HFM Christian Counseling Center

COUPLE'S INTAKE FORM

140 Iowa Ave., Suites 210 – 211 ~ Belleville, IL 62220
618.731.4242 ~ Fax 618.731.4242 ~ www.HFMcounseling.org

Counselor/therapist ______________________________________

Diagnosis Code ______________________________________

Clients – please provide the following information for our records.
Information you provide here is held to the same standards of confidentiality as our therapy.

Today's Date ______________________

Names

____
Gender M ____ F ____

____
Gender M ____ F ____

Current Addresses

Street ____

City __________________ State_________ Zip_______

Street ____

City __________________ State_________ Zip_______

Contact Information

(H) _____________________ (W) ___________________
(area code) (area code)

Cell ____
(area code)
Leave Message at what number? _____________________

Email ____

Date of Birth ____________________________________

Employer ____

Medications ______________________________________

Emergency Contact _______________________________

Emergency Phone _________________________________

Previous Counselor Name ___________________________

Diagnosis at that time _____________________________

____

(H) _____________________ (W) ___________________
(area code) (area code)

Cell ____
(area code)
Leave Message at what number? _____________________

Email ____

Date of Birth ____________________________________

Employer ____

Medications ______________________________________

Emergency Contact _______________________________

Emergency Phone _________________________________

Previous Counselor Name ___________________________

Diagnosis at that time _____________________________

____

Over →

Children: Name ____________________________________ Sex _________ Age ______________

Name ____________________________________ Sex _________ Age ______________

Name ____________________________________ Sex _________ Age ______________

Name ____________________________________ Sex _________ Age ______________

Number of years married? ______________ Are you separated either in-home or physically at this time? ________ How long? _______

Referred by or how did you locate us? ____

Issues or concerns today? ____________________________________	Issues or concerns today? __________________________________
____	____
____	____
____	____
____________________________ ___________________________	____

SPECIAL NOTICE FOR INDIVIDUAL THERAPY, PHONE CALLS, OR EMAILS FOR COUPLES AND FAMILIES

During the course of couple's or family counseling/therapy, there may be times when you would like to schedule an individual appointment for yourself. This can be helpful when there are issues you'd like to discuss, but you're not sure how to bring them up in front of your partner or family members. Examples include: problems with work, school, parents, in-laws, ex-spouses, sex, money, alcohol, etc. An individual session can also be helpful when something has been discussed in a couple's or family session that stirs up an issue you'd like to spend more time on.

Your counselor or therapist is happy to see you individually, as long as you agree that anything you share in an individual session may be talked about in subsequent couple's or family sessions. This doesn't mean you're counselor/counselor/therapist will necessarily bring up every issue you've talked privately about. It just means you've given your counselor/counselor/therapist permission to do so if he/she believes it's important to the health of your relationship.

Knowing that your counselor or counselor/therapist doesn't keep secrets helps everyone feel safer in therapy. It also allows your counselor or therapist to be completely honest – without having to worry about who told him/her what, when. If you have any questions about whether a topic is one that will need to be shared with others, please ask your counselor/therapist before sharing any details. If you have reservations about raising an issue, he/she will be happy to refer you to another counselor or counselor/therapist for individual counseling.

This agreement also applies to phone calls and emails. If you contact your counselor or counselor/therapist between sessions, he/she will expect you to let your partner or other family members know you've done so. Contents of phone calls or emails may be shared. By signing this agreement, you're giving your counselor/counselor/therapist permission to discuss any information shared with him/her privately with all others regularly attending therapy with you.

We have received, read and understand the Counseling Agreement and the Notice of Privacy Rights.

Signature ____ Date ______________________

Signature ____ Date ______________________

HFM Christian Counseling Center

FEE POLICY

140 Iowa Ave., Suites 210 – 211 ~ Belleville, IL 62220
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Counselor/therapist ______________________________

Client Names ____ Intake Date _________________________

FEE POLICY

1. The fee of $50 per 50 – 60 minute session is payable at the beginning of each session, unless other arrangements have been made. For a 90 minute session, the fee is $75. You may use cash, check (made out to Have Faith Ministries, Inc.), or credit card.
2. The client is fully and directly responsible to Have Faith Ministries, Inc., for the payment of services rendered.
3. Insurance coverage differs, so please check with your insurance company to determine the requirements for mental health coverage.
4. A receipt will be provided which the client can submit to his/her insurance company.
5. Additional fees will be charged for psychological testing.
6. If payment becomes a problem, you are encouraged to discuss this directly with your counselor/therapist to consider other alternatives.
7. If fees change during the course of treatment, you will be given adequate notice of these changes.
8. You will be charged for missed appointments or appointments cancelled with less than a 24-hour notice (except in cases of illness, emergency or severe weather).
9. Fees for telephone contacts (which involve counseling) will be prorated based on the standard hourly fee.
10. Overdue payments will be assessed a 5% monthly interest fee.

FEE CONTRACT

I understand the current fee schedule and my responsibility for payment of fees.

______ I understand that services will be out-of-network with my insurance company. I would like a receipt to send to my insurance company. I understand that payment is due at time of service and I will be reimbursed from my insurance company.

______ I have discussed the fees for counseling and understand that HFM Counseling, Have Faith Ministries, Inc. and my counselor/therapist are not a provider for any insurance company and that we are responsible for payment at the time of service at the rate of rates above.

I have been given a copy of the current fee policy and have been given the opportunity to discuss my financial situation with my counselor/therapist. I understand I will be responsible for all fees as indicated on the current fee schedule and as outlined on this payment contract. I am also aware that I may be charged a late cancel/no show charge.

____ ____________________
Signature of Client or Guardian Date

____ ____________________
Signature of Client or Guardian Date

HFM Christian Counseling Center
COUNSELING AGREEMENT

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This agreement is designed to help build a positive working relationship between you and your counselor/therapist. It also informs you of your rights and responsibilities in the therapy relationship. If you have any questions or concerns, please feel free to discuss them with your counselor/therapist.

1. Therapeutic Relationship

The relationship between you and your counselor/therapist is very important and is different from other relationships in your life. You are expected to talk freely and openly about yourself, much more so than you do in social relationships. Your counselor/therapist's responsibility is to listen, select, sort, make observations, and reflect back to your behaviors, thoughts, feelings, and values or beliefs that will enable you to understand and see yourself more clearly.

The goal of this process is the reorganization of your thinking, feelings, and behavior in a manner more satisfying to you. This does not predict, nor guarantee a successful outcome in therapy. While your counselor/therapist may suggest changes, only you can choose if those changes are valuable and pertinent, and only you are able to make those changes.

You and your counselor/therapist will work together to establish goals for therapy and this will be the focus of your initial session. Therapy can be a very intense experience and sometimes painful. But therapy is also very supportive, reassuring, with very rewarding, life changing outcomes.

2. Appointments

In most cases, you and your counselor/therapist will meet for weekly appointments. Appointments are 50 – 60 minutes in length and must be arranged personally with your counselor/therapist.

3. Cancellation Policy

If you need to cancel an appointment for any reason, please do so at least 24 hours in advance. You will be charged a full fee for appointments not canceled within 24 hours.

4. Confidentiality

Client information is kept strictly confidential and the release of information about you to anyone can only be done with your written consent. State law, however, places certain limitations on the right of confidentiality and requires that any and all social services personnel report (see also Notice of Privacy Rights attached):

- Threats of suicide
- Threats of harming another person
- Any incidence or knowledge of suspected neglect, physical, or sexual abuse of children and/or vulnerable adults.

During professional consultation, the counselor/therapist may discuss facts in a case, but the identity of the client will remain confidential.

When meeting as couples and/or families, it may be helpful to meet with your counselor/therapist individually. If individual sessions are scheduled, no confidences will be held by the counselor/therapist. Your counselor/therapist reserves the right to use his/her best judgment to share pertinent information, or will ask the individual to share the information, in the best interest of the marriage or family.

5. Fees

Payment of fees is expected at the time of each session. You may use cash, check, credit card (VISA, MasterCard, PayPal) or money order. Insurance coverages differ, so please check with your insurance company to determine the requirements for mental health coverage. A receipt will be provided which can be submitted by the client. Additional fees will be charged for psychological testing and there is a charge for written reports of files based on an hourly fee structure. Your fee per 50 – 60 minute session is $50 or for a 90 minute session $75.

6. Hours & Emergencies

When you call, you will receive our auto attendant system where you can dial your counselors extension or leave messages. This system is available 24 hours a day and messages are retrieved regularly throughout the week days. Please leave your name, number, and time you can be reached, along with a message. If you need immediate assistance, please indicate the message is urgent or call 911, or go to the nearest hospital emergency room. We are not liable for emergency services.

7. HFM Counseling

HFM Counseling is a division of Have Faith Ministries, Inc., an Illinois Non-Profit Corporation. Counselor and/or Therapists working under these names are Ordained Ministers of our ministry and counselor/therapists who may be covered individually with their own private liability insurance. If you have questions about Have Faith Ministries, Inc. or HFM Counseling, contact HFM President, Dr. Terry Aaron, Ph.D. at (618) 731-4242 ext. 333 or DrTerryAaron@HFMcounseling.org

8. Complaints

You are urged to discuss with your counselor/therapist any questions, concerns, or problems you may have about the therapy you receive. Often times, part of the therapeutic relationship involves working through misunderstandings or misconceptions. You also have the right to file a complaint with: Have Faith Ministries, Inc., contact Dr. Terry Aaron, Ph.D. President at (618) 731-4242 ext. 333 or DrTerryAaron@HFMcounseling.org

9. Therapy Session

An important aspect of therapy is the relationship that develops between you and your counselor/therapist. As with any new relationship, it takes some time to trust and feel safe. If the relationship does not develop after a reasonable amount of time (three to four sessions), you may want to talk with your counselor/therapist about it and a referral can be made. Your counselor/therapist will be happy to help with this.

The therapeutic relationship is unique in that you will be focusing on aspects of yourself that may not ordinarily receive attention. The therapeutic approach used by the counselor/therapist comes from a variety of psychological theories. For those clients wishing to address spiritual concerns, a Christian perspective will be utilized. As each client is different, each session varies depending on the needs of the client and the goals set by the client and counselor/therapist.

The counselor/therapist will work with the client towards healthy development, meaningful and satisfying relationships, and address conflict between mind, body, and spirit. The intention is to address relationship issues, behavioral problems, family-of-origin concerns, destructive thought patterns, and spiritual issues. Core values and beliefs are identified and based on the issues of concern your counselor/therapist will help with insight and observations where needed. Your counselor/therapist will strive towards a safe environment in which clients can talk freely and openly about their concerns.

Therapy is a process. Initially you may feel uncomfortable, even anxious, about talking about sensitive issues. This anxiety begins to reduce as the relationship between you and your counselor/therapist develops and trust builds. As you learn new ways to interact with yourself and others, these new ways to interact may feel uncomfortable. Sometimes things seem to get worse before they get better. This is normal.

One of the most growth-producing times for the client can be when he/she expresses anger with the counselor/therapist. This expression of “owning” one’s feelings and having the counselor/therapist respect them often results in a very affirming experience for the client. Your counselor/therapist is open to hearing about your concerns and feelings.

It is critical to stay with the therapy even during these uncomfortable times. Once you get through this phase, and as we discuss the emotions around these issues, you should begin to feel more comfortable. During this stage, you will continue to apply the new skills and you will feel more courageous in meeting problems directly. As you near the end of therapy, you and your counselor/therapist will discuss discontinuing the therapy, with the understanding that you can choose to return any time if you feel the need.

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PRIVACY RIGHTS

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The privacy of your medical information is important to us and we understand that your medical information is personal. We are committed to protecting it. We create a record of the care and services you receive at this organization to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you, and we also describe your rights and certain duties we have regarding the use and disclosure of medical information. This notice is effective November 1st, 2010.

1. Uses of Information Obtained From You: The information we obtain from you is used to establish diagnosis, determine your treatment plans and goals, provide the services you request, and establish your ability to pay for these services.

2. Our Legal Responsibility: The law requires us to keep your medical information private, give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information, and follow the terms of the notice that is now in effect.

3. Patient Rights: Effective April 14, 2003, the 45 CFR Health Insurance Portability and Accountability Act (HIPAA) went into effect, which includes rules on the use of patient information, not only disclosure. Under this act clients must be given a Notice of Privacy Practices at first service delivery. The following list of rights now apply to any patient of a health care provider:

   a) Right to Request Medical Records: The patient has a right to access their medical records.

   b) Right to Request Additional Restrictions: You may request restrictions on our use and disclosure of protected health information for treatment, payment, and health care operations. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request a restriction, please make a request in writing and submit it to your counselor/therapist. We will send you a written response.

   c) Right to Receive Confidential Communications: You may request, and we will accommodate, any reasonable (written) request for you to receive protected health information by alternative means of communication or at alternative locations.

   d) Right to Inspect and Copy Your Health Information: You may request access to your clinical file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please make a written request to your counselor/therapist. If you request copies, there will be a $2.00 charge per page.

   e) Right to Amend Your Records: You have the right to request that we amend protected health information maintained in your clinical file or billing records. If you desire to amend your records, please request in writing the amendment and submit it to your counselor/therapist. Under certain circumstances, we have the right to deny your request to amend your records and notify you of this denial as provided in the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. By "amend," your counselor/therapist is permitted to append information to the original record, as opposed to physically remove or change the original record.

   f) Right to Receive an Accounting of Disclosures: Upon request, you may obtain an accounting of disclosures of your protected health information other than those for which you gave written authorization or those related to your treatment, payment for services, or health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, there will be a charge. You will be informed of the cost prior to the request being filled.

   g) Right to Receive a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this privacy notice.

4. Use and Disclosure of Your Medical Information With Written Consent: We are permitted to use and disclose information about you for treatment or services to doctors, nurses, psychiatrists, psychologists, other mental health professionals, other people who are taking care of you, or other health care providers to assist them in treating you. We may also use and disclose your medical information for payment purposes to insurance companies, for disability payments, etc. We may also use information for healthcare operations that may include information disclosed to business associates such as billing software providers or transcriptionists.

5. Use and Disclosures Without Neither Consent Nor Authorization: According to state and federal requirements, we are mandated to report information we maintain about you to other agencies or individuals without your written consent under following circumstances:

   a) If we have reason to believe there has been:
      - abuse of a child or vulnerable adult.
      - victimization due to violence.
      - victimization due to other crimes.
      - potential or intention to seriously harm another person, we may have a legal obligation to warn the intended victim and/or the police.
      - the possibility a pregnant woman has used a controlled substance (e.g., cocaine, heroin) for a non-medical purpose during the pregnancy.

   b) If it is court-ordered.

   c) If a non-custodial parent requests information, they may receive information about our services for their child, but not about services to the other parent.

   d) If there is an emergency, we may communicate your condition to a family member or other appropriate persons.

   e) If your account is delinquent, we may attempt to obtain reimbursement through small claims court or to a collection agency. We may also report delinquent accounts to credit bureaus.

   f) Examination of records for an audit or accreditation.

   g) To meet federal, state, and local statistical requirements.

   h) If a new statute, federal law, or State Commissioner of Administration authorizes a new use of the information after you had been given this notice.

6. Regarding Minors: Minnesota State Law authorizes that a minor has the right to request the private data about them be kept from their parents. This request will be honored if we believe it will protect the child from physical or psychological harm.

7. Providing Information About You: You are not required to provide information about yourself; however, without some information we may not be able to provide the most appropriate services. If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the court.

8. Right to Change Terms of this Notice: We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all protected health information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post it in public access areas, or give you a copy of the updated notice.

9. Complaints: If you desire further information about your privacy and confidentiality rights, are concerned that we have violated these rights, or disagree with a decision that we made about access to your protected health information, you may have the right to file a complaint with: Have Faith Ministries, Inc., contact Dr. Terry Aaron, Ph.D. President at (618) 731-4242 ext. 333 or DrTerryAaron@HFMcounseling.org . We will not retaliate against you if you file a complaint.