

POLYGRAPH FORM

Welcome to Transformed Hearts Counseling Center, Inc. I am pleased you have chosen me as your therapist. Below you will find some helpful information. Please read this information and sign at the end.

CREDENTIALS

Cory M. Schortzman, MA, LPC, SRT's credentials include the following:

B.A, Doane College, Crete, Nebraska, May 1997

Master's in Counseling, Denver Theological Seminary, Denver, Colorado, May 2000 Licensed Professional Counselor, Colorado LPC License #4905, February 2008 Sexual Recovery Therapist, American Association of Sex Addiction Therapy, #606 February 2009

Certified Recovery Therapist, Founder & Supervisor, Sexual Addiction Recovery Association

GENERAL INFORMATION

This form is to provide you with information regarding the polygraph exam today, as you may be a new client of Transformed Hearts Counseling Center or are here for the sole purpose of a polygraph to begin the restoration of trust in your marriage/relationship.

Cory M. Schortzman is a Licensed Professional Counselor, and by the laws of Colorado is a reporter, not an investigator of information. There are limits to *confidentiality*, which include:

- Any evidence or disclosure by the client of perpetrating child or elderly abuse (past or present, physical or sexual abuse) must be reported to Legal Authorities.
- 2. Any evidence or disclosure by the client of downloading child pornography (past or present) must be reported to Legal Authorities.
- 3. Any evidence or disclosure by the client of any suspected threat to national security to federal officials.
- 4. If an individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself, it is my duty to report such action or intent to medical and legal authorities. In the unlikely event, it is my clinical judgment that you are a danger to yourself or someone else, by signing the consent, you authorize me to contact either the persons listed as your emergency contacts, or someone else to provide assistance through this crisis situation. This would include, at our discretion, contacting an intended victim. By law, your consent is not necessary.
- 5. Sexual improprieties by a former therapist are a criminal offense and must be reported.
- 6. Certain court orders/actions, such as custody cases, malpractice actions, etc., may legally require disclosure of certain material covered in our sessions.
- 7. Collection of fees may require disclosure that you have been in a counseling process.
- 8. Consultation and Supervision with other professionals to aid in your treatment process.
- 9. Insurance companies: If you desire to file insurance on your own, you must know that I usually will be required to document your diagnosis and treatment. This may include personal information that you would not want employers to know. I cannot guarantee your confidentiality or that this will not have adverse effects on you personally.

THERAPEUTIC POLYGRAPHS

Our office allows clients to utilize the polygraph as a means of intervention only. The goal is to eliminate the secret world of the client and to begin to restore trust between partners. It is not for the purpose to "catch" the addict doing wrong but to verify there are no more secrets. The polygraph is not a "magic bullet" but a starting point.

CRIMINAL POLYGRAPHS

Criminal polygraphs are utilized for the purpose of conviction, proving guilt, and are not the motivation for use in this office.

[OVER...]

THE POLYGRAPH PROCESS

The first hour will be utilized to establish the 6-8 questions if you have not prepared questions in advance to the session today. Cory M. Schortzman will assist with this process. For the polygraph question to be effective, it needs three elements:

- 1. Yes and no answers
- 2. Time identified (Since marriage or since a specific date in time, etc.)
- 3. Behavioral, not emotional (Since marriage did you _____, not how do feel, etc.)

WHAT TO EXPECT:

- 1. Cory M. Schortzman will meet with both partners for the first 50 minutes to help finalize questions you have prepared in advance or to create questions specific to your circumstances. The Addict will be informed of all questions before taking the polygraph and have a chance to disclose information not previously shared prior to the exam.
- 2. The second hour, the partner, polygrapher, and the therapist will briefly meet to clarify the questions.
- 3. The polygrapher will then meet with the client in a separate office to begin the polygraph exam for the first time.
- 4. The polygrapher will then meet with the therapist for a brief review of the results and any need for clarification with specific questions.
- 5. The polygrapher will go through the test a second time with the addict.
- 6. The final results will be reviewed with the therapist.
- 7. The third hour (for 20-30 minutes), the therapist will review the results with both the client and the partner. Time will be spent discussing the results and specific treatment options, such as recovery, therapy, and future polygraphs.

Results by the polygraph examiner are final, non-negotiable, and are accepted as factual and true.

CLIENT INFORMATION		Today's Date / /		
Client Name	Last Name	DOB/	/(_) Age
				1.80
Address				
Street	City		State	Zip Code
		_	_	
Email — —	Home Teleph	one Number		
		_	_	
Work Telephone Number	Mobile Telep	hone Number		
PARTNER INFORMATION				
Partner Name		DOB /	/(_)
First Name	Last Name			Age
Address				
Street	City		State	Zip Code
		_	_	
Email	Home Teleph	one Number		
		_	_	
Work Telephone Number	Mobile Telep	hone Number		
REFERRED BY □ Church □ Family □ Friend □ Interne	t □Support Group □Othe	er		

[OVER...]

POLICIES

Please read the following policies.

Fees

The fee for an initial 60-90-minute polygraph session is \$210.00, and the fee for a follow up polygraph session is \$140.00. Upon scheduling, half the amount will be charged to the method of payment you supply on this form at the time and the other half will be due upon arrival. For your convenience, we offer the use of credit cards: Visa, Mastercard and Discover. We do not accept American Express.

Late Fees

If payment is not received 3 business days after your scheduled appointment, a \$35.00 late fee will be assessed on the unpaid account. Failure to pay and/or update a debit/credit card on file after 5 business days will result in any unpaid balance being assessed an additional 25% late fee on the total amount due. All past due accounts will continue to accrue interest of 25% until paid.

Failure to Pay

Failure to make full payment within 30 days after services are rendered will result in the account being reported to the credit bureau unless special financial arrangements have been approved in writing.

Cancellations

Notification of cancellation of appointments scheduled but not attended must be made 24 hours before the appointment time. If you miss an appointment without notification 24 hours prior to your appointment, you will forfeit your deposit as well as be charged the remaining fee on the credit or debit card you provide on this form.

Refunds

Therapist Signature

Once a counseling service has been provided, <u>no refunds will be provided for ANY reason</u> regardless of client dissatisfaction. Transformed Hearts is not responsible for outcome.

Mailing List By signing below, you agree to be included on our email list. If you	ou prefer not to be included, check this box.
PAYMENT METHOD ☐ Cash ☐ Check ☐ Credit Card If you will be paying by credit card, please include the information reque	Othersted below.
Credit Card Number	_
(The CVC2 code is a 3 or 4-digit number located on the back of your credit card.) The separate polygraph examiner fee is \$300.00, which is paid direct This office does not make any commission. This is simply a service we provide the commission of the commission o	
By signing below, I agree to all the terms listed above.	
Client's Printed Name	Client's (or Responsible Party's) Signature Date
Partner's Printed Name	Partner's Signature Date

Date