

**Anger Management Intake Form**

**Personal Information**

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_

Driver License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Single \_\_ Married \_\_ Divorced \_\_ Widowed \_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What method is the best for communication with you: Cell Home Email Mail Text

**Spiritual/Religion beliefs** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment/Education**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_ Length of Employment \_\_\_months/years

Highest Grade Completed: GED \_\_\_ HS \_\_\_\_College/Degree Received \_\_\_

Can client read and write? YES NO

Have you ever had any thoughts or attempted suicide? Yes No

Have you ever had any thoughts or attempted homicide? Yes No

**Emergency Contact Person**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hope Anger Management & Services**

**CLIENT CONSENT FORM**

Thank you for choosing Hope Anger Management, Inc for your counseling services. The following disclosure is designed to give you information about your time in therapy at Hope Anger Management. All of our staff are committed to the client’s right to information regarding our policies including confidentiality, consent, and administrative services.

**RISKS AND BENEFITS**

Therapy is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Therapy involves sharing sensitive, personal, and private information that may at times be distressing. During therapy, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

During the first month of therapy your situation get worse, better, it gets better. It takes a hard and dedicated person to change and work on improving your behavior and old thinking habits. Often when processing difficult emotions, you may feel sad, angry, tired, and experience some emotional and even physical strain because of the intensity of the therapy process. You should let your therapist know how you are feeling and work with your therapist to contain feelings in between sessions.

Hope Anger Management will not guarantee the client’s issue/situation will be resolved during and after service.

**CONFIDENTIALITY**

All interactions with Hope Anger Management & Therapy Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your therapy to the persons you designate.

**EXCEPTIONS TO CONFIDENTIALITY**

The therapy staff works as a team. Your therapist may consult with other professional staff to provide

the best possible care. These consultations are for professional and training purposes.

\*\*During sessions the therapist requests that the client does not video, record, or take photos due to confidentiality.

•If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.

•A court order, issued by a judge, may require the Therapy Services staff to release information contained in records, however I Valaria Scott will NOT testify for a client in court.

We appreciate prompt arrival for appointments. Please notify us at 678-900-1255 if you will be late. Twenty-four hours’ notice of cancellation allows us to use the time for others. There is a $25.00 fee for no call/ no show.

Hope Anger Management & Therapy Service will remind you of your appointment through email weekly. The client may reply or call the office to confirm the appointment.

* No smoking inside the facility.
* All mobile devices must be silent. (NOT RING OR VIBRATE). If I see a client looking at their phone and distracting me from teaching, I will ask the client to leave the session.
* No violent threats towards anyone including the instructor.
* Clients will have homework assignments weekly.
* If client miss more than 3 sessions, he/she will not receive certificate of completion. Client must start classes over again.
* Clients are not allowed to drink alcohol and use drugs.

A client is excused from the following:

-Medical Notes/Sick

-Death in the family

-Court

**TECHNOLOGY**

By your signature below, you authorize Hope Anger Management to contact you by phone using the number you provide at intake. If this is not a safe number to leave messages at, please let your counselor know in writing or note this on the intake packet itself. Your therapist may call you using a VIOD (internet-based voice over IP phone) or a cell phone, both of which may not be completely confidential because of potential technology issues.

Email is not the most confidential mode of communication. If you choose to use email to send information to Hope Anger Management or to a therapist, you do so know that this information is at risk, and that your therapist may respond via email. Hope Anger Management only sends out emails to remind clients of appointments one day before session. Therapist will not reply have any conversations through email unless it pertains to appointments.

Text messaging is a popular form of communication. If you choose to text your therapist, this information is a risk as this is not a confidential mode of communication. At Hope Anger Management, some therapists accept text messages, and some do not. Please clarify how you would like to communicate with your therapist and if you do choose to text, please keep it to a minimum and use it only for scheduling/logistic purposes.

**SOCIAL MEDIA POLICY**

Individual therapists at Hope Anger Management, Inc. do not connect with clients in social media sites. This is to protect your confidentiality and the integrity of the therapist/client relationship.

**PAYMENT**

Hope Anger Management, Inc. allows the individual therapists to set their own fees with their clients. Please talk to your counselor about his and her own fee schedule. Once you and your therapist agree upon a fee, this will be reported to Hope Anger Management for billing and recording purposes. This fee is what will apply below under cancellations.

Hope Anger Management only accepts cash, credit, cash app or debit card payment currently. Please make checks payable to Hope Anger Management. All payments are due at the time of service unless prior arrangements have been made.

Missed payments will be charged $5.00 (five dollars) per session.

**SESSIONS**

Sessions are normally from 60 minutes in length though this may vary based on your individual treatment plan with your therapist.

Please arrive promptly for sessions. Sessions will end at the designated time regardless of when the session starts. Therapists are only required to wait 15 minutes past the scheduled time for an appointment before a no-show will be billed.

**CANCELLATIONS**

We understand that you may need to cancel an appointment. It is helpful for us to know if you will not be coming, so we ask that you give us 24 hours’ notice of any change or cancellation. Any late cancellation (less than 24 hours’ notice), change, or missed appointment will be charged the full agreed upon session rate. If you have any questions or would like additional information, please feel free to ask.

**I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature, and limits of confidentiality, and what is expected of me as a client of the Counseling Services.**

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Required Class Structure.**

Anger Management shall require each participant to attend a minimum of one (1) to twelve (12) weekly group classes. Participants may not attend more than one (1) class per week.

Classes shall be at least ninety (60) minutes in length. Administrative duties, including taking attendance and collecting fees, are prohibited during the ninety (60) minutes of instruction time.

Participants may not have more than three (3) absences. A fourth absence must result in automatic termination from Anger Management.

Participants arriving late to class may attend class but not receive credit, and no payment shall be charged or received by the Anger Management. If a participant is late to class three (3) times, it shall count as one (1) absence.

Transfer of a participant to another program will not be permitted unless the transfer has been approved by the court, other referral source. If approved, the court the participant is transferring from shall notify the victim liaison of the participant’s transfer within four (4) calendar days. Anger Management who accepts transferred participants must complete all procedures required of new participants.

Intimate or ex-intimate partners are not allowed to participate in the same class.

Participants must attend class in-person. No online classes will be approved.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release of Client of Information**

**Purpose:** This form is used to obtain authorization to release information regarding yourself covers the Privacy Act to people other than yourself.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the following person (s) to have access to information covered under the Privacy Practice regarding myself.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probation Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State or Federal

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The authorization expires date/event \_\_\_\_\_\_\_\_\_Month \_\_\_\_\_\_Day \_\_\_\_\_\_\_Year

I understand that information used or disclosed as a result of this authorization may be subject to disclosure by the recipient or may no longer be protected by federal or state law.

 I understand that I have the right to inspect my protected health information by sending notification to: Hope Anger Management, INC, in c/o Privacy Officer. I understand inspection may only take place prior to transfer of the records. Hope Anger Management is not responsible for third party release of action.

I understand that I have the right to refuse to sign this authorization. I understand by not signing the below authorization that my record will remain with Hope Anger Management, LLC.

This Authorization will only be valid for 120 days. Any release after that time will require a new authorization.

 Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**FACILITY POLICIES**

Initial on the line provided for each statement. If client is a minor both Client and Guardian initial and sign

1. \_\_\_ I understand while in therapy sessions, I will not be allowed to harm myself, others, or any property. If I become a threat of harm to any of these, the authorities will be notified immediately, and I will be haled responsible for any dames incurred.
2. \_\_\_ I am aware that Hope Anger Management, Inc. is not responsible for any items left in the therapy room during or after sessions.
3. \_\_\_ I understand that my therapist Dr. Valaria Scott DMin, MSW, MS, HS, BA, AA, JSOCC, CART, CLC, CRC is a certified therapist who obtain a Doctorate in Theology, master’s degree in social work, master’s degree in human services, Bachelor’s in Psychology and Associate’s in Arts. The session material may be discussed in the context of supervision, training, and consultation.
4. \_\_\_ I agree to give Hope Anger Management, Inc. permission to correspond with me by letter, telephone, or by other means necessary to check on my progress after discharge.
5. \_\_\_ I understand that recommendations for nutrition, supplements, exercise, and other healthcare suggestions are not intended to replace medical advice and treatment from your primary care therapist.
6. \_\_\_ I/We have willingly placed my/ourselves in the program of Hope Anger Management, Inc. and do authorize Hope Anger Management, Inc. to act in the best interests and to perform any treatment that is deemed proper and fit.
7. \_\_\_ By means of my/our signature, I/ hereby release Hope Anger Management Inc. it’s staff and directors from all suits, libel, damages or legal litigation of any kind that could be brought against them for any reason by us on our behalf.
8. \_\_\_ I understand that Hope Anger Management, Inc. will not get involved in any legal proceedings of any kind including but not limited to custody disputes and divorce proceedings.

11.\_\_\_\_ I/We do also hereby state that this agreement and contract is to be in effect for the life of my/ourselves and that even after death this contract shall stay in effect.