The Refuge
Client Information Form

Demographics

Date:_____

Full legal name:_____Preferred name:_____

Address:_____City/State/Zip_____

Social Security Number: (needed for insurance purposes)_____

Insurance:_____

Current employer:_____

Date of Birth:_____ Age:_____ Phone number:_____

Email:_____

Parent/Guardian name (if minor):_____

Marital Status _____ Birth Sex _____ Ethnicity_____

Do you have a Psychiatric Advance Directive? _____

Do you have any communication needs (e.g., sign language), difficulty reading or writing?_____

If client is a minor:

Parents' marital status:_____

If divorced, is there a co-parenting plan in place?_____

If so, are both parents in agreement for the child to attend counseling?_____

Level of Education:_____Current grade:_____

Are you currently facing any legal charges? _____ Is this visit court mandated? _____

If so, do you have a probation officer?_____

Continued next page

Reason for Seeking Treatment:_____

_____

_____

Background Information

Have you ever worked with a therapist before?_____ If so, how long?_____

Did you feel it helpful?_____

Did you receive a previous mental health diagnosis?_____

Have you ever been hospitalized for psychological/psychiatric reasons?_____

Are you currently taking any medications?_____

Do you have any allergies?_____

Do you have a Primary Care Provider?_____

Have you had a physical exam in the last 12 months?_____

Do you currently have any on-going medical conditions?_____

_____

Any medical/surgical treatments?_____

_____

List any substances/addictions that you currently use or have used in the past._____

_____

Have you ever overdosed?_____

Family History

Who, if anyone, in your family has experienced any of the following?

Anxiety: _____

Depression:_____

Substance abuse:_____

Physical abuse:_____

Other psychiatric issues: _____

Continued next page

Mental Health

How does your mental health affect certain areas of your life (i.e. social, relationships, family, work, etc.)?

_____

_____

In work or school, do you struggle to: (Check Y/N for all that apply)

_____Concentrate

_____Miss assignments/deadlines

_____Poor work performance/poor grades

_____Falling behind work load

_____Missing work/classes due to mental or physical health issues

_____Procrastination

_____Get easily distracted

_____Daydream

_____Lose track of time

What are some of your personal goals in life?_____

_____

_____

What are some goals that you would like to accomplish in therapy? _____

_____

_____

What do you see as your top strengths?

1._____

2._____

3._____

What do you do for self-care? _____

_____

_____

Who are the people that you will turn to for support in difficult situations? _____

_____

_____

Continued next page

Please check any of the following concerns you are currently experiencing or have experienced:

	Present	Past
Anxiety		
Depression		
Bipolar disorder		
Unwanted sexual experience		
Sleep disturbances		
Changes in appetite		
Legal issues		
Relationship concerns (break-ups/conflicts)		
Relationship abuse (physical, emotional, sexual, verbal)		
Panic Attacks		
Social Anxiety		
Work/Test anxiety		
Obsessive compulsive disorder		
Severe phobic responses		
Trouble concentrating		
ADHD		
Low motivation/energy		
Severe mood swings		
Loneliness		
Trouble controlling emotions		
Family concerns		
Traumatic event		
Religious/spiritual issues		
Addiction of any kind		
Grief/ Loss		
Sexual dysfunction issues		
Identity questions/concerns		
Abuse/Neglect		
Discrimination		
Eating disorders		
Self-harm		
Thoughts of suicide		
Suicide attempt(s)		

NOTICE OF CLIENT CONFIDENTIALITY

Mental Health Client Records for outpatient counseling

THE REFUGE
Outpatient Counseling
Youth Town of Tennessee

Federal laws and regulations protect the confidentiality of mental health client records maintained by Youth Town. Generally, Youth Town may not say to a person outside the organization that a client attends the counseling program, or disclose any information identifying a client as a client, unless:

The client consents in writing;
The disclosure is allowed by a court order; or
The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for regulations)

Authorized Signature:_____

CONSENT FOR TREATMENT

I voluntarily agree to receive mental health and or substance abuse counseling treatment from Youth Town of TN. I consent to outpatient treatment in the version of counseling by Youth Town of TN.

I understand and agree that I will participate in my treatment plan, and that I may discontinue treatment and/or withdraw my consent for treatment at any time.

Authorized Signature:_____

NOTE: All information developed during the course of my treatment is Protect Health Information as defined by Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and Youth Town of Tennessee is a covered entity of this rule.

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CLIENT RIGHTS

As a client, I have the right to:

1. The least restrictive treatment that is available and medically indicated, regardless of race, creed, sex, national origin, sexual orientation, socioeconomic status, language, and religion/spiritual beliefs.
2. Be treated with consideration, respect, and full recognition of my dignity and individuality at all times and under all circumstances. This includes a professional relationship with all staff, free of psychological, physical, emotional abuse, neglect or humiliation. Any believed breach of ethics may be reported following grievance procedures.
3. Be assisted by Youth Town of Tennessee to exercise my civil rights.
4. Know the identity and professional status of individuals providing services.
5. Have individualized treatment including:
a. an individualized treatment plan;
b. periodic review of the treatment plan; and
c. active participation in the treatment plan, including receiving sufficient information about proposed and alternative interventions and program goals to enable me to participate effectively.
6. Confidentiality, within the law.
7. Access and release (with written consent) to pertinent treatment information to facilitate appropriate decision-making.
8. Give informed consent, informed refusal, or expression of choice regarding:
a. service delivery;
b. release of information;
c. concurrent services;
9. Request a change of my primary therapist.
10. Communicate grievances to staff, either written or verbal, to the licensee, and to outside representatives of my choice with freedom from restraint, interference, coercion, discrimination, or reprisal. In addition, there will be a prompt investigation and resolution of alleged infringement of my rights (grievance/complaints) without fear of reprisal.
11. Appeal clinical and administrative decisions.
12. Obtain from the primary therapist, complete and current information concerning diagnosis (to the degree known), treatment, and any known prognosis. If there is a time that it is not clinically advisable to give such information to me, the information shall be made available to a legally authorized individual.
13. Participate in decisions involving my treatment. This should include concise explanation of the condition and any proposed services. Refuse any specific medication or procedure to the extent of the law. Should this refusal prevent the provision of appropriate care in accordance with the ethical and professional standards, Youth Town of Tennessee's relationship with me may be terminated upon reasonable notice.
14. Review my individual chart by requesting a copy of the chart from my primary therapist. I further understand that I can request to amend my record.
15. Obtain a complete explanation of the need for transfer to another facility and any continuing health care requirements following discharge.
16. Request the opinion of a consultant at my expense, or to request an in-house treatment plan review at any time.
17. Access or be referred to legal entities for appropriate representation.
18. Access self-help and advocacy support services.
19. Obtain an itemized and detailed explanation of the total bill for services rendered when appropriate, or to a legally authorized representation.
20. Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
21. To be provided with confidentiality in accordance with Federal regulation (Title 42, Sections 2.1 through 2.671)

I, eric doe, have read this list of client rights. I understand and agree to its terms.

Authorized Signature:_____

FINANCIAL RESPONSIBILITY AGREEMENT

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Outpatient Counseling
Youth Town of Tennessee

Client Information

First Name:_____

Middle:_____

Last:_____

Address:_____

Driver's License #:_____

Phone Number #:_____

I understand that I am a self- pay Resident and that I am financially responsible for any and all charges incurred during my counseling at Youth Town.

I further understand that any personal payment plan granted to me is valid only insofar as I make my payments in a timely fashion, and that if my payment is two (2) or more days late, the remaining balance becomes due and payable.

I agree to pay the cost of collection, including legal fees, for my account if I fail to make a prompt payment of outstanding balances.

The total of Youth Towns cost shall be payable by: (1) Cash at the time of admission, or (2) Delivery of the Down Payment prior to admission with the remaining balance due at admission; Payment is due upon day of session.

In the event that any payment required to be paid by Client hereunder is not made within two (2) days of the due date, Client shall pay to Youth Town of Tennessee, in addition to such payment or other charges due hereunder, a late fee in the amount of twenty-five dollars ($25.00).

The unpaid balance of any past due bills shall bear interest at a rate of 1.5 % per month (prorated on a daily basis), or the highest rate allowed by law, whichever is less. If for any reason Client fails to make any payment on time, Youth Town of Tennessee may, at its option, demand immediate payment of the entire remaining unpaid balance of the Total Cost, any late fee, and accrued interest. Should any payment obligation under the Payment Terms not be paid when due, Client agrees to pay all costs of collection, including reasonable attorney's fees. Client agrees to submit all disputes arising out of or relating to the Payment Terms to binding arbitration.

NO REFUND POLICY

I understand and agree that I will be liable for the full amount due for the counseling session.

I acknowledge and agree to make full payment to Youth Town for the cost, as stated in this agreement, and any other cost or fees associated with my sessions at Youth Town.

ACCEPTANCE:

Name of Financial Guarantor:_____

Authorized Signature:_____

PAYMENT SHALL BE MADE TO:

Youth Town of TN
3641 Youth Town Road

Pinson, TN 38366
Phone Number 731-988-5251

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Outpatient Counseling
Youth Town of Tennessee

Intern Consent Form

Youth Town is a teaching mental health center. In some cases, services are provided by interns who are in the process of completing their education. These interns have been trained in areas such as counseling techniques, ethics, and crisis interventions and are closely supervised by a board approved supervisor. In addition, these individuals are approved through the Youth Town's Human Resource and Clinical departments.

Please review the following information regarding interns and the services they provide.

1) Graduate level interns will be supervised in providing individual, family and group counseling for a variety of mental health needs as determined by their supervisor.

2) Graduate level interns are bound by the same ethics, laws, and limits of confidentiality as licensed clinicians.

3) Graduate level interns receive clinical supervision from a board approved licensed supervisor who has received additional training/certifications in providing clinical supervision.

4) As part of the supervision process, the clinical supervisor will regularly review your case with the intern. This process will include a review of the case notes, recollection of discussions, and/or reviewing other documentation.

NOTE: If you have questions at any time, please contact 731-988-5251 and ask for your intern's supervisor.

Client Signature:_____