

Elu: Counseling, Consulting, and Coaching



Starter Packet: Personal Information (for Coaching)

COACHING CLIENT INFORMATION			
Name:			
Address:			
Phone numbers:	Home:	Cell:	Work:
Email:			
Birthdate:			
Age:			
Can we contact you at these?	<input type="checkbox"/> Cell? <input type="checkbox"/> Work? <input type="checkbox"/> Home? <input type="checkbox"/> Email?		
Guardian/Parents (if under 18 yrs):			
Ethnicity:		Sex:	Marital Status:
<input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Committed Relationship <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Who Lives in Your Household (Names, Relationship to You, & Ages):			
Do you feel safe? Yes _____ No _____			
Annual Household Income: \$ _____			
Faith preference _____ Congregation _____			
How did you hear about our services?			
<input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Church <input type="checkbox"/> Social Agency <input type="checkbox"/> Doctor <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____			
If referred by a professional, may we send an acknowledgement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of their Business or Organization _____			
Highest grade in school completed (or current grade) /last degree earned: _____			
Employer/school _____ Position _____			
How long? _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
Past & Present Key Hobbies & Interests:			
Who are the main people in your current support system: _____			
In case of emergency notify:			
Name _____		Relationship to you _____	
Phone _____			

COACHING CONCERNS

State in your own words the concerns you bring to coaching: _____

How long have you been having these difficulties: _____

Please describe any recent life difficulties: _____

On a scale of 1-5, with 1 being the lowest, circle where you believe you are currently.

Level of current functioning in life: (1= lowest, 5= highest): 1 2 3 4 5

Level of current satisfaction in life: (1= lowest, 5= highest): 1 2 3 4 5

Describe your current physical health:

Poor Fair Average Good Excellent

Describe your current emotional health:

Poor Fair Average Good Excellent

Describe your current spiritual health:

Poor Fair Average Good Excellent

Describe your current financial health:

Poor Fair Average Good Excellent

Describe your current relational health:

Poor Fair Average Good Excellent

FAMILY BACKGROUND

Who lived in your home while you were growing up? (name, relationship, age, quality of relationship)

Did your parents divorce? [] Yes [] No If yes, when? _____

Has anyone in your family had treatment for any mental or emotional disorder? [] Yes [] No

If yes, whom? _____ What? _____

Has anyone in your family ever attempted suicide? [] Yes [] No If yes, whom? _____

Rate Your Childhood (1= very unhappy, 5= very happy): 1 2 3 4 5

Marriage History (how long have you been married currently, if married before give dates and any detail):

Names, gender, and ages of your children:

Do you have any history of losing a child or losing a pregnancy? [] Yes [] No



The following declaration is provided to clarify the dynamics of the coaching relationship, the qualifications of our staff, our policies, and your rights and responsibilities as a client.

Staff Qualifications: Staff Education and Licensure are listed on our website and business cards. Coaches are non-licensed and are not medical professionals.

Clients Served: Staff specialties and details of the populations served are listed on our website. Generally the agency serves individuals, couples, families, and groups with counseling, consulting, and coaching services. Coaching is offered to clients age 18 and older.

What to Expect from Therapy and What I Expect from Clients: Coaching sessions are approximately fifty-five minutes (55). During the initial session, your coach will gather information and discuss the topics you wish to address. Sessions are typically held weekly and are devoted to establishing mutually agreed upon goals. The length of the process depends on the nature of the current stressors and how hard you work as a client. You have the right to terminate services at any time. A closing session is typically helpful in ending work. If you have suggestions or concerns about your process, share these with your coach so necessary adjustments can be made. If needed, your coach will assist you in the referral process if it is determined you would be better served by another provider. If you are currently receiving mental health services, you must inform your coach and grant a release of information with this professional for consultation. Additionally, homework completion, a vital part of the coaching process, is necessary to get the most from the process.

Confidentiality: Information revealed in coaching will remain confidential except the following circumstances:

1. The client signs a written release of information indicating informed consent of such release.
2. The client expresses intent to harm him/herself or someone else.
3. There is suspicion of abuse/neglect against a child (past or present), an elderly person (60 or older), or a dependent adult.
4. A court order is received directing the disclosure of information.

When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without written authorization from all individuals competent to sign such authorization. Verbal authorization will not be sufficient except in emergency situations.

Court Fees: When a coach is subpoenaed to court, the client is responsible to pay all fees before court. You will be billed, \$200/ hour, from door to door for the coach's time away from the office plus travel reimbursement.

Access to Records: It is your right to request access or copies to your own record unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to client information is limited to those parts of the record that do not include confidential information related to another client. We charge a fee of \$.25 per page for records.

Intake / Personal Information Forms: Each client must complete a *Personal Information Form*, to provide information to the coach and basic information for administrative purposes. According to the Federal Red Flags Rule, we also require a copy of your government issued photo ID (ex. driver's license).

Coaching Fee and Payment for Service: All fees for services received at Elu, LLC are your responsibility. Payment in full will be expected at the time of each session. Our fee is \$150 for intake and \$125 for follow-up appointments. We accept Master Card/Visa. You may make credit card payments at the time of session or on our website elucc.llc.org. We balance bill weekly any remaining balance due (i.e. if not paid at session).

Appointments and Cancellations: All appointments and cancellations are made directly with your coach. If you cannot keep a scheduled appointment, notify your counselor at least 24 hours in advance. For cancellations (or missed appointments) with less than 24 hours notice, you will be automatically charged \$125. If you have any questions, please discuss this policy with your coach.



Emergencies: Elu, LLC does not provide “emergency services” or after hours coverage. If you have an urgent or emergency concern, call 911 and seek emergency services. The Suicide Hotline 1-800-SUICIDE is also an emergency resource. Elu, LLC has an electronic answering service. You may call and leave a message after office hours. Returned calls, if needed, are usually done within one working day.

Coaching is not a medical, or healthcare, service. The HIPAA Privacy Policy on the agency website does not apply to coaching services or clients but only to counseling. I authorize Elu, LLC staff to use or disclose any information from my record to provide treatment to me, to obtain payment, and for other professional activities and operations. I consent to treatment with this coach and Elu, LLC. I agree to abide by the policies in this statement and acknowledge that I have received and understood the information contained herein. I understand it is my responsibility to pay for any services. If contact information has been provided, my signature below also gives my authorization for Elu, LLC staff to contact me by the means of communication I have marked as acceptable in this packet. I understand the authorization may be revoked at any time in writing. These consents are voluntary and I acknowledge I may revoke or restrict my information at any time, however Elu, LLC reserves the right to refuse services if this consent is not granted or is later revoked.

CLIENT'S SIGNATURE (or GUARDIAN) _____

DATE _____

Authorization for Recurring Credit Card Charges: Elu, LLC accepts Visa, MasterCard, and Discover, Debit, FSA, and HSA Cards as form of payment. We ask that you set up recurring payments.

- We will collect your credit card information at the first appointment.
- Your credit card information will be stored along with your intake information.
- Payments are taken weekly week for copays in session or charged manually via stored card information.
- By providing your credit card information, you are giving Elu permission to charge your credit card.
- Your card will be automatically charged if there is an overdue balance and for any late cancellation fees.
- Receipts can be emailed or mailed to you upon request.
- It is your responsibility to insure that I have your current and active email address.
- Payments are completed using Square or TYS, both trusted financial vendors for credit transactions.

Account Type: Visa MasterCard American Express,(AmEx) Discover

Cardholder Name _____

Account Number _____ Expiration Date _____ ZIP CODE _____

CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx) _____

I authorize Elu, LLC to charge this credit card for services and associated charges as agreed above including:

Session fee (\$_____), Late cancellation/ no show (\$125), and other charges (TBD).

Signature of Authorized Credit Card User: _____ Date: _____

Email Communication and Consent for Use

Be advised that the use of email and other forms of technology in counseling may have security concerns. Any information exchanged electronically or with the use of technology increases the risk of confidentiality breaches. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Therefore, the therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically. I agree to allow my coach and the Elu staff to contact me via email at the address on my intake form for the purpose of simplifying and expediting scheduling and/or administrative matters only. Email is NOT to be used to provide services and also should not be used to communicate any urgent or emergency issues. I understand that this authorization may be revoked by myself or my coach at any time. I am aware that any email communication received from me and any responses from Elu staff may become part of my coaching record.

Signature of Client (or Parent/ Guardian): _____

Date: _____

ID Verification _____

File Copy? Yes__ No __

