VALLEY CHRISTIAN COUNSELING

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The Staff of Valley Christian Counseling Welcomes You

We appreciate your selecting us and having confidence in our staff. We want you to feel comfortable coming to Valley Christian Counseling and to accomplish this we have prepared this introduction. Although this document can seem long and complex, it is very important that you read it carefully and complete all sections before our first session. We can discuss any questions you may have at that time. Please continue to ask any questions or voice concerns throughout the course of treatment so that our professional relationship will be open and satisfying for all. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time.

Appointments

Psychotherapy appointments are normally 50 minutes in duration, however longer sessions are also available. After your intake appointment, future appointments will be scheduled as determined between you and your clinician. Clients are seen by appointment only. To change or cancel an appointment, we require at least a 48-business hour notice to our office for any cancellations. This will help us to schedule those waiting for appointments and for you to avoid being charged for the time that was reserved for you. **Clients who cancel without a 48-hour notice or do not attend their appointment will incur a cancellation/no show fee.** If your appointment is on a Monday, and you leave a message on the machine over the weekend, then that does not constitute 48-hour notice. Insurance does not pay for late cancellations or missed appointments. Confirmation calls are done as a courtesy to patients; however, there are times we cannot make them. Please do not rely on our call.

Emergencies

If you experience an emergency during or after hours, you should seek immediate help by calling 911, Helpline (539-1000 or 539-3424), the mental health center (533-1970), your primary care physician, or one of the hospital emergency rooms for assistance as needed and then alert your clinician at your earliest convenience.

Financial Agreement

Office policy is full payment at the time services are rendered. We accept cash, checks, and credit cards. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require the disclosure of otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

***I am looking for a clinician to assist me in court related issues: NO _____ YES_____**

- If a letter or other special correspondence is requested/required, preparation time for processing the request may be billed at the clinician's usual hourly rate.
- Review of past therapeutic documentation (i.e. treatment, history, discharge summaries, etc.) letters, journals, or personal writings forwarded to the clinician for reading and telephone correspondence to and from authorized sources may be subject to billing at the usual hourly rate and is regarded as the client's personal financial responsibility (not covered by insurance).
- During the course of treatment, off-site consultation is sometimes requested. School consultations, team meetings, and hospital consultations are billed at the usual hourly rate, including travel time.
- **Clients are discouraged from having their clinician subpoenaed.** All court related work is billed at $220/hour. This is a non-insurance charge. The client will be responsible for payment which includes: phone calls, filing documents with the court, pre-court record review, pre-court case formulation, depositions, consultations with attorneys, court appearances, in court (testimony) time, and time for travel and "waiting," and total time out of the office (departure until return). The minimum charge for a court appearance is $1500. A retainer of $1500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice there will be an additional $250 "express" charge. Also, if the case is reset with less than 72 business hours notice, then the client will be charged $500 (in addition to the retainer of $1500). Even though you are responsible for the testimony fee, it does not mean that the clinician's testimony will be solely in your favor. The clinician can only testify to the facts of the case and to their professional opinion. Patients will be asked to sign a release of information and agreement for court appearances, if these services are required.

I, (your name) _____ understand that my clincian is not in network for any private insurance providers. Valley Christian Counseling does not file insurance. We cannot determine if or what you will be reimbursed for mental health services. That is between you and your insurance provider. If you plan to file an insurance claim on psychological services, please contact your insurance provider before your first visit to verify your mental health benefits as pre-certification or authorization may be required. You will be provided a complete itemized statement that contains all necessary information needed so that you can bill your insurance directly.

I have been given the opportunity to discuss these policies and to ask for clarification. I have read and agree with all of the above information. I understand that I will be responsible for charges and will pay for services as rendered regardless of amounts, if any, reimbursed to me by my insurance company. My signature below constitutes an understanding of and agreement to the terms and conditions above.

_____ _____

Client or Legal Guardian's signature Date

Clinical Record

Professional laws and standards require that a clinical record of psychotherapy services be maintained for all treatment provided. The client record remains the property of the clinician. Patients have the right to request that a record is amended; to request restrictions on what information from your clinical record is disclosed to others; to request an accounting of disclosures that you have neither consented to nor authorized; to determine the location to which protected information disclosures are sent; and to have any complaints you make about these policies and procedures recorded in your records. Valley Christian Counseling is not a HIPAA covered entity. I am happy to discuss any of these rights with you.

Confidentiality and Disclosure Statement

The confidentiality of psychotherapy services provided by Valley Christian Counseling is protected by professional ethics and law. Unless you grant written permission, we will neither inform anyone that you are receiving services, nor will we disclose personal information provided. Legal and ethical exceptions exist. If you would like for information from your clinical record to be sent to a third party (i.e., physician, therapist, attorney, etc.) you must *first* sign a Release of Authorization form provided by our office. A fee may be required before records are forwarded.

Limits On Confidentiality

The law protects the privacy of all communications between a patient and a clinician. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements. There are other situations that require that you provide written advance consent. Your signature on this Agreement provides consent for those activities, as follows:

1. I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I believe that it is important to our work together. I will note all consultations in your Clinical Record.

2. You should be aware that I practice with other mental health professionals and that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling and billing. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

3. I also may have contracts with other businesses such as an accounting firm or attorney. I have a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the names of these organizations and/or a blank copy of this contract.

4. If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

2. If a government agency is requesting the information for health oversight activities, I am required to provide it for them.

3. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

4. If a patient files a worker's compensation claim, I may disclose information relevant to that claim to the patient's employer or the insurer.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment.

1. If I know or suspect that a child under the age of 18 has been abused or neglected, the law requires that I file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, I may be required to provide additional information.

2. If I know that an elderly or disabled adult has been abused, neglected, exploited, sexually or emotionally abused, the law requires that I file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, I may be required to provide additional information.

3. If a clear and immediate threat of serious physical harm to an identifiable victim is communicated by a patient then I am required to communicate confidential information to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities.

I hereby acknowledge that these limitations on confidentiality have been read by me and/or explained to me and I agree to abide by them. I have been given the opportunity to discuss these concepts and conditions and to ask for clarification. I understand that my consent to treatment may be withdrawn by me at any time without prejudice.

_____ _____

Client or Legal Guardian's Signature Date

Client's Rights

You, the client, have the right to:

- Receive respectful treatment that will be helpful to you without discrimination
- Be informed about techniques, intervention strategies and procedures, or any aspect that might not be clear or understood regarding treatment
- Be informed and inquire about diagnosis, methods of assessment, and the goals of treatment
- Accept or decline treatment (except in emergency situations or when ordered by a judge or Federal/State authority)
- Seek alternative psychotherapy services and be provided with an appropriate referral
- Discuss, question, and participate in hospital, residential placement, half-way or quarter-way treatment decisions
- Ask for and receive information about the clinician's qualifications, including license, education, training, experience, membership in professional groups, special areas of practice, and limits of practice

- Refuse to answer any question or give any information you choose not to answer or give
- Know if your clinician will discuss your case with others
- Ask that the clinician inform you of your progress
- A safe treatment setting, free from sexual, physical, and emotional abuse. In a professional relationship, sexual intimacy between a therapist and a client is never appropriate
- Report suspected immoral or illegal behavior

Other Considerations

Smoking is not allowed inside the facilities. Possession of illegal substances, alcohol, firearms, or weapons is prohibited on our premises. Being under the influence of drugs or alcohol is prohibited. If we suspect that you are in violation of these rules, or any other laws, you will be asked to leave, and /or appropriate authorities will be notified.

Our psychologist, therapists and psychiatrist are experienced, independently licensed and certified in their respective specialty areas. Each practitioner operates as the sole proprietor of his or her practice. My signature below acknowledges my understanding and acceptance that each practitioner here operates as the sole proprietor of his or her practice. I agree to hold harmless all other practitioners at this site from the actions of my psychologist or therapist.

_____ _____

Client or Legal Guardian's signature Date

MARITAL HISTORY QUESTIONNAIRE- to be completed by each spouse

This form is intended to help your clinician become better acquainted with you and in turn, serve you better. You may omit any item, but try to be as thorough as possible. This will allow us to use our time more efficiently during the intake session. Thank you for your time and cooperation.

Name: _____ Date: _____
Date of birth: _____ Age: ____ Sex: _____ Race/ethnicity: _____
Address: _____
City/State/Zip: _____
Religious affiliation: _____ Highest Grade Completed: _____
Marital Status_____ Spouse/ Partner's Name_____
Employment status (Check all that apply):
( ) employed ( ) homemaker ( ) retired ( ) disabled ( ) student ( ) unemployed
If/When employed, what type of work do you do? _____
Current employer is: _____
Years on Current Job: _____ Business Phone: _____
Home Telephone: _____ Other Phone (specify type): _____
How would you like to be contacted:_____ OK to leave a message? □ yes □ no
How did you hear about us: _____

What are the major issues in your marriage that bring you here?

_____

_____

_____

Approximately how long have you had the current problem or concern? _____

How was the decision made to come in now? _____

_____

In what ways have you attempted to cope with this problem or concern? _____

_____

Have you ever received any counseling or psychological treatment prior to this? Y N

If yes, please list names of providers, dates, reasons for treatment and outcomes of treatment:

_____

_____

_____

What are your two greatest weaknesses or deficits?

_____

_____

What do you do in excess that you would like to moderate?

_____

_____

What percentage of the time with your partner can you "be yourself"? _____ %.

What initially attracted you to your partner? _____

_____

What do you like most about your partner now? _____

_____

What do you like least about your partner now? _____

_____

In what ways is your partner most like you? _____

_____

In what ways is your partner most different from you? _____

_____

What are shared interests for you and your partner? _____

_____

What are your expectations for a husband? _____

_____

What are your expectations for a wife? _____

_____

What plans or goals do you have for the family? _____

_____

What do you fear most? _____

In what ways, if any, do you feel inhibited in your marriage? (That is, have you stopped doing some things you would like because your partner objects?) _____

_____

Being honest with yourself, are you pretending to be someone you are not to your partner? (That is, someone braver or weaker, smarter or dumber, more loving or less loving, etc than you really are?)

_____

_____

_____

Current Household Members:

Name	Age	Relationship

Every relationship has ground rules. What important ones are yours?

1. _____

2. _____

How are rules or decisions made:	Husband	Wife	Shared/Mutual
about child rearing	_____	_____	_____
about how money is budgeted/spent	_____	_____	_____
about social contacts	_____	_____	_____
about sexual relations	_____	_____	_____
about housekeeping	_____	_____	_____

Please check any past, present, or impending problems/issues in your family:

( ) Deaths	( ) Marital affairs/infidelity	( ) Divorce
( )Financial/crisis/unemployment	( ) Physical/sexual abuse	( ) Legal problems
( ) Debilitating injuries/disabilities	( ) Frequent relocations	( ) Alcohol/drug abuse
	( ) Attempted/completed suicide	( ) Psychiatric disorder
( ) Eating disorders	( ) Serious/chronic illness	( ) Other _____

Please provide additional information about any issues identified above:_____

_____

(Please circle as appropriate)	Usually		Sometimes		Rarely
My partner understands what I communicate	1	2	3	4	5
I understand what my partner communicates	1	2	3	4	5
I express my requests	1	2	3	4	5
My partner expresses requests	1	2	3	4	5
I express my preferences	1	2	3	4	5
My partner expresses preferences	1	2	3	4	5
I express my appreciations	1	2	3	4	5
My partner expresses appreciations	1	2	3	4	5
I express my dissatisfactions	1	2	3	4	5
My partner expresses dissatisfactions	1	2	3	4	5
I feel comfortable expressing disagreements	1	2	3	4	5
My partner feels comfortable expressing disagreements	1	2	3	4	5
I am courteous to my partner	1	2	3	4	5
My partner is courteous to me	1	2	3	4	5
When you discover you made a mistake, you apologize	1	2	3	4	5
Your partner apologizes when they make a mistake	1	2	3	4	5
I am able to forgive	1	2	3	4	5
My partner is able to forgive	1	2	3	4	5

	None		Completely
How committed are you to staying in your relationship?	0%	50%	100%

How committed do you believe your partner to be to the relationship?_____

Everything considered, how happy are you in your relationship?_____

Everything considered, how happy do you believe your partner is with the relationship_____

What are your goals for psychotherapy?

1. _____
2. _____
3. _____

How confident are you that these goals can be met? Very Much Moderately Unlikely

Goal 1	1	2	3	4	5
Goal 2	1	2	3	4	5
Goal 3	1	2	3	4	5

Personal History

Have you personally experienced significant abuse: ( ) none ( ) emotional ( ) physical ( ) sexual
Do you currently have thoughts of harming yourself? Y N
Do you currently have thoughts of wishing you were dead? Y N
Do you currently have urges to hurt, harm, or kill someone else? Y N If yes, whom? _____
Have you ever seriously considered suicide or felt like harming someone else? Y N
If yes, please explain: _____
_____
Have you ever been hospitalized for emotional problems? Y N
Have you ever been hospitalized for substance abuse problems? Y N
Ever in Military Service: Y N Currently in military? Y N Branch: _____
If you served in combat, when did you serve? _____
Type of discharge: _____ Reason for discharge: _____
Have you or any other family member suffered with any mental illnesses or substance abuse:

Family member(s)	Comments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any leisure activities (such as sports, clubs, religious organizations, etc.) that you are involved in currently: _____
_____

Family Background

How many brothers and sisters are in your family of origin? _____
Please list three adjectives that most describe your father:

1. _____ 2. _____ 3. _____

Please list three adjectives that most describe your mother:

1. _____ 2. _____ 3. _____

How did your parents show affection to one another?
_____

How did your parents deal with disagreements?
_____

If your parents divorced, your age at their divorce: _____

For what reasons: _____

_____

Medical History

Your present state of health is: ( ) Excellent ( ) Good ( ) Fair ( ) Poor
Describe any current medical problems (including allergies, asthma, injuries, etc.)

_____

_____

Name of medical provider by whom you were last seen:_____Date_____

Please list all medications (prescribed or over the counter) and medical treatments that you are presently receiving including dosages, frequency, and any associated complications.

_____
_____
_____
_____

Have you used any of the following?

	Current Use	Past Use	How much/often	Last time used?
Alcohol	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Cocaine, including crack	_____	_____	_____	_____
Amphetamines, speed	_____	_____	_____	_____
Tranquilizers or sedatives	_____	_____	_____	_____
Caffeine (coffee, tea, cola)	_____	_____	_____	_____
Nicotine (cigarettes, tobacco	_____	_____	_____	_____
Appetite suppressants/diet pills	_____	_____	_____	_____
Hallucinogens, LSD	_____	_____	_____	_____
Inhalants	_____	_____	_____	_____
Opium/heroine	_____	_____	_____	_____
Medication abuse	_____	_____	_____	_____
Other medication abuse	_____	_____	_____	_____

If substance abuse has occurred, please provide specific information including amounts of the substance, withdrawal symptoms, successful, and unsuccessful attempts to decrease or discontinue use.

_____
_____
_____

Other information you feel is important and wasn't asked about: _____

_____