

**JANET NICHOLAS, LPC, LCDC, EAP
DEVIATIONS, INC.**

26113 Oakridge Drive Suite C, The Woodlands, Texas

713.882.4268 (W) 832.442.5677 (F)

www.janetnicholas.com
www.trails-less-traveled.com

PATIENT INFORMATION

This will serve as an introduction and address some of the questions you may have about my training and approach.

My name is Janet Nicholas. I am a licensed professional counselor, licensed chemical dependency counselor, EAGALA Certified Equine Assisted Psychotherapist and a Christian counselor. I graduated from Sam Houston State University with a Master degree in clinical psychology. My undergraduate studies were completed at St. Edward's University. Counseling has been my profession for over 20 years.

The majority of my practice consists of working with age 12 through 17 and with adults through the process of psychotherapy. Most often, appointments are scheduled weekly until sufficient progress warrants less frequent sessions. Many clients see me due to a loss or they may be experiencing a crisis. Some people begin psychotherapy because they want to live happier and more productive lives. Others want to address problems in relationships, and some enter therapy to gain assistance in dealing with a symptom or illness such as depression, anxiety, or an addiction. Whatever the reason you are here, research has shown the benefits of psychotherapy. If for some reason I do not feel I can help you, I will tell you. If you wish, I will assist you in finding another therapist. I can also forward your file with your written consent.

My desire is to assist you in reaching your goals. This can often be accomplished through exploration of feelings and by identifying behaviors that limit you and thought patterns that are destructive. Often these can be changed, allowing you to experience greater freedom and inner peace. Through therapy, you may learn how to have healthier and more satisfying relationships, and live life in harmony with your beliefs and values.

If either of us is not satisfied with the progress being made, I may request that you get a consultation with another therapist or physician to ensure that the course of treatment is optimal. It is always important for you to express negative feelings that arise toward me during the time we are working together. Very often, expressing anger or disappointment allows therapy to deepen and greatly enhances the possibility for a good outcome. If you become dissatisfied with my services and we cannot resolve the problem, you may report any complaint to the Texas State Board of Examiners of Licensed Professional Counselors or The Texas Commission on Alcohol and Drug Abuse. At your request I will give you the code of ethics, addresses and telephone numbers.

Confidentiality: All information disclosed within sessions and the written record pertaining to those sessions are confidential and may not be revealed to anyone without your written permission. The only times that this confidentiality may be broken include when there is reasonable suspicion of child, dependent or elder abuse or neglect and if I believe that you are in danger of hurting yourself or someone else. In some cases, a court may order me to disclose certain information. Also, some insurance companies require disclosure of certain information in order to pay for claims.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...) neither you nor your attorney's, nor anyone else acting on your behalf will call Janet Nicholas to testify in court or at any proceeding nor will a disclosure of the psychotherapy records be requested.

Payments and Insurance Reimbursement: My fee is \$160.00 for an initial evaluation which runs 60 minutes. Thereafter my fee is \$130.00 per 50-minute therapy session and \$150.00 for family or marriage counseling sessions. If the sessions are shorter or longer the fee may be adjusted accordingly. You may pay online with any credit card at www.janetnicholas.com under **online payment option.** **Payment is due at the time of your session.** **If I am an in-network provider** for your insurance company, my insurance person will file for you. Insurance must be verified prior to your first visit by calling Michelle at 832-847-4081 or faxing her at 281-569-4624. You will be responsible for your co-pay or deductible. **Should your insurance company NOT pay your claims your balance is your responsibility.** **If I am NOT in your network,** you will be provided a receipt that you may file with your insurance company. Please note, if insurance is being used, they require that I diagnose your mental condition and indicate that you have an illness before they will reimburse you for my services. I will discuss with you the diagnosis I plan to render, if you wish, before you file claims with your insurance company. Any diagnosis made will become a part of your permanent health record.

Calls Between Sessions or Emergencies: Should you need to contact me between scheduled sessions, please call 713-882-4268 Monday through Thursday. You may leave a message and I will return your call usually within 24 hours or less. If for some reason I do not return the call, try again. Please note: **Email and texting may not be confidential.** In an emergency, you may need to call 911 or go to the nearest hospital emergency department.

The Therapy Process: Success in therapy depends to some degree on your desire for change and on your willingness to be honest with yourself and with me. Awareness of need, willingness to feel and to talk about negative emotions, curiosity and openness to direction will assist you in obtaining maximum benefit from our relationship. Although our sessions are conducted in a friendly way and may be quite personal, our relationship will be maintained on a professional basis. My professional code of ethics does not allow me to attend social gatherings with you, accept gifts, goods or services in lieu of payment. I consider it an honor that you have chosen me as your psychotherapist. I will endeavor always to warrant your trust and to guard the integrity of our client-therapist relationship. **Please note: I do not use email or texting for counseling a client.**

APPOINTMENT & CANCELLATION POLICY Appointments are scheduled electronically through www.janetnicholas.com at the make appointment menu option. After your first visit and it is determined that you want to return, you will be given a code to enter the secure and confidential appointment scheduler. Because of the nature of my practice, I am limited in the number of people I can see. **I must request at least a 24-hour advance notice for cancellations in order to use the time for another patient. With less notice you will be billed FULL FEE for the time set aside for your use.**

Please Initial Understanding the Policy: _____

I have read and understand the patient information and policies.

Client Name (print)

Date

Signature

Therapist Name (print)

Date

Signature

**Janet Nicholas MA, LPC
Patient Information
Please Fill Out Completely**

Date: _____

Patient Name: _____ Date of Birth: _____ Sex: ____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

School or Employer: _____

Employer Address: _____ City: _____ State: ____ Zip: _____

Person Responsible for Payment:

Name: _____ Date of Birth: _____ Sex: _____

Address _____ Email: _____

City: _____ St _____ Zip _____ Cell: _____

Employer and Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

I understand and agree that I am responsible for the balance on my account at the time professional services are rendered. The above answers are true and correct. I will notify you if there are any changes in my health status or the above information.

ADULT Consent for Treatment

I _____, hereby give my consent to be treated and/or tested by Janet Nicholas, MA, LPC LCDC EAP.

MINOR Child or Teen Consent

The following signatures give consent for child or teen to be treated or tested by Janet Nicholas LPC LCDC EAP.

If the patient is a MINOR involved in court proceedings, I will provide proof by submitting all pertinent court documents that I have legal right to request treatment.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Insurance Verification
Page and fax to:
281-569-4624

Please print and fax ONLY THIS PAGE to:

Michelle at 281-569-4624 if you want to verify your benefits. Please note I am off most insurance plans. Please BRING the completed Informed Consent and Information Pages to your first appointment.

Date:

Name of Insured	
D.O.B. of Insured	
Social Security Number	
Policy Number	
Group Number	
Address of Insured	
City, State, Zip	
Name of Client	
D.O.B. of Client	

Insurance Company	
Telephone Number	