E H COUNSELING LLC

121 REA AVENUE 2ND FL HAWTHORNE, NJ 07506 | 201-523-4048 | EMAIL: ERIKA@EHCOUNSELING.ORG

WELCOME

Thank you so much for choosing E H Counseling LLC.

We are so glad you chose us to help you through this process and know that it is a really big step. If you would like to learn more about E H Counseling LLC or me, there is a lot more information on our website: www.ehcounseling.org.

Here are some common reasons people contact us:

- **Immigration Evaluations:** We help by providing our clients with psychological evaluations for services such as U Visa, Waivers, VAWA, Petitions, Asylum, and more. In the practice of immigration evaluations our office creates a collaborative relationship with your attorney to provide the highest level of care.
- **Everyone Else**: We provide counseling for children, adolescents, adults, and couples who are struggling with trauma, depression, and anxiety. If you are unsure if we can help, contact us.

In this packet, you will find the following forms:

- **Welcome Form** *(this form)*
- **Consent Form**
- **Court Fees & Court Appearance Form**
- **Authorization of Use or Release of Information Form** (*sign one Release form for every person you would like me to collaborate with during this process. Ex: attorney, family member, ect.)*
- **Client Information Form**

Once completed, please return back to us either by scanning and e-mailing it to **erika@ehcounseling.org** or dropping it off at our office:

E H Counseling LLC
121 Rea Avenue 2nd fl
Hawthorne, NJ 07506

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What to bring to your 1st appointment?

- If possible, bring a copy of your legal declaration (you can request this from your attorney)
- Have some basic dates on hand, such as: the year you immigrated to the US and any other significant dates related to the reason for your immigration petition. If you have a copy of a police report, it can be helpful as well.
- A valid photo ID (driver's license, passport, etc.)
- The fee for the evaluation
- Honesty and Openness about your true feelings and experiences

If you have any questions while filling out this packet, please do not hesitate to reach out at **(201) 523-4048** or by email at **erika@ehcounseling.org**.

We look forward to working with you!

Erika Hernandez, LCSW

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CONSENT FORM

This document contains important information about my professional services and business policies. Please read it carefully and ask any questions you may have. Your signature on this document indicates that you have read, understood, and agree to its provisions.

Evaluation:

Psychological assessments involve a comprehensive evaluation of client's cognitive, emotional, and social functioning at a particular point in time. The evaluation is conducted by gathering background information and collateral information. Methods include the use of clinical interviewing and observations, and standardized measurement tools. The purpose of any psychological evaluation is to provide normative data to help inform a clinical diagnosis. There are risks and benefits associated with psychological evaluations. Typically, participation in the evaluation process presents a low risk. However, some may feel uncomfortable or nervous about being evaluated. Efforts are made to assist the client to feel at ease, be informed, and perform honestly and at his/her best. It is also important to note that evaluation results and written reports are used with appropriate sensitivity and discretion to ensure that clients are not adversely affected by any inappropriate use of such information. The benefits of completing a psychological evaluation include a detailed picture of your overall functioning that will assist in your immigration/legal proceedings.

Confidentiality:

In general, all communications between a client and a mental health professional are confidential (privileged information protected by law), and such information can only be released to others with your written permission. However, there are a few exceptions to confidentiality, which are listed below. In the event of any of the following, I will do my best to discuss any release of confidential information that is necessary with you before taking action.

- Threat to self or others – If I believe that a client is threatening or causing serious bodily harm to another (e.g., homicidal ideation, child abuse, elder abuse), I am required by law to take protective actions. This may include notifying the potential victim, contacting the police or other appropriate authorities, or seeking hospitalization for the client. If the client threatens to harm himself/herself (e.g., suicidal ideation), I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If either situation occurs,

the privileged information between a client and a mental health professional is waived to the extent necessary to aid in protection efforts.

- Minors – If you are under eighteen years old, please be aware that your parent or guardian is allowed access to the report generated based on this evaluation. I will discuss this with you before releasing the report to them.

- Requested Release of Information/Records – I am sometimes asked to speak with, send records to, or request records from other professionals. On these occasions, you will be asked to sign a Release of Information form giving me permission to discuss your case with other professionals.

- Communications with your attorney- All communications between your attorney and me will be permitted in order to ensure cooperation in the completion and submission of your report.

Records

The laws and standards of our profession require that records be kept. You are entitled to receive a copy of your report.

Billing and payments

- The fee for the evaluation, including the evaluation, written report, consultation with your attorney, and revisions based on any of their recommendations if necessary is **$950**.

- This is payable by cash, credit, or debit card.

- A $250.00 **non-refundable** deposit must be paid at the time of booking the evaluation.

- Another $250.00 payment must be made at the initial meeting. You may pay in installments after that time by cash, credit card, or debit card. Once I receive full payment, I will send the completed report to your attorney.

- If you require a translator, it is up to you to bring someone who can help translate for you. If you do not have someone, it is recommended that you seek a professional translating service. Keep in mind, these are paid services. All fees associated with this will be your responsibility.

- If a court appearance is requested or subpoenaed for testimony, or if additional paperwork is requested, there will be additional fees which are outlined in the "Court Fees & Court Appearance Form."

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Cancellation Policy

- 2-4 hours are blocked off for each evaluation appointment. It is not always possible to fill these slots within short notice. Due to this, there is a 48-hour cancellation policy for evaluation appointments. If you cancel or reschedule with less than 48-hour notice or do not attend your scheduled appointment, we are unable to refund you the $250.00 deposit.

Electronic communications

- It is not always possible to maintain security and confidentiality over electronic communications. Such communications are therefore recommended to be kept to a minimum, and when necessary or appropriate, used for purposes such as scheduling and brief follow-ups. There will be no communications between clinician and client over social media services given the particular challenges to privacy and confidentiality. Client Authorization By signing below, I acknowledge that I have read, understand, and agree with all the information on these pages.

_____

Client Name (please print) Signature of Client Date

If client is a minor:

_____

Parent or Guardian Name (please print) Signature of Parent or Guardian Date

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COURT FEES & COURT APPEARANCE FORM

The purpose of this document is to explain the fees associated with letters, testifying and court appearances. For clients involved in the legal system (i.e., court ordered counseling, testifying, hearings, or custody situations), it is your responsibility to inform Erika Hernandez, LCSW. Clients are required to review and sign this form.

Please keep in mind that Erika Hernandez testimony and/or court appearance may not be solely in your favor or best interest. Erika Hernandez can only testify to the facts and provide professional opinions. Client, Parents and guardians should be mindful that the effectiveness of counseling or an evaluation is based on trust, honesty, and willingness to be open in a safe place. Involving the legal system interferes with the treatment process and can pose significant psychological risks. Therefore, clients are strongly discouraged from having Erika Hernandez release confidential information about the session or testify on their behalf.

Court Fees:

- Letters to a 3rd party: $125.00
- Filing a document with the court: $125.00
- Preparation time (including submission of records): $125.00 per hour
- Phone calls (will bill in 15-minute increments): $125.00 per hour
- Depositions/testimony: $300.00 per hour
- Mileage: $0.40/mile
- All attorney fees and costs incurred by the therapist as a result of the legal action.
- The minimum charge for a court appearance: **$1500 is due in advance**.

If I am required to testify in court, whether via phone or in-person, there will be an additional **$300** per hour charge for my testimony. I may also charge for travel expenses (both mileage and

time spent) required for testimony. If this is the case, we will discuss the amount prior to my travel.

If a subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice there will be an additional $250 “express” charge. Also, if the case is reset with less than 72 business hour-notice, then the client will be charged $500 (in addition to the retainer of $1500). This is non-refundable regardless of circumstances. Additional fees will apply if Erika Hernandez, LCSW is required to attend additional day(s) in court.

If I am required to meet with you in detention or at a facility other than my office, you will be charged mileage at a rate of .40 cents per mile. Depending on the length of travel, you may also be charged an hourly rate for the time it takes me to travel to that location. If this is the case, we will discuss the amount prior to my travel.

_____ _____

Name of Responsible Party (printed) Date

_____ _____

Signature of Responsible Party Date

_____ _____

Clinician Signature Date

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AUTHORIZATION OF USE OR RELEASE OF INFORMATION

I hereby authorize Person/Entity Name _____**Erika Hernandez, LCSW/ E H Counseling LLC**
Address **_121 Rea Avenue Hawthorne 2ND fl , NJ 07506**_____
Telephone __**(201)-523-4048**_____
to release information and records for:

Client Name: _____ Date of Birth:_____
Address _____
_____
_____

The information is to be disclosed to the following persons or organizations:
Person/Entity Name: _____
Address: _____
_____
Phone: _____
The purpose of use or disclosure is: **_Collaboration for Immigration Psychological_____**
Evaluation_____

I understand that this authorization extends to all or any part of the records/information designated below which may include treatment
for behavioral health, alcohol/drug abuse, HIV/AIDS test results or diagnosis. The information to be used or released includes:
[ ] Mental Health Information/Diagnosis
[ ] Intake information
[ ] Collateral communication
[ ] Medical records
[ ] Other:_____

1. **Expiration**: I understand that this authorization will not expire until or unless I revoke it in writing. I may revoke this authorization at any time by notifying the providing organization in writing, but a revocation will not affect releases that happen before the revocation. The provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization, except where the provision of services are solely for the purpose of creating information for disclosure to a third party.
A photocopy/fax of this authorization will be treated in the same way as an original. I understand that the provider cannot prevent re-disclosure of my information by the person or organization who receives my records under this authorization, and that information may not be covered by state and federal privacy protections after it is released.
days, or according to the relevant state or federal law, from the date this authorization is signed.
2. **Re-Disclosure**: I understand that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be used or redisclosed by the receiving party.

_____	_____	_____
(Date)	(Client Signature – 14 or older)	(Print Name)
_____	_____	_____
(Date)	(Parent/Guardian Signature)	(Print Name)
_____	_____	_____
(Date)	(Clinician)	(Print Name)

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CLIENT INFORMATION FORM

First Name_____ Middle _____ First Visit _____

Last Name_____ Gender _____

Address _____ Date of birth _____

City, State & Zip _____ Employer _____

Primary Phone _____ Martial Status _____

Email _____

Can we leave a text/email for appointment reminders? ☐ Yes ☐ No

Can we leave a voice message? ☐ Yes ☐ No

Can we email you? ☐ Yes ☐ No

How were you referred? ☐ Website ☐ Google ☐ Psychology Today ☐ Social Media (i.e., Facebook)

☐ Friend/Family _____ ☐ Other _____

EMERGENCY CONTACT

Per the practice ethical code and guidelines, we will contact the legal guardian and/or emergency contact if the patient is in danger to themselves or someone else. Parents/legal guardians are required to remain on premises during each session for minors.

First Name_____ Middle _____ Last Name _____

Relationship to Client_____ Contact # _____

First Name_____ Middle _____ Last Name _____

Relationship to Client_____ Contact # _____

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EDUCATION

Level of education:

☐ None ☐ Elementary School ☐ Middle School ☐ High School ☐ GED ☐ Vocational Training
☐ Some College ☐ College Degree ☐ Graduate/Professional School

ETHNICITY

☐ Other ☐ American Indian or Alaskan Native ☐ Black ☐ African American ☐ Hispanic
☐ Multiracial ☐ Pacific Islander ☐ White

SEXUAL ORIENTATION

☐ Lesbian ☐ Gay ☐ Bisexual ☐ Transgendered ☐ Other ☐ Heterosexual ☐ Unknown

CLIENT HISTORY

The following questions are for gathering initial background information to save time for your first session. Please feel welcome to skip questions that do not apply to your situation or that you are not comfortable answering. Please note that the more information you provide, the better your counselor will understand your situation. You will be able to discuss questions in more detail during your session(s). Thank you.

Primary Concern:

SYMPTOM CHECK-LIST

☐ Poor Concentration	☐ Impulsive	☐ Negative Thoughts	☐ Aggressive
☐ Angry	☐ Headaches	☐ Recurring Thoughts	☐ Inferior Feelings
☐ Anti-Social	☐ Sick Often	☐ Regretful	☐ Lonely
☐ Anxious	☐ Worry	☐ Sexual Addiction	☐ Body Image
☐ Dizziness/Light headed	☐ Restless	☐ Internet Addiction	☐ Unattractive
☐ Inferior	☐ Guilty	☐ Drug Addiction	☐ Sexual Difficulties
☐ Incompetent	☐ Tired	☐ Alcohol Addiction	☐ Empty
☐ Alcohol Dependency	☐ Hateful	☐ Sleep Problems	☐ Irritable

☐ Avoid People	☐ Restless	☐ Other Addiction	☐ Withdrawal

If you are experiencing symptoms not listed above, please explain:

What are your evaluation goals (things you would like to achieve/change)?

Please list strengths/positive influences in your life:

MEDICAL HISTORY

Personal History of Counseling/Therapy? ☐ Yes ☐ No

If so, please provide details (with whom, dates, purpose, etc.):

Family History of Counseling/Therapy? ☐ Yes ☐ No

If so, please provide details (with whom, dates, purpose, etc.):

Are you currently under the care of a Psychiatrist? ☐ Yes ☐ No

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If, so, details?

Doctors Name:
Address:
Phone Number:

Are you taking medication? ☐ Yes ☐ No

If, so please provide medication details:

Medication	Dose	Start Date	Who Prescribes?	Purpose

Anything else we should know about your medications (side effects, other supplements, etc.)

If so, please explain:

Have you ever attempted suicide or had a plan to harm yourself? ☐ Yes ☐ No

If so, details:

Current thoughts/feelings/ideations of wanting to physically harm yourself? ☐ Yes ☐ No

If so, details:

Previous treatment for alcohol/drug abuse? ☐ Yes ☐ No

If so, details:

Have you ever experienced any of the following forms of abuse?

☐ Verbal ☐ Emotional ☐ Sexual ☐ Other

If so, please explain:

Do you have a previous (formal) diagnosis from a mental health professional? ☐ Yes ☐ No

If so, please explain:

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LEGAL

Are you involved in any active legal cases (traffic, civil, criminal)? ☐ Yes ☐ No

If so, please explain:

The above
information is correct to the best of my knowledge.

_____ _____

Signature Date