

**Rabia Khan, LPC**  
**Informed Consent & Authorization for Services**

Welcome. I look forward to working with you and hope our work together is a time to learn, grow and heal. Before we begin working together, there are a few things you should know. First, I am Licensed Professional Counselor licensed by the Georgia Composite Board. I received my Master of Arts in Counseling from the Georgia State University College of Education, following my Bachelor of Arts in Psychology from Emory University. I completed additional supervised training under the mentorship of world renowned Mandala Art Therapist, Susanne Fincher, LPC.

My intent is that our work together will support your physical, mental and spiritual growth. The goals of therapy will be defined by YOU. We will agree upon a plan for treatment. The success of therapy and an improvement in your well being depends upon your investment in the therapy process. Successful clients share a few things. They recognize therapy requires work on their part & take personal responsibility. They apply therapeutic lessons to their lives outside of therapy resulting in lasting change. They have a willingness to be uncomfortable and take emotional risks.

If a situation arises that needs immediate attention or is life threatening, please dial 911, or have someone drive you to a hospital emergency room. If you need to speak with me between sessions, please call the office number at 678.777.5479. Your call will be returned within two business days. I set aside office hours weekly to return texts, emails and phone calls. I care about your well being and do my best to address issues in a timely fashion. If you have concerns, please bring them to me first. If your concerns are still lingering, you may also address your concerns to the Georgia Composite Board.

**FEE STRUCTURE**

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| 60 Minute Therapy Session \$200     | 60 Minute Telehealth Session \$150  |
| 90 Minute Therapy Session \$325     | 90 Minute Telehealth Session \$200  |
| 120 Minute Therapy Session \$400    | 120 Minute Telehealth Session \$250 |
| 30 Minute Follow Up Phone Call \$75 | Requested Paperwork \$50            |

Cash, Check, or Credit Card are acceptable forms of payment. There is a 3% Service Fee added for Credit Card Payments.  
*\$100 Fee for Same Day Cancellation*

I understand that all information disclosed within sessions and the written records pertaining to those sessions are confidential and kept secure. I understand the information may not be revealed by anyone without my written permission, except where disclosure is required by law, to include the following exceptions - If I indicate I intend to harm myself or anyone, if Rabia receives a court order and/or subpoena and if Rabia suspects child abuse & neglect, or any adult being abused.

I consent to a release of confidential information so that my counselor may consult another care provider, such as a medical doctor, psychiatrist, or a new counselor. I authorize the use of any medical information necessary. I consent for the counselor to contact me by phone or email, including leaving a message via answering machine or voicemail. I give permission for the therapy to be received and accept responsibility for all fees incurred.

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Client Signature

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Date

“The journey of a thousand miles begins with a single step (Lao-Tzu).” Let us begin your journey.

**Rabia Khan, LPC  
Intake Form**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

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

Phone Number \_\_\_\_\_

May I Send a Text Message?    Yes     No

Email \_\_\_\_\_

Reasons for Seeking Therapy & Previous Dates/Names of Therapists:

Referred By \_\_\_\_\_

Which areas would you like to address? Please circle all that apply.

- |                     |                       |                  |              |
|---------------------|-----------------------|------------------|--------------|
| Anxiety/Nervousness | Mood Swings           | Career Concerns  | Paranoia     |
| Depression          | Panic Attacks         | Academic Issues  | Sexuality    |
| Drug Addiction      | Suicidal Thoughts     | Self Esteem      | Gender       |
| Alcohol Addiction   | Family Conflict       | Body Image       | Spirituality |
| Anger               | Parenting Issues      | Anorexia         | Fears        |
| Death & Loss        | Co-Parenting Concerns | Bulimia          | Trauma       |
| Medical Issues      | Divorce/Seperation    | Food Addiction   | Loneliness   |
| Sleep Disturbances  | College Planning      | Narcisctic Abuse | Abuse        |