited my practice to clients who are not in need of 24-hour care. If you need 24-hour care, please inform me and I will be glad to refer you to another colleague or counselor. If it becomes apparent that you will require 24-hour care or additional support outside of therapy, I will work with you to develop an adequate support system or refer you to a therapist on 24-hour call. In the meantime, if a crisis arises, call the COPES Crisis Center 24/7 (Tulsa) at 918-744-4805 or call 911, or call the 24 hour crisis line in your county.

Fee Information- Sessions are 50 minutes in length and the fee is based on a sliding scale (\$80-\$100 per hour) and will be set before therapy begins. The fee for shorter or longer sessions is prorated from the charge initially that we initially agree upon. Payment by credit card, cash or check made payable to "Whole Life Enterprises" for the full amount is to be made at the beginning of each session.

Phone calls- If you need to speak with me between regularly scheduled sessions, please call my voice mail and leave me a message and I will return your call as soon as possible. Please specify times that I can reach you by phone. If you are not available when I return your phone call and it is necessary for me to leave a voice mail, I will only leave my name and phone number to identify myself. I do not charge for brief conversations. However, any discussion that goes beyond 5 minutes will be charged to you on a pro-rated basis.

Professional Consultation- I regularly consult with other licensed mental health professionals to insure that I am providing the highest standard of care for my clients. In consulting with these professionals, identifying information is not shared, thus maintaining your confidentiality.

Cancellations- If you need to cancel or reschedule an appointment, please notify me at least 24 hours in advance. If you cancel with less than 24 hours notice, you will be charged half the counseling fee unless you re-schedule during the same week. If you miss a session and do not call to cancel, you will be responsible for the full amount. If I should need to re-schedule or cancel, I will work with you according to the same policy.

I have read and understand the Professional Disclosure Statement for Thomas R. Sanders

Client Signature _____ Date _____

NOTICE OF WHOLE LIFE COUNSELING AND COACHING OF OKLAHOMA PRIVACY PRACTICES

This notice tells you how we make use of your health information at our organization, how we might disclose your health information to others, and how you can get access to the same information

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to use and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the state of Oklahoma to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice takes effect on April 14, 2003 and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at Whole Life Counseling and Coaching of Oklahoma. These changes could also affect how we protect the privacy of any of your health information we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice.

When you are finished reading this notice, you may request a copy of it at no charge to you.

If you request a copy of this notice at any time in the future, we will give you a copy at no charge to you.

If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

Here are some examples of how we use and disclose information about your health information.

We may use or disclose your health information...

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on our staff involved in your treatment program.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment for a third party payer for services we provide for you.
5. To our own staff in connection with our organization's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
6. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects your health information that are necessary to respond to the emergency.

Limits of Confidentiality

Below are some of the cases in which the law dictates that your signed authorization may not be required in order for your Whole Life Counseling and Coaching of Oklahoma therapist to release information:

- If your therapist believes that you are likely to harm yourself and/or another person, he or she may take action necessary to protect you or others by contacting law enforcement officers or a physician.
- If your therapist has cause to believe that a child has been or may be abused or neglected, your therapist is required to make a report to the appropriate state agency.
- If your therapist has cause to believe that an elderly or disabled person has been or may be abused, neglected, or subject to financial exploitation, your therapist is required to make a report to the appropriate state agency.
- If your records are requested by a valid subpoena or court order, we must respond.
- If you are a minor (under the age of 18).
- If your therapist is counseling you as part of a couple, please see the conditions stated in “Limits of Confidentiality with Couples.”

I have read and understand both the Privacy Practices and the Limits of Confidentiality for my therapist’s practice with Whole Life Counseling and Coaching of Oklahoma:

Client’s Signature: _____ **Date:** _____

Thomas R. Sanders, M.A., L.P.C.
Licensed Professional Counselor
Whole Life Counseling and Coaching of Oklahoma
918-269-0043

Limits of Confidentiality with Couples

This statement of policy is intended to inform you, the participants in therapy, that when I agree to treat a couple, I consider that couple (the treatment unit) to be the client. For instance, if there is a request for the treatment records of the couple, I will seek the authorization from both partners before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the client (treatment unit).

During the course of my work with a couple, I may see a smaller part of the treatment unit (e.g., an individual) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a *third party* unless I am required by law to do so, or unless I have your written authorization.

However, I may need to share information learned in an individual session, through email contact, text, through phone contact, or a session with an individual with the entire treatment unit – that is, the couple, if I am effectively to serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and I will also, if appropriate, first give the individual the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, including your spouse/partner, you might want to consult with an individual therapist who can treat you individually. This “*no secrets*” policy is intended to allow me to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the couple. By signing below, you, as members of the couple being treated acknowledge that each of you has read this policy, that you understand it, that you have had an opportunity to discuss its contents with me as your therapist, and that you undertake couple therapy in agreement with this policy.

Dated: _____ Signature _____ (client)

Dated: _____ Signature _____ (client)

Dated: _____ Signature _____ (therapist)