

Dana Hunt Unruh M.S., L.C.P.C.  
Green Leaves Counseling  
3709 North Locust Grove Rd Ste 100  
Meridian Idaho 83646  
208-855-2295

To the client,

Welcome to the counseling services of Dana Hunt Unruh, MS, LCPC. It is my desire to make our time together as beneficial for you as possible.

I want to assure you that our sessions together will be kept in the strictest confidence. It is however, important for you to understand that under certain circumstances the law requires that I reveal information:

1. where there is reasonable suspicion of abuse to minor children or to the elderly
2. where the client presents a serious and foreseeable danger to him/herself or to others
3. when I am ordered to do so by a judge in a court of law.

Rest assured however, that I shall otherwise keep disclosures confidential at all times. If you are seen in a couples, family, or group setting each person is encouraged to maintain confidentiality as well. I, however, have no control or responsibility for anything revealed by that other person outside of the sessions.

You are entitled to a copy of the Privacy Notice and that is attached for your taking. You have the right to be treated at all times with dignity and respect regardless of race, gender, age, sexual preference, or ethnicity. You may ask questions concerning your treatment, evaluation and assessment at any time and your questions will be answered in an honest and straight forward manner. You may also request and be shown the qualifications of the counselor and staff members who are involved with your treatment.

Before deciding to begin treatment it would benefit you to understand my philosophy of counseling and to offer your expectations of results in counseling. Be advised that treatment may be difficult and emotionally painful as issues are worked through in the process. These times are usually short lived and can be beneficial to healing. There may come a time when issues from your family of origin are explored. There are no guarantees in counseling but it is my intention to do whatever I can to facilitate you achieving your goals.

My general philosophy of counseling is that each individual has a life journey. No two journeys are the same. We each travel our own path. The need for counseling arises when for some reason, unknown to us or unmanageable for us, we step off our path and our journey is interrupted. It is my role as counselor to help you navigate back onto YOUR path. The direction is yours to choose. The goals are yours to set. I am simply here to

facilitate your return to a beneficial and functioning journey. In this respect each person who comes for counseling has an individually planned treatment specific to his or her needs.

If it is decided that I am not the most beneficial or qualified counselor to help you with your specific issues every effort will be made to offer you appropriate referrals to professionals who I believe will be of more benefit to you.

The fee for the initial session is \$160.00 for diagnostic interviewing. The fee for subsequent counseling sessions for individuals is \$95.00 per hour and \$125.00 for couples and families. Payment is expected at the start time of services unless prior arrangements have been made. If I am on the panel of your insurance company I shall bill them directly. You are responsible for your deductible and co-pay amounts at the time of service. If for any reason you cannot keep your appointment, 24 hour prior notice of cancellation is required to avoid being billed for a missed appointment. Such fees shall be equal to the fee for an hour of counseling (\$95.00). In the event your balance goes unpaid for more than 60 days this office retains the right to seek restitution through a collection agency or filing a lien against you. Any fees or charges that arise from that will be added to the unpaid balance. You will be notified in writing prior to that action being taken. Returned checks will be charged the amount of the check plus a 25.00 processing fee which must be paid prior to your next session.

By signing below you agree that you have read this letter, have been given an opportunity to ask whatever questions you deem necessary, you have received a copy of the Privacy Notice, you agree to the terms of service, and wish to begin treatment.

I look forward to assisting you in the resolution of your concerns.

Sincerely,

Dana Hunt Unruh MS,LCPC

I have read the above, and I understand and accept all the conditions presented.

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Signature of client

Date

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Signature of parent, guardian, or client representative

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Deductible? \_\_\_\_\_ Co-pay \_\_\_\_\_  
Pre-Authorization required? \_\_\_\_\_ Number \_\_\_\_\_