



Modified: 10/10/2020

Demographic Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Age _____

Home Phone _____ Cell _____

Allow Text Messages? Yes _____ No _____

Any Calling Restrictions? _____

Email _____

Emergency Contact Name

Emergency Contact Phone

I give permission for the above person to be contacted in case of emergency.

Signature _____ Date _____

Referred By: _____

Disclaimer

We are not a medical provider (Physician, Psychiatrist, Nurse Practitioner, etc.). By signing, you agree and acknowledge we are not providing health care, medical or nutritional therapy services, or attempting to diagnose, treat, prevent or cure any physical, mental or emotional issue, disease or condition.

Client Name and Signature _____ Date _____

Professional Disclosure and Description of Services

The services provided fall under Christian Ministry and Mentorship provided through A Safe Place Trauma Center. Services provided support and provide solutions to individuals and families through advocacy, crisis intervention, trauma informed mentorship and counseling, education and awareness, and community outreach.

Our mentoring and counseling approaches include Christian counseling and mentoring. If your concerns are within the scope of our expertise and we mutually agree then we can begin the mentorship and counseling process. Otherwise, we will refer you to another professional or organization who is able to better meet your needs. Everything discussed is confidential (except required by HIPPA law) and will not be disclosed unless you specifically sign a "Release of Information" authorizing us to do so.

All of our mentors are licensed ministers or professionals (social workers, crisis counselors, advocates, etc.) who serve at risk youth, individuals, families, and communities. Our mentors are not licensed professional counselors (LPC).

All of our counselors are board certified Christian counselors. Our counselors may or may not be licensed professional counselors (LPC).

Fees and Service Rates

Fees and service rates are determined by length of sessions and service plans. This amount is established at initial assessment and will be detailed and provided in counselor-client service agreement.

There are no fees for initial consultation or assessment.

Group services, if needed, are included with family support services at no additional cost.

I received a copy of the Disclaimer, Professional Disclosure Statement, and Fees and Service Rates.

Client Name and Signature

Date