

## Welcome to Council for Relationships

### **Form 1 Client Registration Form**

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 Council. If you would like to receive automated appointment reminders from Council, please complete and sign this form.

### **Form 3 Consent to Treatment - In-Person Therapy Form**

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 4 Consent to Treatment - Online Therapy Form**

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 Notice of HIPAA Policies and Practices Acknowledgment Form**

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

### **Form 6 Electronic Communication Consent Form**

Email offers an easy and convenient way for clients and clinicians to communicate regarding scheduling, prescriptions, billing, and other concrete matters. In many circumstances, it has advantages over telephone calls, but it also presents risks.

### **Form 7 Billing Information**

Please provide us with the billing address for the credit/debit/HSA/FSA card that you plan to use to pay for services. Providing this address will expedite payment processing and prevent you from having to provide this information at the beginning of each service.

### **Form 8 Join Our Email List**

If you are interested in receiving information from Council for Relationships on how to foster healthy relationships, let us know! You can update your preferences or unsubscribe at any time.

### **Form 9 Areas of Concern Questionnaire**

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

# COUNCIL FOR RELATIONSHIPS – CHILD CLIENT [Under 18 yrs] REGISTRATION FORM

Minor's Last Name:  First Name:  MI:

Date of Birth [MM/DD/YYYY]:  Age:  Home Phone:

E-Mail:  Cell Phone:

Primary/Mailing Address:

City:  State:  Zip:

Parent(s)/Guardian(s) – (If divorced, indicate those with legal custody.)

Last Name:  First Name:  MI:  Custody:

Last Name:  First Name:  MI:  Custody:

Current School:

School Type: Public  Private  Home School

Grade Level:  High School Grad  GED

Current Medication & Dosage –

Prescribing Physician:

Medication:  Dosage:

Medication:  Dosage:

Medication:  Dosage:

Medication:  Dosage:

The following questions provide information which is important to our research, planning and funding efforts. We appreciate your response. If your selection does not appear as an option, please specify your answer in the space provided. The information you supply is confidential and voluntary.

Religion — Please indicate selection from numbered options:

1. Agnostic/Atheist
2. Buddhist
3. Catholic
4. Hindi
5. Muslim
6. Jewish
7. Protestant
8. Non-Religious/Secular
9. Other

If other, please specify:

Race — Please indicate selection from numbered options:

1. African American/Black
2. American Indian/Alaska Native
3. Asian/Asian American
4. Native Hawaiian/Pacific Rim
5. Caucasian/White
6. Hispanic/Latino
7. Multiracial
8. Other

If other, please specify:

Gender — Please indicate selection from numbered options:

1. Male 2. Female 3. Other, please specify:

Sexual Orientation — Please indicate selection from numbered options:

1. Heterosexual
2. Gay
3. Lesbian
4. Bisexual
5. Questioning
6. Other

If other, please specify:

CFR THERAPIST/OFFICE USE ONLY Intake Date:  Office:  Client#:  Direct: Y  N

Therapist:  Intake: \$  Fee: \$  Client for Bill/Insur: Y  N

Therapy Type: Ind  Couple  Family  Mediation  Psychiatric  Psycho Ed  CoParent  Parent Coord



## 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 Council. If you would like to receive automated appointment reminders from Council, please complete and sign this form.

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**D** Yes, I want to receive appointment reminders from 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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CONSENT TO TREATMENT - IN-PERSON THERAPY

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 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:**

\_\_\_\_\_  
DATE

*PA: Name and signature of client or parent/legal guardian (if under 14 years old)*

*NJ: Name and signature of client or parent/legal guardian (if under 16 years old)*

*\*\*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: \_\_\_\_\_

## CONSENT TO TREATMENT - ONLINE THERAPY\*\*

“Online Therapy” is the provision of services utilizing telecommunication technologies that is received at a different site from where the clinical service provider is physically located. Online Therapy includes no consideration related to distance, and may refer to a site in a location that is in the office next door to the clinical service provider or thousands of miles from the clinical service provider. Online Therapy can be beneficial to clients who are unable to come to a physical office on a regular basis. Online therapy includes, but is not limited to, clinical consultation, treatment, transfer of medical/psychiatric data, emails, telephone conversations, and education using interactive audio, video, or data communications.

Online Therapy offered by Council for Relationships (CFR) is of a voluntary nature, and it may be ended by you at any time.

Confidentiality is extremely important to us. Information that you reveal during treatment will be kept strictly confidential. The laws that protect the confidentiality of your personal information, such as HIPAA, also apply to Online Therapy. As such, information disclosed during the course of therapy or consultation is generally 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 has occurred;
- If we receive a signed, valid court order requesting records; and
- In addition CFR 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 CFR, your new therapist may review your prior file in order to ensure continuity of your treatment.

There are risks and consequences from Online Therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of CFR that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.

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. At times, Online Therapy may not be as effective as face-to-face services. If a CFR provider believes you would be better served by another form of therapeutic services (e.g. face-to-face services), they will refer you to a professional who can provide such services in your area.

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 by credit/debit card, 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, CFR may use a collection agency to recover payment.

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

CFR can create an insurance statement for you to submit to your insurance provider. Based on your insurance, you may be eligible for reimbursement of some of the costs of your therapy. If you would like to receive monthly insurance statements from CFR, please request these from your therapist.

Any unlicensed therapist and/or a therapist in training at CFR will be supervised regularly by a senior licensed clinician.

During the first online session, the clinician and you will discuss an emergency response plan. If you are experiencing an emergency situation, you can call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm yourself, you can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

In case of an emergency, please provide us with an emergency contact below. By so doing, you are providing us with permission to contact this individual in the case of an emergency.

\_\_\_\_\_

Name of Emergency Contact	Relationship to Client
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\_\_\_\_\_

Contact Number(s)

Please sign below to indicate that you have read and understand the information above:

\_\_\_\_\_

Signature of Client	Date
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\*\*The consent agreement will remain in effect until therapy has been terminated or there is a lapse in treatment of longer than six (6) 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: \_\_\_\_\_



## **Notice of HIPAA Policies and Practices Acknowledgment Form**

Pursuant to HIPAA, Council for Relationships (CFR) is obligated to request that clients sign an acknowledgment that they have received and reviewed our **Notice of Policies and Practices to Protect the Privacy of Your Health Information**. A copy is available online at [www.councilforrelationships.org/privacy-policy](http://www.councilforrelationships.org/privacy-policy). There is also a link located at the bottom of the CFR webpage titled Privacy Policy. If you would like the document emailed to you, please let your therapist know.

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:



## **Electronic Communication Consent Form**

Email offers an easy and convenient way for clients and clinicians to communicate regarding scheduling, prescriptions, billing, and other concrete matters. In many circumstances, it has advantages over telephone calls, but it also presents risks.

Email is not the same as calling our office; there is no person at the other end to receive your call - just a computer. You cannot tell for certain when your message will be read, or even if your clinician is in the office or on vacation. Nonetheless, we believe that the ease of communication via email affords a benefit to client care. Below are our rules for contacting us using email.

- Email is never, ever, appropriate for urgent or emergency problems. Please use the telephone and/or go to the nearest hospital emergency room.
- Email is great for asking those little questions that do not require a lot of discussion. Appropriate uses of email also include prescription refill requests, referral and appointment scheduling requests, and billing/insurance questions.
- Emails should not be used to communicate sensitive medical/clinical information (e.g. sexually transmitted diseases, AIDS/HN, mental illness, developmental disability, or substance abuse).
- Email is not confidential. It is like sending a postcard through the mail. If you are sending emails from work, your employer has a legal right to read your email.
- Email will become a part of the medical/clinical record.
- Email is not a substitute for seeing your clinician. If you think that you might need to be seen, please call and book an appointment.

Finally, if couple or family, either/any of us can revoke permission to use the email system at any time. Cell phone text is often used in a similar way to email for the ease of communication it affords all parties. Council for Relationships does not currently have encryption capabilities that provide what we understand to be necessary to ensure the security and privacy of client information. Consequently, our clinicians are permitted, if they so choose, to communicate by cell phone text, but only information related to scheduling appointments (e.g., the need to reschedule, offering available times, etc.).

I DO want to communicate with my clinician electronically. I have read the above information, and understand the limitations of security on information transmitted electronically.

Your Name(s): \_\_\_\_\_

Your Signature(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Date: \_\_\_\_\_



### **Billing Information**

Please provide us with the billing address for the credit/debit/HSA/FSA card that you plan to use to pay for services. Providing this address will expedite payment processing and prevent you from having to provide this information at the beginning of each service. Please alert your provider if the billing address changes or if you are using a different card with a different address. Providing us with your email address will enable us to send you a receipt of your transactions.

Name on Card:

Street Address:

Apartment/Suite/Unit etc:

City:

State:

Phone:

Email:



## Join Our Email List to Receive:

- Expert Voices Blog Posts Written by Staff Therapists (2x /month)
- Council for Relationships Updates (2-4x /month)
- Donor-Supported Community Programs (4x /year)
- Fundraising and Special Events (6x /year)

We'll never share your email address. Use the link at the bottom of any email to Update Your Preferences and choose which emails you want to receive from the list above, or unsubscribe.

*Please print legibly*

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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➔ Interested in training and education for behavioral health professionals?

Yes, I want to also receive information about **continuing education** for social workers, psychologists, marriage and family therapists, counselors, and sex therapists.

Yes, I want to also receive information about the **Post Graduate Certificate Programs** in Couple and Family, Sex Therapy, or Clergy Training (Master's degree required\*).

## 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                |
| _____ Problems 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     |
| _____ Stressors related to military deployment | _____ Problems controlling my thoughts | _____ Other                    |

May 2018