

# Honor Your Path

## INDIVIDUAL CLIENT HANDBOOK

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### INFORMED CONSENT AND DESCRIPTION OF SERVICES

Welcome to information about my psychotherapy practice. This handbook should answer your general questions about therapy services or about my office policies. If you have questions not addressed below, please discuss with me in session. Your signature at the end of this document will indicate your consent to receive services. I will provide a copy for your reference.

#### About Therapy

*“Nothing worth having was ever achieved without effort.”*

Challenges such as – experiencing anxiety or depressive symptoms, having marital conflict, losing a loved one, transitioning to parenthood, career or workplace stress, or end of a close relationship - can leave us wounded or wondering where to turn to. From first hand experiences in providing and receiving therapy, I know how powerful the experience of therapy can be, especially when there is a meaningful fit between the therapist and the client. I offer therapy in a confidential and safe setting, to help you view your life in an objective manner and intentionally choose a path most consistent with your beliefs. Therapy is a mutual endeavor and our joint efforts will be directed at helping you achieve a holistic and meaningful life more in line with your highest ideals. In setting aside time to address issues or relationships that are causing you emotional, mental or spiritual turmoil, you can have a rewarding experience through their resolution in therapy. This, I believe lies at the core of my therapeutic work with my clients.

Though our primary focus will be the specific problem or issue that brought you into therapy, we will also explore your relationships with significant people in your life and situational issues that impact how you feel and think. You may also decide to explore your early life or family of origin experiences. In our sessions, I will encourage you to continually explore your thoughts, feelings and interactions in order to achieve the best outcome.

Understandably, psychotherapy can have benefits as well as risks. In my experience, due to the very nature of addressing difficult and unpleasant aspects of your life, therapy can be challenging and bring up uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness or helplessness. As with any new exploration, project, or treatment, initially there may be discomfort or a perception that you are having increased difficulties (emotional or relational) as you start to become aware of areas previously unaddressed. Despite the discomfort, if you stay open to learning and trust the process of self-exploration, the likelihood of achieving a positive outcome is greatly increased. Therapy often leads to improved relationships, reduction in symptoms of anxiety and depression or better stress-management ability and even improved sleep. But there are no guarantees of what your unique experience in therapy will be.

## General Session Information and Therapy Approach

The initial sessions involve an interview process to evaluate your needs and goals. In that time period, I offer you initial impressions of what our work will include and general treatment plan recommendations.

I use traditional cognitive behavioral techniques as well as mind-body approaches to help each client meet his/her needs and expand his/her potential in resolving the presenting complaints. Mind-body medicine focuses on the connection between the psychological, social and emotional (“mind”) factors that directly affect health (“body”), and vice-versa. My expertise involves use of mindfulness-based techniques and clinical hypnosis, which are scientifically shown to be effective for treating various biological and psycho-emotional difficulties. These techniques bring about relief from psychological and emotional symptoms such as anxiety, depressed mood, and attention difficulties; and from a variety of stress-related disorders such as gastrointestinal problems, autoimmune diseases, pain (acute and chronic), chronic fatigue, sleep difficulties, and help with overcoming habits such as smoking.

In couple’s therapy, I teach partners to develop differentiation and resilience, and also address individual issues that contribute to the relationship difficulties. At times, I may recommend intensive individual work alongside couple sessions if I note that individual issues are coming in the way of your ability to progress in joint sessions. I teach practical conflict-resolution skills using Gottman’s model to partners. Using ideas of differentiation and comfort-growth model from David Schnarch’s Crucible therapy approach, I teach partners ways to effectively manage their internal distress by learning to self-soothe, increase their distress-tolerance, and communicate from a place of integrity within themselves. These skills help couples de-escalate destructive patterns of volatility or shut-downs (fight or flight or freeze reactions). There isn’t a one-size-fits-all, and I tailor the specific techniques for your sessions, based on your unique strengths, individual preferences, and your needs and interests. I believe that I am not an expert on your life, but you are, and that you will come up with your own answers and solutions, with assistance from me.

## Your Rights as a Client

As a Licensed Marriage and Family Therapist, I abide by the standards of clinical practice maintained by the Texas State Board of Examiners of Marriage and Family Therapists (the state board that licenses and regulates professionals who practice Marriage and Family Therapy in Texas).

- **Confidentiality** - I maintain complete confidentiality of all communication with my clients and client records. In professional consultations, I do not use names or any identifying information about my clients. In general, the privacy of all communications between a therapist and a client is protected by law, and I can only release information about our work to another individual or institution with your written permission. However, I am required by law to report threat of serious bodily harm to yourself or another individual; suspected abuse or neglect or exploitation of minors, elderly or disabled individuals; or when subpoenaed by a court order to disclose information.
- **Ending Treatment** - You have the right to end therapy or take a break from it at any time without any liabilities: moral or legal. You only owe the fees for services you have already received.
- You have the right to review your clinical records, and to ask questions about the process of therapy. You have the right to file a complaint regarding my services, if you find an aspect of my services not adhering to professional standards, by writing to: Complaints Management and Investigative Section. P.O. Box 141369. Austin, Texas 78714-1369 or by calling 1-800-942-5540.

## Availability and Contact

- Appointments are available on weekdays 9.30am - 3.00pm, and occasional evenings. During business hours, I am available by telephone at **806-470-2776** or **806-589-6474**. However, you may not be able to reach me immediately, so please leave a message for me. I listen to my voicemail a few times during the day and attempt to return phone calls within 1-2 business days. I make every effort to return calls within a 24-hour period on business days, if you leave me a voicemail. Due to commitments outside of my private practice, I do not have after-hours availability.
- I can be reached via email at [honoryourpath.therapy@gmail.com](mailto:honoryourpath.therapy@gmail.com) or text for general inquiries or scheduling questions, or a request for an initial consultation. **Electronic communication or texting is not secure**, so in your email/text message to me, **do not include** treatment information or information about yourself that can compromise your confidentiality. **If you have treatment-related questions or would like to reschedule or cancel your existing appointment, please call.**
- **Emergency contact:** If you are experience an emergency or a crises and need immediate assistance, contact **911** or seek help at your nearest Emergency Clinic. For a mental health crisis or emergency, you may call Lubbock StarCare crisis hotline at **(806) 740-1414** or **(800) 687-7581**.

## Session Fees and Duration

### *Session Fees are as follows:*

- ❖ **\$140 / Hour** (Longer sessions prorated in 15-min increments)
- ❖ Initial Session Fees: **\$210** for **90-min**
- ❖ **Note:** Couples sessions are scheduled for 90-min at a time. After the initial session, the ongoing sessions are offered at a slightly discounted rate of \$200 per session.

Sessions typically last between 60 and 90 minutes and are generally scheduled on a weekly basis. Longer or more frequent sessions can be scheduled based on your need and mutual agreement.

In addition to weekly appointments, other professional services are charged at this rate as well. This includes treatment summary report writing for your therapy, or telephone conversations or attendance at meetings with other professionals you have requested and authorized, or preparation of records. If you become involved in legal proceedings that require my participation, you will be expected to pay for the professional time, even if I am called to testify by another party. Please note that due to the difficulty and time-consuming nature of legal involvement, I charge \$200/hour for preparation for and attendance at any legal proceeding.

- Cash, Check, or Credit Card swipe (CC) payments are accepted at the time of the session.
- PayPal or Telephone payments using CC, or Wire transfers incur an additional 3% surcharge.
- There will be a \$30 fee charged for each returned check.
- I am not a provider for insurance plans at this time but my services may still be reimbursable by your health insurance company. If you would like to file a claim for reimbursement with your insurance provider, I can provide documentation for that purpose.
- **Notice for Cancellation:** I require **at least 24-hours notice** via telephone for cancellations.
- **Fee for Late Cancellation or Missed Appointment:** If you fail to show up for your **OR** cancel with less than 24-hours notification, you will be charged the full fees for your reserved appointment time. That fee will be due at the next visit, unless you missed attending due to an emergency or a circumstance that was beyond your control.

## Agreement for Receiving Treatment

By signing this disclosure and consent statement, I acknowledge that:

I have been informed of client confidentiality, rights and responsibilities.

\_\_\_\_\_  Initial here

I have been informed / have read the Administrative and Fees-related information and I agree to pay \$\_\_\_\_\_ for therapy services.

\_\_\_\_\_  Initial here

I have been informed/ have read the Cancellation policy and agree to pay the fees owed for a missed appointment or if I fail to provide the required 24-hr notice.

\_\_\_\_\_  Initial here

With this understanding, I provide consent to receive therapeutic services and agree to abide by the terms during the course of our therapeutic relationship.



\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Print Name above*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Therapist*

Dr. Neetu Arora Smith, LMFT  
*Therapist's Name*

\_\_\_\_\_  
*Date*

# Honor Your Path

## ADULT INTAKE QUESTIONNAIRE

Please fill this form **prior to your first appointment** – either in the office, OR by printing it from the web. Your responses are kept completely confidential.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
                    **Last**                    **First**                    **Middle**

**Contact:**

	Is it OK to call you at this number?	Is it OK to leave voice-message?	Best time to call
Home Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cell Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

May I text you appointment related information at this mobile phone?

**Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Emergency Contact:**

Name	Phone	Relationship to you
_____	_____	_____

### Education / Occupation:

- ✓ Highest Level of Education Completed: \_\_\_\_\_
- ✓ Current Employer: \_\_\_\_\_
- ✓ Occupation and duties: \_\_\_\_\_
- ✓ GROSS Family Income: \_\_\_\_\_

### Family Information:

**Your Current Relationship Status** \_\_\_\_\_  
(E.g. Single, Cohabiting, Married, Separated, Engaged, Dating, Widowed, etc.)

**Name of Partner/Spouse:** \_\_\_\_\_

**Length of Relationship:** \_\_\_\_\_

**Occupation of Spouse:** \_\_\_\_\_

**Current living arrangement:** List the names of individuals (including children) that live with you in your household – Leave Blank if you live by yourself

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List other significant people in your life (e.g. close friend, relatives, etc.)**

\_\_\_\_\_

**Treatment Information:**

Have you previously been in psychotherapy? (Yes/No) \_\_\_\_\_

Name of therapist \_\_\_\_\_ When was this? \_\_\_\_\_

Reason \_\_\_\_\_

What brings you to seek therapy at this time? (E.g. goals for therapy)

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

What have you tried on your own so far to resolve the difficulties or the issues that bring you to therapy?

\_\_\_\_\_

Please list any significant stressors or life events that have occurred within the last 1 year that may be contributing to your current difficulties?

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

Have you experienced any traumatic events (in your recent past or your childhood) that you wish to explore in therapy?

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

What are your strengths and resources?

*(E.g. What are you willing to do in order to achieve your goals in therapy?)*

\_\_\_\_\_

What is your biggest source of satisfaction / joy at this time?

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What qualities do you consider important in your therapist?

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Have you sought treatment in the past for a mental health or substance abuse/addictive disorder? (If Yes, describe and list timeline)

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Have you ever been hospitalized in the past for a mental health or substance abuse/addictive disorder? (If Yes, describe and list timeline)

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Are you experiencing any medical/health problems at this time (e.g. diabetes, etc)?

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Are you receiving medical or psychiatric treatment from a health professional?

Treatment or Medication? \_\_\_\_\_

Name of Treating Physician? \_\_\_\_\_

May I contact him/her to coordinate your care? \_\_\_\_\_

✓ How did you hear/ learn about me? \_\_\_\_\_

✓ Do I have permission to contact the referral source for thanking them? \_\_\_\_\_

✓ Can I mention your name in my message to them? \_\_\_\_\_

## Consent for Electronic Communication

Use of electronic media (e.g. texting and email) are a common part of our lives. However, for the purposes of therapy, please be advised that your communication via electronic media is never completely secure or confidential. It should NEVER be used for crises or emergency situations or for treatment questions. However, if you are interested in using text or email for correspondence about appointments or administrative purposes, or to be informed of any current or future psychotherapy groups or information you are interested in, please review the following:

### Social Media:

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise their confidentiality and may blur the boundaries of the therapeutic relationship.

### Appointment Text Reminders:

I **DO NOT** wish to receive a courtesy text reminder in advance of my appointment time.

I wish to receive courtesy text message reminders of my appointment the day of my appointment at the phone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_. I also understand that texting is a not a secure method of communication.

\_\_\_\_\_ ←← Initial here

*Note: The appointment text reminder will state: "Appointment reminder: XX: YY today."*

### Email Communication:

I **DO NOT** wish to receive or send emails.

I wish to receive/send emails at \_\_\_\_\_ with the understanding that electronic communication may not be a secure form of communication and may have the potential of being viewed by unintended participants. I also agree to use email **ONLY** for administrative/scheduling information and **NOT** for any urgent/emergency situations or treatment issues.

\_\_\_\_\_ ←← Initial here

I would like to receive emails at \_\_\_\_\_ for my treatment follow-up by Dr. Neetu Smith regarding during therapy or up to 120-days after I have terminated therapy with Dr. Neetu Smith, or for receiving information about any therapeutic information or offerings that may be of interest to me (e.g. mindfulness seminar, or stress-reduction using mind-body methods, etc.).

\_\_\_\_\_ ←← Initial here

→ \_\_\_\_\_  
Client Signature

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