**Confidentiality:** As a social worker, I strictly protect the confidentiality of communication I have with clients. There are some limits to confidentiality of which you should be aware: 1) I am required by law to take protective action if a client poses a risk to himself/herself or others; 2) If I hear of a child, elderly person, or person with a disability being abused, I must report this to the appropriate state agency.

If you are under 18, your parents/guardians have the right to information, however, I ask parents to agree that information will be shared only with the child’s permission, except in situations where the child’s safety is at stake.

**What I Provide:** I am a direct care social worker who counsels individuals who are considered mentally healthy. I am not a ‘clinical’ social worker, which means I do not diagnose and treat mental, behavioral and emotional disorders, conditions, addictions, or abuse. My practice does not focus heavily on the past, but more on the present and the future, and assumes the client is whole and adequately functioning. As a direct care social worker, my role differs with each client and each situation, depending on where the client is at the moment and what she needs.

Primarily, I serve as counselor; at other times, my role is that of mentor, strategic advisor, or parent coach. Although I wear many hats, my ultimate goal is to partner with you to help you move forward. If you require services outside of my scope, I will be happy to share a list of qualified therapists for referrals. I see clients both in office, and virtually via video chat or phone.

**Appointments:**  Individual sessions are 50 minutes and the fee is $150/session. Although I do not take insurance, you may wish to consult your health savings account, if applicable. Venmo (@eileen-sutherland), cash, or check are accepted **before each session begins please**, so that we can make the most of our time together.

If you need to cancel an appointment for any reason, please give at least 24 hours notice; if given less than 24 hours notice, my policy is to charge for the full rate of the session (unless it is an emergency).

I have reviewed the policies in this document and fully understand the scope of services provided by Eileen Sutherland, LLC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name Client Signature

**Client Information Sheet**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to leave a message? **Yes or No**

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to leave a message? **Yes or No**

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May I email you? **Yes or No**

Marital/Relationship Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children (gender, age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency, you have permission to contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How were you referred to this practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been to counseling before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the nature of the concern you wish to address in counseling?