



New Client Information Packet

About Ardent Counseling

The mission of Ardent Counseling is to *provide our clients with sound counseling services: specifically, for youth, teens, individuals, couples and families, in hopes to encourage and come alongside others and offer safe, genuine and supportive services.*

“But encourage one another daily, as long as it is called “Today,” -Hebrews 3:13a.

With this in mind, I am committed to helping and encouraging others through counseling services. Struggles that we face can be anything from trauma, to relationship issues in families or friends, personal struggles, challenges related to a health diagnosis or problem, behavioral issues in child or youth, adjustment difficulties to life, symptoms of depression or anxiety, and many more. It is my intention to help people and encourage them through this process of counseling.

About Me

Margaret S Frank; MA, LPC

I have a Master’s Degree in Counseling, and a Bachelors Degree in Human Services. Throughout all my education, I have been fortunate to have great internships, and work experience that have impacted me greatly, and helped me learn and grow into the counselor I am today. I work with people ages three to 65+. I have specialized working with children, youth and teens. But am not limited to this group, and look forward to working with all peoples.

I continue to educate myself, take classes, and trainings to offer the best help I can to those I serve and work with. If you are curious about a specific topic, please ask.

Counseling Process

The first meeting will be 45 – 60 minutes. Additional sessions will be 45 minutes in length.

Currently, all appointments are held at River Valley Church, in Oshkosh. Details about where you should meet for your appointment will be communicated upon setting up the first appointment. Scheduling for your appointment will be done at the session or over the phone. Up to three appointments can be made at a time; however, future appointments may only be scheduled if your account is current. It will be your responsibility to keep the appointments as I will not be able to do reminder calls for the appointments at this time.

When you arrive at River Valley, we will arrange for me to be at the door to let you in. Please take note, I may be in a session with another client prior to your session, so it is best to arrive close to the start time of your session to insure you are not waiting long outside the doors.

Fee Structure

The cost per each session is \$95. Payment is due in full at the end of each session unless other arrangements have been made prior to the start of the session. If a session lasts longer than 45 minutes, additional payment will be discussed, unless otherwise discussed. ***Please note: There is a generous discount available to clients who need and request it.***

Currently, I am not accepting any health care, insurance or EAP plans.

Payment can be in cash, checks, made to Ardent Counseling, LLC, or PayPal.

Confidentiality

- All information discussed is kept and held strictly confidential.
- By law, information about clients may only be released upon written consent of all parties treated or the person's parent or guardian, except as allowed by federal and state law.
- I keep all records of sessions and client information for seven years, and after that date, records are shredded and/or disposed of appropriately to protect your confidentiality.
- There are a few cases and circumstances where I am under both professional and legal obligation to release confidential information. They are in the following situation and circumstances: cases of suspected child or elder abuse, when you confide or give strong indications that you may commit or have committed a crime or harmful acts to yourself or others, or to a court if you are under a court order. Please discuss with me any concerns you may have.
- Please let me know if you are not comfortable with me leaving brief messages on your voice mail or answering machine, regarding your appointment.
- When working with a youth or teen, I ask of parents or guardians to respect that their child will often feel hesitant to open up with information or details about their life if they feel a counselor will only share all the information right back with their parents or guardian. As I work with youth and teens, I encourage them to share with their parent or guardian information about their life; however, I know it does not happen often. I strive to be a trusted adult for youth and teens to open up and process with someone about what they are struggling with, and then bring the parent or guardian into the conversation. If there is ever a question of safety or intent to do something that would put themselves or others in danger, as stated above, I will of course make sure to notify parents and guardians. Please talk to me further about this if you have a child, youth or teens working with me.

Client Rights and Responsibilities

In general, you have the right to:

- be fully informed of any treatment plan when it is applicable
- present any grievances about your treatment to the director of the agency or the consulting counselor
- have full disclosure of the desirable and undesirable effects of the techniques proposed
- ask questions, at any time and to receive answers that satisfy you
- have a safe setting, free from sexual, physical, and emotional abuse
- terminate our relationship at any time
- refuse audio or video recording of session

Please ask if you have more questions regarding your rights.

Contacting Me

To get in touch with me, you may call me at the phone number of 920-234-6855 and may leave a voicemail at this number. You can also reach me via email at Maggie@ardentcounselingfv.com

If you cannot reach me and this is an emergency, you can still leave a message for me to reply to as soon as I can.

If you cannot wait for a return call, please choose one of the following actions:

1. Call crisis intervention at 233-7707. This is a 24-hour professional staffed call line.
2. Call 911.
3. Call your family physician or other professional staff that can provide aid.
4. Go to the nearest emergency room.
5. Make sure you are not alone if that is exasperating the situation more.

Please take care to act in a way that keeps your wellness, health and safety a priority. Ask for help when needed, and allow others to help when they can.

Thoughts to Consider

Counseling is a process. It is a choice and change can be challenging. There is not set amount of time we can predict for the duration of the process. I will do my best to work with you and provide well rounded and thought through services to those I work with. The fees for the counseling session(s) cover time, not results. There are no guarantees in therapy, nor are there refunds for unsatisfied clients. Please talk to me with any questions you may have.

Consent

I/we have read and understand the information given in this New Client Packet and the approach Margaret S Frank has disclosed in this statement.

I/we also understand and accept the terms as outlined in this statement regarding confidentiality, fees, client rights and responsibilities.

I/we understand and agree to the fee structure.

I/we understand and consent to the services described.

Client Signature and Date _____

Parent or Guardian Signature and Date if the client is under 18 _____



Margaret Frank, MA, LPC
920.234-6855
maggie@ardentcounselingfv.com

CONTACT INFORMATION

Name: _____ D.O.B: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Email: _____

Employment: No / Full-time / Part-time / Student - If Student, year in school: _____

Parent / Other Relationship to above listed person: _____

Name: _____ DOB: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

Name: _____ Phone: () _____ - _____

FAMILY & HOUSEHOLD MEMBERS

Name	DOB	Relationship to Client	Lives in My Home?	FOR THERAPIST USE ONLY
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

PHYSICIAN INFORMATION:

Primary Care Physician: _____ Hospital / Clinic: _____

Phone: () _____ - _____ City: _____ State: _____ Zip: _____

Last Visit: ___/___/___ Reason for Visit: _____

REASON FOR SEEKING SERVICES TODAY:

