



Dear Client,

Welcome to Afterglow Behavioral & Sexual Health — we're honored that you've chosen to begin your journey toward growth, healing, and connection with us. At Afterglow, we believe that emotional and sexual wellness are not separate parts of who you are — they are beautifully intertwined aspects of a whole, thriving self.

Our practice was founded on the idea that **everyone deserves to experience fulfillment, pleasure, and confidence** in both mind and body. Whether you're here for individual therapy, couples work, sexual health consultation, or training, our goal is to create a space where you can explore, learn, and heal at your own pace, with compassion and respect.

### **Our Approach**

At Afterglow, therapy is more than just talking — it's a collaborative process rooted in empathy, education, and evidence-based care. We approach each person with curiosity and openness, integrating behavioral health principles with sex-positive and body-affirming care. You are the expert on your own experience, and we're here to guide and support you as you rediscover balance and confidence.

### **What to Expect**

Your intake session is an opportunity for us to get to know you, understand your goals, and begin designing a plan that aligns with your needs. Throughout your time with us, we'll invite you to explore your story — including the ways your mind, body, and relationships interact.

We know that beginning therapy can feel both exciting and vulnerable. Please be assured that every member of our team is dedicated to creating a safe, confidential, and inclusive environment for you. We value authenticity, diversity, and the courage it takes to start this process.

### **Getting Started**

Included in this welcome packet are a few important forms to complete before your first session. These forms help us understand your background, ensure confidentiality, and outline our shared expectations for care.

If you have any questions as you complete them, please don't hesitate to contact us — we're happy to help.

Thank you for trusting us to walk alongside you. We look forward to helping you rediscover your **Afterglow** — that sense of clarity, connection, and confidence that comes from embracing your whole self.


Warm regards,

A handwritten signature in black ink, appearing to read "Dr. R. Kent". The signature is fluid and stylized, with a long horizontal stroke extending to the right.

**Dr. R. Kent, LCSW-S, CST**

Founder, Afterglow Behavioral & Sexual Health

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## Afterglow Behavioral and Sexual Health Consultation Intake Form

*(For consultations focused on sexual desire, pleasure, and related concerns)*

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### Client Information

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Pronouns:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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### Reason for Seeking Consultation

Please describe what led you to seek a sexual health consultation at this time:

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What are your main questions or goals for this consultation?

- ☐ Understanding my sexual desire
- ☐ Improving my sexual satisfaction
- ☐ Exploring the use of sexual tools or toys
- ☐ Reducing distress related to sexual function
- ☐ Discussing changes in arousal or orgasm
- ☐ Other (please specify): \_\_\_\_\_

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### Sexual Desire and Arousal

1. How would you describe your current level of sexual desire (libido)?  
☐ Very Low    ☐ Low    ☐ Moderate    ☐ High    ☐ Very High
2. Have you noticed a change in your sexual desire recently?  
☐ Yes    ☐ No    If yes, when did it begin? \_\_\_\_\_
3. How satisfied are you with your current level of desire?  
☐ Very Unsatisfied    ☐ Unsatisfied    ☐ Neutral    ☐ Satisfied    ☐ Very Satisfied
4. Do you experience physical arousal (e.g., lubrication, erection) when you want to?  
☐ Always    ☐ Often    ☐ Sometimes    ☐ Rarely    ☐ Never
5. Are there times when you want to be sexual but your body does not respond?  
☐ Yes    ☐ No    If yes, please describe: \_\_\_\_\_

6. Are there times when your body responds sexually but you do not feel mentally aroused or “in the mood”?

☐ Yes      ☐ No      If yes, please describe: \_\_\_\_\_

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### **Sexual Concerns**

Please indicate if any of the following are current concerns for you:

- ☐ Difficulty with arousal
- ☐ Difficulty achieving orgasm
- ☐ Pain during sexual activity
- ☐ Changes in sexual function after illness, surgery, or medication
- ☐ Mismatch in desire with partner(s)
- ☐ Concerns related to sexual identity, attraction, or expression
- ☐ Difficulty initiating or responding to sexual advances
- ☐ Emotional disconnection during sex
- ☐ Performance anxiety or body image concerns
- ☐ Concerns related to aging and sexual changes
- ☐ Other (please describe): \_\_\_\_\_

Which of the above is most distressing or important to you right now?

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### **Use of Sexual Tools, Aids, and Toys**

1. Do you currently use sexual aids, tools, or toys for solo or partnered pleasure?

☐ Yes      ☐ No

2. If yes, please describe (type or purpose):
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3. How comfortable are you discussing or exploring sexual tools in this consultation?

☐ Very Comfortable    ☐ Somewhat Comfortable    ☐ Unsure    ☐ Uncomfortable

4. Would you like to learn more about:

- ☐ Sexual aids for comfort or pain reduction
  - ☐ Toys to increase pleasure or variety
  - ☐ Tools that enhance connection with partners
  - ☐ Safety, hygiene, and storage of sexual tools
  - ☐ None of the above
- 

### **Relationship and Partner Context (optional)**

Do you currently have a sexual partner or partners?

☐ Yes      ☐ No      ☐ Prefer not to say

If yes, how would you describe your relationship structure?

☐ Monogamous      ☐ Non-Monogamous      ☐ Polyamorous      ☐ Open      ☐ Other:

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Do your partners share your level of sexual interest or desire?

☐ Yes      ☐ No      ☐ Unsure

Would you like your partner(s) involved in future consultations?

☐ Yes    ☐ No    ☐ Unsure

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### Consultation Goals

What outcomes would feel helpful or successful from this consultation?

- ☐ Understanding my sexual patterns or needs
- ☐ Learning techniques or education to enhance pleasure
- ☐ Exploring new ways to communicate desire
- ☐ Understanding the role of toys or aids in my sexual health
- ☐ Receiving referrals or resources for ongoing sex therapy or medical consultation
- ☐ Other: \_\_\_\_\_
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### Disclaimers and Acknowledgments

- I understand this is a **consultation**, not a psychotherapy or medical treatment session.
  - The purpose of this consultation is to provide **education, insight, and recommendations** related to sexual health and pleasure.
  - If indicated, I may be referred to a **licensed sex therapist or medical provider** for continued care.
  - I understand that Afterglow providers are **mandatory reporters** under state law for suspected abuse, neglect, or imminent harm.
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**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Afterglow Behavioral and Sexual Health Consultation Informed Consent

*(For consultations focused on sexual desire, pleasure, and related concerns)*

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### Client Information

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Purpose and Nature of Services

You are engaging in a **Sexual Health Consultation** provided by **Afterglow Behavioral and Sexual Health**.

These consultations are **educational and wellness-oriented** in nature. They focus on providing accurate information, guidance, and practical strategies related to sexual health, pleasure, anatomy, communication, and relational wellness.

Sexual health consultations are **not** psychotherapy or **sex therapy**.

- **Sex therapy** involves a therapeutic process with a licensed mental health professional to address psychological or emotional issues related to sexuality.
- **Sexual health consultations** focus on **education, communication skills, product guidance, and sexual wellness information**, not mental health treatment.

If during your consultation it appears that sex therapy or psychotherapy may be beneficial, your consultant may recommend or refer you to a licensed provider who offers those services.

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### Scope of Services

Sexual health consultations may include:

- Education about sexual anatomy, function, and arousal
- Discussion of pleasure, desire, and sexual communication
- Guidance in understanding products, tools, or techniques that may enhance sexual experience or comfort
- Psychoeducation on sexual wellness and body awareness
- Information and referrals for medical or therapeutic concerns when appropriate

Consultations may involve the discussion or demonstration (verbal, visual, or through educational materials) of **sexually explicit or graphic content** strictly for **educational and illustrative purposes**.

At no time will you be asked or expected to engage in sexual activity, undress, or expose any part of your body.

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### Consultation Settings

All Sexual Health Consultations with Afterglow Behavioral and Sexual Health occur in one of the following settings:

- **Telehealth sessions** conducted through the **Upheal** HIPAA-compliant platform.

- **In-person consultations at community or retail erotic wellness stores**, when educationally appropriate (e.g., reviewing sexual health products, learning about sexual wellness tools, or discussing comfort strategies).

All in-person consultations in community or retail settings will maintain **professional conduct, confidentiality, and discretion**.

No sexual acts, physical contact, or explicit demonstrations involving participants will occur.

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### Telehealth Disclaimer (Upheal Platform)

If services are conducted via **Upheal**, the following applies:

- Sessions are conducted through a secure, HIPAA-compliant platform.
- You will receive a confidential link for your session; neither party may record the session without prior written consent.
- You are responsible for choosing a private location to maintain your confidentiality.
- Internet or technology issues may occasionally disrupt services; your provider will attempt to reconnect or reschedule if needed.
- Telehealth consultations are held to the same professional and ethical standards as in-person sessions.

By signing below, you acknowledge understanding the benefits and limitations of telehealth and consent to participate through the Upheal platform.

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### Mandatory Reporting Responsibilities

Although Sexual Health Consultations are **not therapeutic services**, your provider is a **licensed clinician** bound by professional ethics and state law.

As a **mandated reporter**, your provider is legally required to report certain information even if it is obtained outside a therapeutic setting.

Mandatory reporting may include:

- **Suspected abuse, neglect, or exploitation** of a child, elderly person, or dependent adult.
- **Threats of harm** to self or others.
- **Disclosure of unreported sexual activity with a minor**, when the participant is legally unable to consent.
- **Court orders** or legal mandates that compel the release of specific information.

If a report is required, it will be made to the appropriate authorities, and you will be informed whenever possible.

Your provider's goal is always to maintain your confidentiality while adhering to ethical and legal standards for safety and protection.

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### Confidentiality and Professional Boundaries

All information shared during consultations is confidential to the fullest extent allowed by law. Information may be used for educational or professional supervision purposes only in de-identified form, unless you provide written consent.

Consultations are conducted in a **professional, non-exploitative, and educational context**.

You will never be touched in a sexual manner, asked to undress, or encouraged to engage in sexual acts.

Your provider will use respectful, educational language and materials to ensure clarity and comfort throughout the consultation process.

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## Referrals and Recommendations

If your provider determines that additional support may be helpful, you may be referred for:

- Sex therapy or couples therapy
- Individual psychotherapy
- Medical evaluation or consultation
- Specialized support groups or wellness programs

Participation in a consultation does **not** establish a therapeutic relationship or guarantee future treatment services.

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## Fees and Payment

All consultation fees are due at the time of service, as outlined in the **Payment Overview Agreement** included in your intake documents.

If referred for therapy or additional services, rates and payment requirements will differ from those for consultations.

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## Acknowledgment and Consent

By signing below, I acknowledge that I have read and understood this **Informed Consent for Sexual Health Consultations with Afterglow Behavioral and Sexual Health**. I understand that:

- Consultations are **educational**, not therapeutic.
- Consultations may occur **via telehealth (Upheal)** or **at a community or retail erotic wellness location**.
- Explicit materials may be discussed for **educational purposes only**.
- The provider may be required by law to make a **mandatory report** if certain information is disclosed.
- I may be **referred for sex therapy or related services** if appropriate.
- I have had the opportunity to ask questions and they have been answered to my satisfaction.

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**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Afterglow Behavioral and Sexual Health Payment Overview and Authorization Form For Sex Consultations

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

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### Service Type:

Sex consultations focus on sexual desire, pleasure, education, and wellness-based discussions. These consultations are not therapy and are provided through **telehealth** or, when appropriate, at designated **erotic boutique retail locations**.

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### Payment Policy

All sex consultation services are **self-pay** and must be **paid prior to the scheduled appointment**.

Afterglow Behavioral and Sexual Health uses **Square**, a secure and encrypted payment processing system that accepts most major credit cards.

Once a consultation is scheduled, clients will receive a payment request via Square to confirm their appointment.

Payment must be completed **before the scheduled consultation time** to hold the appointment. If payment is not received prior to the appointment, the consultation will be canceled and may need to be rescheduled.

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### Consultation Time and Fee Schedule

Consultation time reservations are available in **30-, 45-, 60-, and 90-minute increments**.

Service Type	30 min	45 min	60 min	90 min
<b>Individual</b>	\$50	\$80	\$100	\$150
<b>Couples (2 people)</b>	\$80	\$100	\$150	\$175
<b>Nonmonogamous Couples (more than 2)</b>	\$100	\$150	\$175	\$200

**On-site meeting at erotic boutiques (limited locations):**

Consultation price + \$25 per session.

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## Cancellations and No-Show Policy

To ensure fair scheduling, a **minimum of 24 hours' notice** is required to cancel or reschedule any consultation.

Appointments canceled with less than 24 hours' notice or missed without notice will result in a **charge of the full consultation fee**.

Repeated no-shows or late cancellations may result in suspension of scheduling privileges.

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## Additional Fees

- **Extended sessions or add-on consultation time** will be billed at the applicable rate based on session length.
- **Collateral services** (written recommendations, correspondence with other professionals, etc.) may incur additional charges based on time spent.

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## Acknowledgment

By signing below, I acknowledge that I have read and understood the payment policies and fee schedule for sex consultation services provided by Afterglow Behavioral and Sexual Health. I consent to the use of **Square** as a secure payment system and agree to complete payment prior to each scheduled consultation.

**Client/Responsible Party Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Clinician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_