

Client Information

We value your time and realize that this packet is lengthy. All of the following information is important and necessary. Every effort has been made to present it clearly and succinctly. We appreciate your time and effort in completing this paperwork.

Name: _____
First _____ Middle _____ Last _____ Nickname _____

Address: _____

City: _____ State: _____ Zip code: _____

Communication

Email address: _____ Fax: _____

Home: _____ Cell: _____ Work: _____

You may contact me at: Home Cell Work Email Fax

You may leave a message at: Home Cell Work Email Fax

I understand email, voicemail, phone, and fax communications are not necessarily secure. Please initial here:

Age: _____ Date of birth: _____ / _____ / _____ Social security number: _____

Emergency contact and phone: _____ Relationship: _____

How did you hear about Covenant Counseling?:

May we thank the referring party?: Yes No

Education and Employment

Education completed: High School or GED College Graduate Post Graduate Other

Place of employment: _____

How long: _____

Previous employment: _____

Do you regularly attend a place of worship: Yes No

Where: _____

Family

Marital status: Single Married Separated Divorced Widowed

Name of spouse or significant other: _____

For each marriage, please provide the following information:

	Age at marriage	Length	Reason for termination (if applicable)
First marriage			
Second marriage			
Third marriage			

For any children, please provide the following information:

Name	Age	School	From which marriage (if applicable)

Family (continued)

Please list anyone currently living with you:

Name	Relationship	Age

Medical Information and History

Height: _____

Weight: _____

Has your weight changed in the last 3 months? No change Increase: _____ lbs Decrease: _____ lbs

Please list any current medical conditions, concerns, or treatments:

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Please list any previous medical conditions, concerns, or treatments:

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Names of your physicians	Phone numbers

Previous hospitalizations, dates, and reasons:

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Medications	Dosage	Prescribing physicians

Medical Information and History (continued)

Date of last physical: _____

How would you describe your current physical condition? Excellent Good Fair Poor

Past and Current Counseling

Please note any previous counseling, psychiatric treatment, substance abuse treatment, residential, or inpatient care. Please list the names of the therapists or programs. Attach additional pages, if necessary.

Provider's name	Issue addressed	Dates

Please describe why you are coming to counseling now. What are the primary problems or issues that bring you here today?

What do you hope to gain or to change by coming?

*After reading the following pages, please initial where indicated on page 8.
Additional copies of this packet are available upon request and on our website.*

Practice Information

Covenant Counseling and Education Center (CCEC) is grateful for the privilege and opportunity to serve you and/or your family. We are a group of licensed professionals who seek to provide you with the highest standard of care and are committed to establishing effective and helpful therapeutic relationships with each of our clients. You may view the credentials of our counselors on our website: CovenantCounsel.com. All of our counselors are independently contracted with CCEC.

Confidentiality and Security of Communications

Confidentiality is very important to the counseling process and to everyone at CCEC. All counseling activities, records, and your identification information (called your "Protected Health Information", or PHI) will remain confidential.

You should be aware that there are limits to this confidentiality. If a counselor considers a client to be in danger of harming others or him/herself, he or she is mandated by law to report such concerns. Alabama law requires that suspected abuse of minors, elders, or other incapacitated adults be reported. Other limits of confidentiality include client records being subpoenaed by a court in legal process or a client granting disclosure of information to a third-party (for insurance processing, consultation with another professional, etc.). If you have any questions, please speak with your counselor.

CCEC has a dedicated office staff involved in its daily operations. In their work, they will have access only to information necessary for such activities as scheduling and billing.

While every effort is made to ensure client confidentiality, we cannot guarantee such confidentiality with any communication other than that which occurs in a face to face counseling session. Such communications would include emails, phone calls, voice mails, etc.

In order to provide the highest standard of care and to provide you the best treatment possible, counselors may sometimes consult with other mental health professionals, keeping your name and identifying information confidential.

Appointment Information

Though there are exceptions, the length of a counseling session generally is 50 minutes. Counselors use the ten minutes between sessions to finalize session notes, return phone calls, and prepare for the next session. Please bring this completed information packet with you to your first session. Upon arrival, please sign-in at the reception area. We are only able to make or cancel appointments by phone or in-person. After your session, if you have not already done so, you will have the opportunity to schedule subsequent sessions at the same time you make payment. If you prefer a certain time or day, it may be helpful to schedule several sessions in advance, as many of our counselors' schedules fill several weeks in advance.

The time allotted for your session is dedicated to you. We do not double-book, and cannot "work in" clients. Timely, consistent, and regular engagement in therapy is important for a good outcome – this is one of the most important things you can do as a client. To preserve the integrity of each scheduled session, please be aware that if you arrive late for an appointment, you may have an abbreviated session, ending at your originally scheduled time (50 minutes from the scheduled start time).

Firearms and weapons of any kind are not allowed at CCEC.

Cancellations and Missed Appointments

As the time allotted is dedicated to you, we ask that you provide us at least 24-hours notice by phone call or voicemail if you need to cancel your appointment. If you cancel your appointment with less than 24-hours notice, or if you miss your appointment, you will be charged for the full cost of your appointment. Please note that insurance will not cover charges for missed appointments.

Credit card information is required to hold your initial session.

Risk

Nearly all counseling involves change. Processing areas of your life, as well as learning new ways of thinking, feeling, and behaving, can sometimes cause discomfort for you or those around you. If you are committed to your counseling process, however, you can expect benefits from our time together. Feel free to ask your counselor for clarification that may help you feel more comfortable about areas of your life that are changing.

Client-Counselor Contact

Contact between you and your counselor outside of therapy sessions is generally discouraged, though certainly there are times and situations in which you may need to reach out to your counselor. Please know that your counselor is often engaged in sessions with other clients, providing them the same dedicated time and service as they provide you, and may not be readily available. Phone calls and other contacts will be returned as soon as such is practicable. Such calls will generally be less than five minutes. For calls that last longer than five minutes, your counselor may bill you at a rate of \$3 per minute.

Email and text communication are not effective modes of communication for therapy, and will not be used as such. Please be aware that email, texts, and phone messages are not effective ways of communicating an emergency or urgent information, as counselors often are not able to monitor these platforms during the day. If you do choose to contact a counselor by email (or any other means of communication other than face-to-face in the office), please be aware that we cannot guarantee the confidentiality of those communications. You should also be aware that any correspondence between you and your counselor becomes a part of your treatment record.

In the event of an emergency, call 911, go to your nearest emergency room, or call the Birmingham Crisis Center at (205) 323-7777.

Appointment Reminders

As a courtesy, some counselors may provide you a reminder call prior to your appointment. It is therefore important to provide the office with the best phone number for such reminders. Please keep track of your appointments and do not rely solely on these reminder calls for your attendance. You will still be responsible for attending a session, even if a reminder call is not received for any reason. Our office generally is open Mondays through Fridays, from 8:30am to 4:30pm.

Fees

Please make payment at the time of each visit. You may find it helpful to make subsequent appointments at the same time you make payment. Please note that if you have a balance of two unpaid sessions, we will not schedule any further sessions until that balance is cleared. If you borrow a book from our library and it is not returned or renewed within three weeks, \$25 will be added to your account for each unreturned book.

The standard charge for fees is listed on the following schedule:

Individual, marriage or family counseling	\$125
Testing and assessments	varies
Nutritional counseling	varies according to length and type
Therapy group session	\$50

Sessions with a psychologist that exceed 53 minutes may be billed at a higher rate. If you have any questions about this, please ask your counselor.

No additional fee is charged if a counselor prepares correspondence or documentation for you during a session. If you request some sort of documentation, report, or correspondence with another health professional, attorney, insurance company, etc., your counselor may charge you for the time spent outside of a session preparing such material. That rate is \$50 per hour (prorated).

Requests for copying and forwarding clinical records will be charged \$0.35 per page. As noted above, phone calls between sessions that last for more than 5 minutes may be charged \$3 per minute.

Fees (continued)

Unpaid balances may result in collection procedures. While every effort is made to avoid such situations, Covenant Counseling reserves the right to hand delinquent accounts to appropriate collections agencies.

Finally, having counselors engaged in legal proceedings typically damages the therapeutic relationship. Thus, CCEC generally seeks to avoid making court appearances unless compelled by court order to do so. CCEC will charge \$250 per hour for any legal-related activity. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time, including preparation, review of records, and travel. Travel will be accounted to and from CCEC in 30-minute increments. The minimum block of time for court appearances will be four hours. Counselors will block their appointment schedules and charge for such incidents accordingly, whether the counselor actually testifies or not. Counselors will not be on-call for court testimony without receiving a retainer for the time scheduled, at the rate noted above.

Client-Counselor Relationship and Record Keeping

You may end counseling or therapy at any point you wish. Counseling usually pursues specific goals: you and your counselor may together discuss an appropriate ending or termination process.

Please be aware that the client-counselor relationship will be terminated if you do not schedule further appointments with our office within six months of your last session. At the request of the client, this client-counselor relationship can be reestablished at any time.

The counselor reserves the right to terminate the counseling relationship for any reason deemed to be in the client's best interest. If the counselor believes such action is necessary, he or she will provide you with an appropriate referral.

Records will be kept for a period of seven years after termination of services before being destroyed.

Patient Rights

HIPAA provides you with several rights regarding your clinical record and disclosures of Protected Health Information (PHI). These rights include requesting amendments to your record; requesting restrictions on what information from your clinical record is disclosed to others; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, as well as the Notice of Privacy Practices (NPP) of CCEC.

Social Networking

CCEC does not accept friend requests from current or former clients on social networking sites.

Third-Party Payment and Financial Responsibility

In situations where insurance companies, individuals, or groups may be providing full or partial payment for your counseling services (e.g., your church), it will be necessary for CCEC to disclose certain confidential elements of your Protected Health Information (PHI). These elements may include identifying information (your name), confirmation of your attendance in counseling, and – in the case of insurance reimbursement – diagnostic information. As a general rule, CCEC will always seek to disclose the minimal amount of your PHI that is necessary.

Consent for Treatment

By initialing each item and signing below, I acknowledge and agree that I have received a copy of CCEC's Notice of Privacy Policies (NPP) and Clients' Rights Statement. I also acknowledge and that I have read and understand what has been outlined for me in this packet, including:

I hereby consent for treatment by Covenant Counseling and Education Center, and its contractors and designees, for myself and/or my family members for whom I am legally authorized to do so. I authorize and consent to the services deemed necessary or advisable.

I have received a copy of CCEC's Notice of Privacy Policies (NPP) and Clients' Rights Statement and understand the information contained in this notice and statement. Further, I understand that I may request a copy of this notice at any time and that I may contact the privacy officer designated on the NPP if I have any questions.

I authorize the use, release, and/or disclosure of my Protected Health Information (PHI) for the purposes of conducting healthcare operations (i.e., the operations of the office), as well as for diagnosis and treatment, for the procurement of payment, or for the processing of insurance claims (if any are applicable).

I understand that my account may be assigned to a collections agency due to account delinquency, though reasonable efforts will be made to avoid such situations. Should my account be assigned to a collections agency, I will be responsible for any costs incurred for collection.

I understand the limits of confidentiality described on the previous pages, the fees described above, and the cancellation policy of CCEC.

I understand that the confidentiality of email, phone messages, and phone conversations cannot be assured.

I understand that professional consultations may occur in order to provide me with the best treatment. Generally, my identifying information will remain confidential within these consultations.

I understand that I am personally responsible for all costs incurred during the counseling process and will make every effort to keep my account current.

Client name: _____

Client (or legal guardian) signature: _____

Relationship to client (if applicable): _____

Date: _____

Consent for the Treatment of a Minor

As the parent, legal guardian, and/or custodian of _____,
child's name

I give permission for my child to be treated by Covenant Counseling and Education Center. I further acknowledge and attest that I have the legal standing and authority to provide this consent.

Name of individual providing this consent: _____

Signature of legal guardian / custodial parent: _____

Relationship to minor client: _____ Date: _____

Third-Party Payment Authorization

The responsible person, parent or legal guardian, and/or custodian must complete and sign the following form prior to the client's second visit at Covenant Counseling.

I agree to assume all responsibility for payment of all fees incurred by _____
client's name

while in treatment at Covenant Counseling. This agreement will remain in effect unless it is changed in writing by me.

Name: _____ Date: _____

Signature: _____

Address to which invoices should be sent:

Address: _____

City: _____ State: _____ Zip Code: _____