

Form 1 Client Registration

This form helps us to get to know you and ensures that we can contact you as needed. Also, we aggregate and analyze the information collected on this form for all of our clients to better plan, fund, and evaluate our efforts. Your personal information is confidential and voluntary.

Form 2 Appointment Reminder Form

Council for Relationships can remind you of your next appointment with your clinician by texting, emailing, or calling you. The automated appointment reminder system is in accordance with all confidentiality laws, and in order to protect your privacy, the reminders will come from an email address or phone number that is not linked to the Council. If you would like to receive automated appointment reminders from the Council, please complete and sign this form.

Form 3 Get More Information from the Council for Relationships

If you are interested in receiving information from Council for Relationships on how to foster healthy relationships, let us know!

Form 4 Consent to Treatment

Please review Council for Relationships' policy regarding treatment, which outlines confidentiality, payment and cancellation policies. Please sign the Consent to Treatment Form. If you have any questions, please discuss them with your therapist.

If you were given a professional referral to Council for Relationships, we would like to send our appreciation. Please provide the referring professional's contact information.

Form 5 Client Acknowledgement Form

Council for Relationships adheres to HIPAA regulations regarding the privacy of your health information. Please sign the Client Acknowledgement Form to indicate your awareness of this policy. If you would like more information, please discuss with your therapist.

Form 6 Areas of Concern

In order to assist your therapist with understanding your concerns, please take a few minutes to complete this important form.

CONSENT TO TREATMENT**

Treatment offered by Council for Relationships (Council) is of a voluntary nature, except when mandated by the court, and may be ended by you at any time. When treatment is mandated by the court, it is your responsibility to share the Court Order with your therapist at the outset of treatment, so that the purpose and terms of the therapy can be clarified, including how communications and information about the therapy are to be shared.

Confidentiality is extremely important to us. Information revealed to us during treatment will be kept strictly confidential. There are exceptions to this, however, that include the following:

- If you disclose your intention to inflict physical harm to yourself or another person;
- If you disclose that physical or sexual abuse or serious neglect of a minor child under the care of a Council clinician has occurred;
- If we receive a signed, valid court order requesting records; and
- In addition, Council clinicians (therapists, psychiatrists, counselors, or clinical supervisors) directly involved in your care may communicate with each other about your treatment. If you were seen previously in therapy at Council, your new therapist may review your prior file in order to insure continuity of your treatment.

Psychotherapy is difficult to describe in general terms. Approaches and techniques vary depending on the problems you have identified, who you are as a person and what special qualities you bring to the therapy, and the training and professional experience of your therapist. In addition, there are different modalities of therapy (individual, couple, family, and group) that may be suitable for you. In some instances, an evaluation for medication may be recommended, and a referral to a psychiatrist or other medical professional with prescribing privileges may be made.

Therapy has both benefits and risks associated with it. On the beneficial side, therapy has been shown to produce lasting change and reduce overall feelings of distress. It can be helpful in resolving specific problems and can lead to improved relationships with significant others in your life. There are, however, no guarantees of success. Risks include intermittent feelings of discomfort (such as sadness, guilt, anxiety, or anger) during and after some sessions as problems are brought to the surface. You may be asked to recall difficult and unpleasant aspects of your personal and family history in order to loosen the grip of these past events on your life now. Occasionally, there is a poor fit between client and therapist.

The work begins with an initial evaluation period, lasting from one to five sessions, depending on the presenting issues and the complexity of your situation. Your collaboration in this process is important to its success, including your active participation in clarifying problems and setting treatment goals with your therapist. At the end of the evaluation, your therapist will share with you initial impressions and provide a preliminary treatment plan. In deciding whether you wish to continue in treatment, you should carefully consider this information and your comfort in working with your therapist. If you have any questions or concerns about your therapist's approach or treatment plan, you should freely communicate them to your therapist.

Payment is due at the time of service, unless other arrangements have been made with your clinician. If your account is more than 90 days in arrears, and you have not agreed to a suitable payment plan, Council may use a collection agency to recover payment.

Occasionally, circumstances arise that necessitates cancellation of an appointment. In this instance, notification must be given at least 24 hours in advance of the appointment time. Council will charge the full fee for a missed appointment or one cancelled with less than 24 hours notice.

I understand that if my therapist is unlicensed and/or in training at Council that they will be supervised regularly by a senior clinician.

In a clinical emergency, if you are unable to reach your therapist, please call 911 and/or present yourself to the nearest emergency room for evaluation.

In case of an emergency, you have my permission to contact the following person:

Emergency Contact Information:

Name of Emergency Contact Relationship to client

Contact number(s)

I have read and understand the information above:

Name and Signature of client or parent/legal guardian (if under 14 years old) Date

***The consent agreement will remain in effect until therapy has been terminated or there is a lapse in treatment of longer than six months.*

Please allow Council for Relationships to send an appreciation letter to thank the professional who referred you to our services (no clinical information will be included):

Title: _____ First Name: _____ Last Name: _____

Address: _____

Website: _____ Email: _____

Please provide your approving signature: _____



4025 Chestnut Street
1st Floor
Philadelphia, PA 19104
215-382-6680
215-386-1743 Fax
www.CouncilForRelationships.org

Offices:
University City & Oxford Valley
Center City, Phila. Paoli
Avenue of the Arts Spring House
Bryn Mawr Wynnewood
Doylestown Voorhees, NJ
Exton

CLIENT ACKNOWLEDGEMENT FORM

Pursuant to HIPAA, Council for Relationships is obligated to request that clients sign an acknowledgement that they have received and reviewed our **Notice of Policies and Practices to Protect the Privacy of your Health Information.** If you would like a copy of this Notice, please request this from our receptionist or your therapist.

NAME OF CLIENT(S) _____

NAME OF PARENT(S)/LEGAL GUARDIANS OF MINOR CHILDREN OR
OTHER LEGAL REPRESENTATIVE

SIGNATURE OF CLIENT(S) _____

SIGNATURE OF PARENT(S)/LEGAL GUARDIANS OF MINOR CHILDREN
OR OTHER LEGAL REPRESENTATIVE

DATE _____

OFFICES

University City	Oxford Valley
Center City	Paoli
Avenue of the Arts	Spring House
Bryn Mawr	Wynnewood
Doylestown	Voorhees, NJ
Exton	

AREAS OF CONCERN QUESTIONNAIRE

INSTRUCTIONS: The following information will help us to understand your concerns. Please take a few minutes to complete this important form.

Date: _____ Name: _____

Part 1: Please underline any of the following concerns that apply to you.

Part 2: In front of each concern you underline, please rate its severity as:

- 1 = Mildly distressing
- 2 = Moderate
- 3 = Serious
- 4 = Severe
- 5 = Very severely distressing

- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------|
| _____ Family problems | _____ Feeling worthless | _____ Upset stomach |
| _____ Relationships problems | _____ Drawing away from people | _____ Headaches |
| _____ Programs at school/work | _____ Lack of interest/enjoyment | _____ Sweating |
| _____ Health problems | _____ Too many drugs | _____ Lightheaded/dizzy |
| _____ Financial problems | _____ Too much alcohol | _____ Too much worry |
| _____ Legal problems | _____ Feel negative about the future | _____ Too many fears |
| _____ Sad/depressed | _____ Hard to make friends | _____ Feeling guilty |
| _____ Loss of appetite | _____ Feeling lonely | _____ Feeling angry/frustrated |
| _____ Loss of weight | _____ Sexual problems | _____ Nightmares |
| _____ Weight gain | _____ Less energy than usual | _____ Feel ignored/abandoned |
| _____ Difficulty sleeping | _____ More energy than usual | _____ Too much pain |
| _____ Quick change of moods | _____ Religious/spiritual issues | _____ Confused |
| _____ Dwelling on problems | _____ Restless/can't sit still | _____ Laugh without reason |
| _____ Problems with my breathing | _____ Nervous/tense | _____ Memory problem |
| _____ Hot or cold spells | _____ Panicky | _____ See/hear strange things |
| _____ Problems controlling anger or urges | _____ Shaky/trembling | _____ Feel used by people |
| _____ Feeling suicidal | _____ Feeling others are out to get me | _____ Hard to trust anyone |
| | _____ Problems controlling my thoughts | _____ Other |

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Yes, I want to receive appointment reminders from the Council.

Please select one of the following contact methods and provide your corresponding phone number or email address.

Cell phone call: _____

Cell phone text: _____

Home phone call: _____

Home phone text: _____

Work phone call: _____

Work phone text: _____

Email notification: _____

Name and Signature

Date

Get More Information from the Council

Join our email list to receive special news from the Council, tips and articles, and information about relationship education programs.

First Name: _____

Last Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Interested in training and education for mental health professionals, students and clergy?

Check here to receive information about our professional education programs.

Check here to receive information about our clergy training programs.

Thank you for joining our mailing list!

COUNCIL FOR
Relationships

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