



CLIENT INFORMATION

Client: _____

Date of birth: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone: *(which number do you prefer we try first?)* _____

May we leave a message? Yes No May we call to remind of appointment? Yes No

Home: _____ May we contact you by mail? Yes No

Work: _____ May we contact you by e-mail? Yes No

Cell: _____ E-mail Address: _____

Responsible party: _____ Relationship to client: _____

CLIENT INFORMATION:

Race: White Black Other
Sex: Male Female Age: _____

CURRENT SCHOOL INFORMATION (if applicable):

Elementary Junior high High school

Name of school: _____

Is excuse needed? Yes No

How did you find out about Pathways Professional Counseling?

A friend Name (optional) _____

My minister Another minister Name (optional) _____

A relative Name (optional) _____

Newspaper Magazine Radio Source name _____

Website Web Search Other

Would you be willing to complete a Client Satisfaction Survey? Yes No



Welcome!

This packet has been prepared to let you know more about us and the counseling services we provide. Pathways Professional Counseling is the counseling ministry of Alabama Baptist Children's Homes & Family Ministries. We are a ministry of the Alabama Baptist State Convention. We are glad you are here and are delighted to have the chance for one of our counselors to work with you. If at any time during your work here, you have questions, please don't hesitate to ask. Your questions are welcomed and may even help the therapeutic process. As you read through this document, please initial and date each section to indicate that you have read and understand its contents.

Services

Our counseling program offers the following services:

- Individual counseling for children, teens or adults
- Pre-marital counseling
- Marriage counseling
- Play therapy
- Family counseling

We serve clients who are dealing with a wide range of issues. These may include:

- Depression
- Anxiety
- Resolution of childhood trauma or abuse
- Marriage difficulties (communication problems, conflict resolution challenges, infidelity, etc.)
- Parenting issues
- Change of life issues (parenting teens, divorce or separation, career changes, etc.)
- Stress
- Spiritual confusion
- School problems
- Acting out behaviors
- Anger management

If you are dealing with something that is not on this brief list, don't worry. Let us know what you are dealing with and we will let you know if we can help you. If we cannot, we will try to help you find someone who can help you with your particular challenge.

Generally we have found that substance abuse and addiction issues are better addressed by specialists in that area. We also have found that eating disorders respond best to a team approach

which may include a counselor, but which *must* include a physician and a nutritionist. We also do not have a psychiatrist or a medical doctor on staff. We cannot prescribe medications or make recommendations about medications. On these issues, we will defer to your physician. We do not offer custody evaluations. We do not offer psychological evaluations or testing. We do not offer mediation services. We do not offer our services as expert witnesses in court proceedings. We do not offer forensic interviews for abused children. We will, however, be happy to help you find these resources.

_____Initial _____Date

About Counseling

Our counselors use a variety of accepted counseling treatments depending on the nature of the presenting problem. Our primary objective is to use treatment approaches that have been shown to be effective.

Our first goal in counseling is to hear where you are emotionally and to understand what you are experiencing. This may involve some assessments or self-report inventories as a way of meeting your needs more fully.

Counseling is best viewed as an individualized educational process. You and your counselor will work together to understand what brought you to this point in your life and to devise strategies that will allow you to change and grow. Like any educational process, your counselor will probably give you homework to work on between sessions. Counseling takes time. There are many factors that determine how much time counseling takes to be effective. You are likely to begin experiencing hope pretty quickly after counseling begins. However, be prepared that sometimes things will seem to get worse before they get better. Counseling is an overall positive experience for most of our clients. You may experience intense emotions and even distress while involved in the process of counseling. Though most people benefit from counseling, there is, unfortunately, no guarantee that this will be true for everyone.

Each session will be scheduled to last between 40 and 50 minutes. Sessions are usually weekly or once every two weeks. If you have questions about the length, frequency or number of sessions, do not hesitate to ask.

_____Initial _____Date

Fees and Insurance

Pathways Professional Counseling standard fees are as follows:
Initial Evaluation/Intake appointment.... Free of charge
Standard Counseling Session (45-50 minute session).... \$80.00

Though we do not offer psychological testing, if your counselor suggests the use of some kind of self-report inventory, there may be an additional charge for the administration of the inventory. Payment for any inventories used will be in addition to the fee for the session and will be expected prior to the inventory administration.

Your counselor at Pathways Professional Counseling will be a Licensed Professional Counselor, a Licensed Marriage and Family Therapist, an Associate Licensed Counselor or a Licensed Social Worker. Sometimes our services might be covered by insurance. If you choose to use your insurance, we will be happy to work with you in attempting to verify your benefits. However, please understand that you are ultimately responsible for the payment for services rendered. It is in your best interest to study your insurance plan closely and to contact your insurance provider if you have any questions. Payment for services is expected at the time of delivery of the service.

_____ Initial _____ Date

Available Subsidies

Because we are a counseling ministry and a division of Alabama Baptist Children’s Homes & Family Ministries, we have the great blessing of being able to abide by the firm policy that we will turn no one away due to an inability to pay for services. Subsidies are available for families who request them. We do, however, think it is important that you make an investment in your counseling. If you are not sure how to determine how much of your fee to be responsible for, we suggest considering \$1.00 for every \$1,000.00 of annual income up to \$80.00. If you have any questions about your fee, please feel free to discuss it with your counselor.

I would like to request a subsidy for services provided. I will pay \$_____ per session and request that the balance be subsidized.

_____ Initial _____ Date

Cancelled Appointments

Your appointments are held exclusively for you. If you must cancel your appointment, please do so at least 24 hours in advance. You will be billed a fee of **\$25.00** for any appointment that is missed or cancelled without 24 hour notification. This fee cannot be billed to insurance companies and cannot be adjusted or subsidized.

_____ Initial _____ Date

Confidentiality

One of the most critical components of effective counseling is the freedom of knowing that this is a relationship where you can say almost anything. Your counselor is not here to pass judgment on you or to be critical of you. You can also have the assurance that your counselor is ethically obligated to keep what you say confidential. With only a few exceptions, information about you will not be released without your permission. If you do give consent for release of information, you decide what information can and cannot be shared. Because you are receiving services from a counseling ministry with multiple clinicians, we will assume that it is okay for the clinicians to staff cases with one another, unless you explicitly request that we not do so.

There are a few circumstances that allow or even require your counselor to share information with appropriate third parties without your permission. Examples of such situations include but are not limited to the following:

- when a person could be a danger to themselves or to another
- when there is concern about possible child or elder abuse or neglect
- or in certain court proceedings

If you are using insurance to help cover the cost of your treatment, you will be asked to sign a release of information form allowing us to provide information to the insurance carrier regarding your treatment. Anyone under the age of 19 in Alabama is not afforded the same legal right to privileged communication afforded to those over the age of 19. Finally, if we are providing marriage counseling or family counseling, the right to confidentiality is compromised by the presence of multiple people in the same session. If you (or your attorney) request copies of your records of marriage or family counseling, we will attempt to contact all parties involved in the counseling and will offer them the opportunity to also obtain copies of those records. Your privacy is protected by the Health Information Privacy Accountability Act (HIPAA) and you may request a copy of our HIPAA statement.

_____ Initial _____ Date

Court Appearance Policy

We are a non-profit organization seeking to protect, nurture, and restore families. We request that you commit to participating in our services in the spirit in which they are offered and refrain from including our counselors and their records in any court proceedings.

If you should decide to include your counselor in court proceedings, their time will be charged to you at the full \$80 per hour for the entirety of their involvement. This includes, but is not limited to: copying records, preparing case summaries, travel time, time at court (even if they do not testify), and depositions. You will also be responsible for expenses related to travel to and from such events. Any financial subsidies will not be available for any court appearance. Should you decide to include your counselor in any court proceeding or deposition, please have your attorney issue a subpoena to your counselor at least two weeks in advance. As a general rule, we do not give copies of progress notes without a judge's order. We will, however, provide a written report and

case summary with the appropriate consents for release of information being signed. Report fee will be billed at the regular \$80.00 per hour.

_____ Initial _____ Date

Your Freedom and Responsibility

Your counselor will encourage you to remain in counseling long enough to improve and to reach your goals. In working to achieve goals, persistent effort will be required on your part and some aspects of changing may be difficult. Your counselor will assist you as you work toward your goals but you have the ultimate responsibility for the growth and change you make in your counseling. You have the right to terminate or quit counseling if you desire.

_____ Initial _____ Date

Personal Values

The personal beliefs and values of a counselor may have an effect on counseling, even though they may not always be an explicit part of the process. Your counselor is a Christian who works from a Biblical world-view and their personal values emanate from that tradition. You will be seeing a counselor who works from a biblical world-view. While your counselor will not attempt to impose their beliefs upon you, their values are a significant part of their life and work.

You may request a copy of the statement of Core Values of Pathways Professional Counseling.

_____ Initial _____ Date

Life-threatening Emergencies

If you have a life-threatening psychological emergency, you should call 911 or go to the nearest hospital emergency room. If the emergency is not life-threatening, you should try to contact your counselor. If you are unable to reach your counselor, you may call Rod Marshall, Director of Counseling at 205-410-2817.

_____ Initial _____ Date

Other Services

Your counselor is one of several options for receiving mental health services in your community. If you have not already done so, you are welcome to compare the different options that are available to you. Also, if at any point in your work here you need to consider a referral to another professional, we will be glad to assist you in any way that we can.

_____ Initial _____ Date

Please Ask Questions

You are encouraged to discuss openly and freely with your counselor any questions or concerns that you might have about your counseling. We welcome your questions. You may also address any concerns or give any positive or negative feedback to:

Rod Marshall, Director
Pathways Professional Counseling
PO Box 362084
Birmingham, AL 35236

Or you may e-mail Mr. Marshall at rmarshall@abchome.org

Consent

I have read and understand the information in the paragraphs above. I give consent to receive counseling services at Pathways Professional Counseling, a ministry of Alabama Baptist Children's Homes & Family Ministries.

By including my initials and last four digits of my social security number, I hereby confirm I am above 18 years old and this constitutes my electronic signature.

Full Name: _____

Initials: _____ Date: _____

Last Four Digits of Social Security Number: _____