**Cynthia Seager, LMHCA** ***Financial Clarity Counseling, ADHD & Executive Skills Coaching***

Phone: 206-484-9178 Fax: 888-267-5663 [cynthia@cynthiaseager.com](mailto:cynthia@cynthiaseager.com) www.cynthiaseager.com

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Date of Birth: \_\_/\_\_/\_\_\_ Sex: Male Female

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

Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer(School/grade, if student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/School Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESPONSIBLE PARTY and/or SPOUSE/PARTNER’S INFORMATION:**

Responsible Party (person responsible for payment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_ - \_\_\_ - \_\_\_\_

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

Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer (School, if student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/School Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse or Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Spouse’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE BILLING:** Coaching and financial clarity counseling is not considered a medical treatment, and is therefore not covered by insurance.Clients/Responsible Parties are responsible for all charges.

**FEES /PAYMENT/CANCELLATION POLICIES:** Cynthia’s standard fee for financial clarity counseling is $110/hour, with 10 minutes per session reserved for reviewing and maintaining your file. Payment is due for services at the time they are rendered for in-person sessions, in advance for phone/Skype sessions. Cynthia’s standard coaching fees are based on monthly rates, ranging between $450 and $750 per month, depending on the coaching services provided. Any alternate fee arrangements must be agreed upon in advance and in writing. Since clients are expected to maintain a zero balance, our office does not send clients statements. Accounts need to stay current in order to maintain ongoing services.

Your appointment time is reserved expressly for you. **Cancellations for scheduled appointments must be received 24 “business” hours in advance during regular business hours (Mon-Fri, 8:00am to 6:00pm),** so that your appointment time may be made available to another. **Unkept or late cancelled appointments will be charged the full fee for the appointment, with the exception of emergencies.** In those instances Cynthia will attempt to reschedule your appointment in the same week; otherwise a 50% late fee will apply.

***I have read, understand & consent to the above stated polices of Cynthia Seager, LMHCA***

Client’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_