

Full Name: _____

Date of Birth: _____ Age: _____ Occupation: _____

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Address: _____

Email: _____
Phone: _____
Phone: _____

Referred By: _____ (may I mention you to say “thank you”? y / n)

What are your Hobbies/Interests? _____

What influential books have you read lately? _____

Names of People living with you (include relation and age)

List any major medical problems, surgeries, recent hospitalizations, health conditions:

List any/all medications (including dosage and frequency) you are currently taking:

Disclosure and Important Information

Before we begin our work together, there are some important things that you should know about. Please read and sign the attached information and bring it back to me.

Formal Training: I am a board certified Licensed Professional Counselor (TN License #2816) practicing in the Middle Tennessee area. I graduated with a Masters in Counseling Psychology from Mars Hill Graduate School in Seattle, Washington. My undergraduate training and study was in Communication with a focus on Small Groups from the University of Arkansas in Fayetteville, Arkansas.

Professional Practice: I began my counseling career working with men's groups, marriage intimacy groups, and pre-marital counseling. My Masters program included extensive interpersonal training through practicum's and internship. My internship was spent working with Domestic Violence men's groups as well as individual and marriage counseling. I also worked with pastors and leaders of International churches in the Seattle area to teach and equip Marriages in their communities and congregations.

Counseling Approach: I approach therapy from an interpersonal foundation that focuses on the relational dynamics existing between the therapist and client. Alongside this approach, I also work within the Object Relations and Attachment theory. I take seriously the spiritual component of therapeutic issues and, without imposing my Christian beliefs, am happy to discuss this with anyone who wishes. My hope is to invite each client to encounter his/her humanness (dignity and depravity) and encouraging him/her towards autonomy and relational intimacy.

Benefits & Risks: Counseling/therapy has been shown to to have benefits for those that go through it. This can be solutions to specific problems, better relationships, and reduction in distress. However since therapy includes addressing difficult situations, memories, and feelings, you may experience uncomfortable feelings such as guilt, anger, sadness, loneliness, and helplessness. Making changes in your life can be difficult and cause changes in your current relationships. It is up to you to consider the implications of these changes, and there is no guarantee of what you will experience.

Case Consultation: I advocate and practice professional consultations for the purposes of training, accountability and providing the best counseling service possible to my clients. I will be discussing your situation with other professionals without disclosing your identity either by name or facts. Please speak with me if you have concerns regarding this practice.

Termination: It is every client's right to disengage from counseling with or without notice to the treatment provider. However, I request notification of termination of therapy. I find it helpful to arrange a final session to explore termination, and review counseling goals and progress.

Payment and Fees: Payment is expected by the end of your counseling session. Sessions are 50 minutes in length and are \$155 (payable via cash or check; credit/debit card usage will incur a \$5 processing fee) for individuals and couples. Your scheduled appointment time is held for you so if you need to cancel, please do so as soon as possible. If you fail to cancel an appointment at least 24 hours in advance of your appointment time, you will be responsible for the full fee of the appointment. All charges are your responsibility; if you have questions or concerns, please discuss them with me in advance. Should you need to file an insurance claim, I can provide a detailed receipt for this purpose. If this is a need, please bring this up during our session so that we can discuss the pros and cons of this approach.

Initial Here: _____

CONFIDENTIALITY AND PRACTICE

Confidentiality and privacy in the psychotherapy relationship are affected by compliance with Federal HIPAA regulations, state licensure (LPC) regulations, and the professional code of ethics of the American Counseling Association.

Confidentiality

I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. All issues discussed in the course of counseling are strictly confidential. By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or guardian. For this reason, if you want me to release information about your participation in therapy, I will require a signed "Release of Information" from you. However, you should be aware that client confidentiality is limited in cases of danger to self or others, at which point I am required by law to take appropriate action, in order to protect you or others. You should also know that family therapy often involves the sharing of my thoughts about you with other family members (in joint or separate sessions), for the purpose of helping you to solve relationship problems. I will not share any information you expressly indicate to me is confidential. If you have further questions about confidentiality, please discuss these with me.

Privacy

Information kept in my private files consist of two types: 1) case record information (names, address, diagnosis codes, treatment plans, etc), and 2) Case Progress notes on each session. Together, these constitute what is called "Protected Health Information" (PHI).

Case record information (1) is secured in a file and will not be shared with anyone without your knowledge and permission (written), except as required by law.

The second part of PHI, Case Progress notes (2), are recorded by me in a personally encrypted and secured form, in order to assure privacy. They are not available for release to you or others. However, with your permission, a summary of this information may be released to other professionals for your treatment, or as required by Court. Please be advised that if you are involved in marital or family therapy, whether seen individually or jointly, the case notes may involve information about other family members, and will therefore require their permission for release as well. This is generally true for any family member 14 years or older.

ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand these policies and procedures, and that any questions have been answered. I agree to be responsible for all charges incurred, according to the conditions detailed above.

Signed: _____

Date: _____

Signed: _____

Date: _____