



999 NW Circle Blvd, Corvallis, OR 97330

Date: _____

Client Intake

Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone(s): _____ Is it ok to call at the number provided? _____

Is it ok to leave a message and identify who is calling? _____

Emergency Contact: _____ Relation: _____ Phone: _____

Occupation and Employer: _____

Marital Status: _____ How long? _____ Previous marriages? _____

Highest Level of education: _____

Please list others living with you, names, ages and relationship to you: _____

Religion: _____ Ethnicity: _____

Have you ever been hospitalized for psychological treatment? _____ When? _____ Where? _____

Are you currently under a physician's and/or psychiatric care? _____

Doctor/Clinic name and phone number: _____

Medications currently taking: _____

Previous Counseling? Y / N When: _____ Duration: _____ Was it a good experience? Y / N

Reasons for seeking counseling: _____

How did you find us? Website, personal referral, advertisement, etc: _____

Agreement for Counseling Services

Because counseling often begins in a situation of considerable emotional difficulty, the counseling process will be outlined so you will have an understanding of our basic counseling agreement

Length of Session

A counseling session typically lasts 45 - 50 minutes, beginning on the hour and ending 10-15 minutes before the next hour. You are encouraged to mentally prepare for your session before you arrive to take advantage of the entire session time.

Risks and Benefits

Participation in counseling can result in a number of benefits to you, including improving interpersonal relationship and resolution of the specific concerns that led you to seek counseling. Working toward these benefits, however, requires effort on your part. Counseling requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. Your feedback and views on counseling, its progress and other aspects of the counseling process will be requested and you are encouraged to respond honestly and openly.

During counseling, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Your counselor may challenge some of your assumptions or perceptions, or propose different ways of looking at, thinking about, or handling situations that can cause you to feel upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to counseling originally, such as personal or interpersonal relationships may result in changes that were not originally intended. Counseling may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one person is viewed quite negatively by another. Change will sometimes be easy and fast, but more often it will be slow and even frustrating. Although it is expected that counseling will produce positive or intended results, that is no way to guarantee this.

Sometimes more than one approach can be helpful in dealing with a certain situation. During the course of counseling, various approaches will be used based on the problem being worked on and the counselor's assessment of what will work best.

Discussion of Treatment

If you have any unanswered questions about any of the techniques used in the course of counseling, their possible risks or about the counselor's treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. Your counselor has an ethical obligation to assist you in obtaining the most beneficial treatment and will be glad to do so.

Ending Treatment

You always have the option to end treatment at any time, for any reason. It is typical to discuss this with your counselor in session, so you and your counselor may address any concerns.

Confidentiality

An important aspect of the counseling relationship is confidentiality. Your communications will be kept private with the following exceptions described below. Please be aware the only exceptions to confidentiality are: 1) when you have given written consent to share information, 2) when required to do so by law, as in cases of suspected child, elder or dependent abuse or actual or potentially dangerous behavior toward yourself or others, 3) as required/allowed by HIPAA (Health Information Privacy Practices Act) - please read the HIPAA form for further clarification of the privacy of your health information and records, 4) when participating in supervision and/or consultation with counselor's supervisor or consultation group. This way, you receive the benefit of several counselors working together for your best interests.

Legal Issues and Proceedings

Our mission includes helping children, adolescents, individuals, couples, and families resolve their psychological, spiritual and relationship conflicts through the counseling process rather than providing them advocacy, evaluation or testimony in the judicial system. Clients who consent to treatment with us agree not to involve our counselors in their legal proceedings. If you need a forensic assessment or a clinician who will testify in court, we will attempt to assist you in finding a provider who offers those services.

Video and Audio Recording

With your permission, your counselor will record your sessions to review individually or with a supervisor. This is for your benefit so your counselor can improve their skills and receive feedback from their supervisor to serve you better. Your counselor will tell you before starting any recording.

Cancellation Policy

The clinic's policy on cancellations is that appointments must be cancelled by 5 p.m. on the day prior to the scheduled appointment. Although the clinic does understand emergencies, failing to do so will result in the client being charged the full amount for the missed appointment.

Insurance. Although our clinic does is not set up and affiliated with any insurance companies, we will provide receipts. Some insurance plans do reimbursements. Please check with your insurance company prior to your appointment. We will be happy to provide receipts in the manor your insurance requires; however, you are responsible for keeping current with payments.

Telephone Calls. Any telephone consultation in excess of five (5) minutes may be charged on a pro-rated basis of your regular fee.

Support Services. All functions concerning billing and payment, insurance reimbursement, case documentation, and other support services are provided with the same concern for professionalism and quality. In order to protect your confidentiality, a written authorization will be required for the release of information. A service fee may be charged for duplication, summarization, and other document preparation. Please direct any questions concerning these support services to your counselor.

Consent to Treatment. I have read the above information about which I have had the opportunity to ask questions. I understand the limits of confidentiality and the risks associated with counseling. If there are children involved in counseling, I hereby consent to their treatment and affirm I am the legal guardian with the authority to consent to their treatment. I agree to the payment and billing policies outlined above and accept full responsibility for any and all fees charged for counseling sessions, cancellations, or missed appointments. I consent to participate in counseling and understand that I may decline services at any time. I am aware that my counselor may consult periodically on client issues with other clinicians at Empowering Choices Counseling and Consultation, with clinical supervisors, or both. My signature below indicates that I have read, understand, and agree to accept the policies outlined on both sides of this document, and have received a copy of these policies for further reference.

I agree to pay the standard fee of \$100. **OR** I need an adjusted fee based on my ability to pay.

Client Signature: _____ Date: _____

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