

Transformation Counseling Center Inc.

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Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Counseling Services

Therapy/counseling is not easily described in general statements. It varies depending on the personalities of the therapist, patient, and the particular problems you bring forward. There are many different methods/models I may use to deal with the problems that you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Sessions

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. I usually begin with new clients with weekly sessions. A session is typically 50 to 60 minutes in duration. Once an appointment session is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). If it is possible, I will try to find another time to reschedule the appointment.

Professional Fees

If you are utilizing your insurance and I am a provider for their network you will be responsible for the co-pay at the beginning of each session. If you are not using insurance, my session fee is \$120.00. I also charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records and/or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement and travel, I charge \$175 per hour for preparation and attendance at any legal proceeding. This includes any time it requires me to be either traveling and/or away from my office. For sessions that exceed the scheduled time (due the client's wishes) will be charged accordingly to the agreed rate.

In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. Returned checked will add an additional fee of \$40.00. I reserve the right to only accept cash for services rendered in special circumstances. I also reserve the right to suspend or terminate treatment until your balance is paid in full or a negotiated balance is accepted by me before resuming therapy.

Initial _____

Contacting Me

I am often not immediately available by telephone. While I am usually in my office between 9 am and 5 pm, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by an answering machine or voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. I try to monitor calls throughout the weekend for emergencies. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the therapist, psychologist, or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague or a personal plan for you to follow if necessary. If you decide to utilize any form of electronic communications with me or my office, I am unable to guarantee your privacy in the event that a text or email you send is mistakenly received by an outside source.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

Your records/file will be kept in a locked filing cabinet. I may have to transport your file/record in rare circumstances to keep updated between my offices but regardless of geographical locations of your records/file it will be kept in a locked filing cabinet with access only by authorized persons.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern.

Confidentiality

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must notify by phone or file a report with the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I am obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

Grievances

Every client shall have the right to make complaints and offer suggestions to the director, or his designee, regarding the operation of the facility. Complaints and suggestions shall be heard and decided promptly. *Right to Information:* Every client has the right to be informed of his rights and responsibilities while in treatment, and those house rules and regulations of the facility which affect his treatment. Every client has the right to be informed of diagnostic and treatment procedures, their risks and their costs, that are available to them and which would aid in their recovery from mental illness. Clients have the right to be informed of the reasons and factors involved in recommending a procedure of choice. Every client has the right to be informed of the nature of material about to be released to others (or obtained) when they are requested to sign a release of information. "I, the client understand that entering into therapy/counseling is completely voluntary and I can terminate at any time unless I am court ordered. I also understand I have the right to file a grievance with the State Board of Social Workers and/or the Bureau of Drug and Alcohol if discriminated against or feel unjustly treated. "

Referrals

I/we may determine that my services may not best suit your needs or that you may also need to be working with another professional in addition to myself i.e. psychiatrist, PCP, pastor, etc. I will assist you in this goal to the best of my ability as they arise.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Name: _____

Birth Date _____ Age _____ Male Female

SS#: _____ - _____ - _____ County: _____

Phone Number: Home _____ Cell _____

Mailing Address: _____

E-Mail Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: Home _____ Cell _____

Insurance Information

Insurance Carrier: _____

ID #: _____

Group #: _____

Co-Pay \$ _____

If utilizing your insurance you agree by signing below I may bill and receive monies for my services.

Self Pay \$ _____ Other Payment Source: _____

Referred by: _____

Date: _____

Date: _____

Print Name

Print Name (therapist)

Client Signature

Signature (therapist)

Presenting Problem (what is the main reason that brought you here?) _____

Is it your choice to be here today? Yes No If No, who is making you come? _____

Would you like to involve any family members or others in your treatment? Yes No
If so who? _____

Childhood

Where were you born? _____

With whom did you live as a child? _____

Siblings (Names/Ages/B=biological/S=step/O=other)

Family / Marriage / Living Arrangements (circle answers)

Single---Married---Divorced---Separated---Cohabiting---With Parents---Other _____

Emotional Status of home life: 1-2-3-4-5-6-7-8-9-10 (1 = bad & 10 = perfect)

How many times married? _____

Length of each marriage/serious relationship: _____

Reason marriage / relationship ended: _____

How many children: _____

Children names & ages (biological, step, adopted, guardianship, other)

Housing Status own--- rent--- border---homeless---with parents---family---Other _____

How long in this situation? _____

Are you satisfied with your living situation? Yes No ---if no why? _____

Educational/Employment

GED / High School Diploma / Some College / Associate Degree / Bachelor Degree / Master Degree / PHD/ MD

Where did you go to school? _____

Employed: Yes No Where/type of job? _____

Length of current employment _____

Financial Status: Weekly income _____ Monthly income _____ Annual income _____

Source(s) of income: _____

Are you a veteran of the US armed forces? Yes No

Branch _____ Years served _____ Discharge status _____

Substance Use History

Do you believe you have any problems or addictions to drugs and/or alcohol or any other substance? Yes No
Explain _____

Would anyone disagree with the above answer? Yes No If so who? _____

Do you believe you have any problems or addictions to pornography, food, gambling, work? Yes No

Would anyone disagree with the above answer? Yes No If so who? _____

Did you ever try:

			<u>Last use</u>	<u>Average daily/weekly usage</u>
Tobacco/Nicotine	Yes	No	_____	_____
Alcohol	Yes	No	_____	_____
Marijuana	Yes	No	_____	_____
Cocaine	Yes	No	_____	_____
Opiates	Yes	No	_____	_____
Hallucinogens	Yes	No	_____	_____
Pain Med	Yes	No	_____	_____
Inhalants	Yes	No	_____	_____
OTC	Yes	No	_____	_____
Other	Yes	No	_____	_____

Have you ever been treated for substance abuse? _____ How many times _____

If so, when, where, outcome? _____

Abuse History

Has your behavior ever been verbally or emotionally abusive? Yes No

Have others been verbally or emotionally abusive to you? Yes No

Has your behavior ever been physically abusive? Yes No

Have others ever been physically abusive to you? Yes No

Have the authorities ever been called to your home because of a family conflict? Yes No

Have you ever been accused of domestic violence? Yes No

Have you ever been convicted of a charge related to domestic violence? Yes No

Have you ever been convicted of a charge related to sexual assault? Yes No

If yes to any of the above please explain/describe: _____

Family History

Any family history with substance abuse? Yes No Not Sure

Any family history with mental illness? Yes No Not Sure

Any family history with gambling problems? Yes No Not Sure

Any family history with physical, emotional, sexual abuse? Yes No Not Sure

If yes to any of the above please explain/describe: _____

Trauma Screening

Some people have had terrible experiences that others never go through, such as: being attacked, physically or sexually. Some have personally experienced or had a close loved one in a fire, flood or natural disaster, combat, a bad accident, or were threatened with a weapon. Some have seen someone else being badly injured or killed.

- Did any of these bad things ever happen to you? Yes No
- In the past month, have you been bothered by repeated memories, thoughts or images of any of the bad things that happened to you? Yes No
- In the past month, have you felt “distant” or “cut off” from other people? Yes No
- In the last month, have you been “super-alert” or watchful or “on guard”? Yes No

If yes to any of the above please explain/describe: _____

During the last 12 months:

- Have you become restless, irritable or anxious when trying to stop/cut down gambling? Yes No
- Have you tried to keep your family or friends from knowing how much you gambled? Yes no
- Did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare? Yes No

Mental Status

- During the past week, did you feel depressed for more than 1 day? Yes No
- In the past year have you felt depressed or sad most of the time? Yes No
- Have you ever been hospitalized for psychiatric or emotional problems? Yes No (not substance abuse)
- Have you been treated for emotional problems in the past 12 months? Yes No
- Do you think you have any current psychiatric or emotional problems? Yes No
- Do you ever hear or see things that are not there? Yes No
- Have you ever thought about or attempted suicide? Yes No
- Have you tried to hurt yourself in the past 12 months? Yes No
- Have you tried to hurt anyone in the last 12 months? Yes No
- Have you ever been treated for mental health issues in the past either inpatient or outpatient? Yes No

If yes to any of the above please explain/describe _____

Sexual History

Are you currently sexually active? Yes No Do you practice “safe sex?” Yes No n/a

What is your sexual preference? _____

Do you have any sexual issues that you need treatment for such as sexual addiction, sexual abuse, intimacy concerns? Yes No

Explain: _____

Concerned with having any sexually transmitted disease or HIV, Hepatitis, AIDS? Yes No
Explain: _____

Is your sexual behavior changed by your gambling, alcohol use, drug use, or other addiction? Yes No
Explain: _____

Leisure / Recreation

What do you do for leisure or recreation / fun? _____

What are your greatest strengths and/or assets today? _____

Have these changed in the past year? Yes No
Explain: _____

Goals: (what would you like to achieve while here)

Anything else you want or think may be helpful for me to know:

Please do not write below:

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____