



# Shauna Gossenauer

## Client Information Form

Date \_\_\_\_\_ Client's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

In case of an emergency, whom may we contact? \_\_\_\_\_

Employer/School \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

Have you had previous counseling? \_\_\_\_\_ If yes, with whom? \_\_\_\_\_

My goals for therapy are? \_\_\_\_\_

I understand that I am financially responsible today for all charges or services provided to me. I realize that if I do not give 24-hour notice prior to cancellation of appointment, I will be fully charged for this appointment. The ongoing fee for services is \$45.00 per session. I give permission to Heart to Heart Counseling Center to bill for my sessions. Your credit card statement will read "Heart to Heart." Shauna Gossenauer is working under the supervision of Dr. Shirley Robbins for her degree in Counseling (MA) through Colorado Christian University.

If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Only court-appointed experts, investigators, or evaluators can make recommendations.

I understand that no materials are required for therapy or ongoing treatment. If I elect to purchase any materials, I do so without influence or coercion from Shauna Gossenauer. Also, no statements will be provided for insurance and no insurance billing will be provided.

If an ongoing therapeutic relationship is established it is expected that a face to face visit would occur. By signing this, I accept full responsibility for future face to face visits. Also, I understand that no recording of sessions is ever permitted and is illegal in most cases without consent. I acknowledge I am not recording, in any manner, my sessions with Shauna Gossenauer.

I understand that in some circumstances my case may be discussed with other therapists, who provide services within the center, in order to provide the best therapeutic experience for me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

