

ATTACHMENT TO CLIENT INTAKE FORM

Practice Philosophy and Principles

Please read this section carefully. It describes my treatment philosophy and will assist in your understanding of how we will interact during our professional relationship.

During the course of counseling I will use my professional judgment regarding the nature and conduct of our sessions. I may use certain cognitive, behavioral, interpersonal and family systems, methods and procedures that I believe may address your specific situation.

I will rely on the information you provide me in this form, the attached Personal History Questionnaire, and that you divulge during the course of our meetings, sometimes in written exercises. I encourage you to be totally forthcoming even when doing so may be painful or feel embarrassing. All information is held in confidence, subject to the limited exceptions listed below, and I will not be able to accurately assess your needs and develop a treatment plan without your full cooperation.

Understand that I am a Christian counselor, and thus believe that the Word of God provides direction and encouragement, leading to sustained personal growth and deliverance not otherwise possible. During the course of our therapist-client relationship I will combine Biblical truths with traditional therapeutic practices in addressing your issues. However, I believe, and I have seen repeatedly in my practice, that meaningful, lasting change cannot come about without surrendering self-determination, accepting God's freely-given grace, and embracing His Truth.

I believe that the most important factor in effective therapy is motivation and willingness to engage issues and make changes. So, I will rely extensively on your motivation for change, your honesty with me, and on the effort you make to work through your issues. Therapy involves frank self-assessment and often difficult, emotionally painful adjustments, so, though you have come to me for assistance, ultimately you determine the issues we explore and the techniques we employ.

I will challenge you to grow in new areas and to adopt coping skills designed to move you out of counseling and to encourage self-reliance. However, if at any point during counseling either of us becomes uncomfortable or feels as though you are not prepared or willing to move forward, we can try alternative techniques, consistent with my overall philosophy, or we can terminate treatment altogether until you are prepared to fully commit to the work required.

You understand and agree that in my role as your counselor, I will use my professional judgment regarding our discussions and in considering a treatment plan, or in offering advice or suggestions. You also understand that the nature of counseling necessarily involves a certain amount of subjective assessment and evaluation based in part upon my experience, as well as upon your truthfulness in our discussions and the effort you make in following my treatment plan.

For some, achieving specific goals may require extensive counseling, while others may achieve their goals within a relatively short time. Still others may leave counseling feeling as though they have not accomplished what they believed they would. We will discuss your expectations at the outset of treatment and what it is that you and I hope to accomplish.

We will continually discuss your perceptions and my impressions and assess your progress, adopting the treatments we agree may prove beneficial from time to time. However, I cannot guarantee any specific result or that you will achieve a particular goal, or experience a "cure" for a particular issue.

You may terminate our relationship at any time, for any reason. I reserve the right to terminate our relationship at any time, or to suggest referral to another therapist, if I believe that for any reason I cannot effectively counsel you. Reasons may include, but are not limited to, your failure to provide truthful information, your failure to complete work I assign during the course of counseling, repeated cancellations or no-shows with or without notice, and threatening or abusive language or actions directed toward me or a member of my staff.

I cannot prescribe medication. If I believe that you may benefit from medication, I will advise you to consult your medical doctor of choice to evaluate specific types of medication. I will not seek to countermand or question your doctor's decision. I am available at your request to discuss my recommendations with your doctor.

Policies

I schedule sessions in 60-minute intervals Monday through Friday. Initial intake sessions are approximately two hours, due to the need to collect information and discuss treatment policies and practices. In extenuating circumstances I may schedule a weekend or after-hours (after 6:00 pm) session. Fees for weekend and after-hours sessions are \$150 per 60-minute session. If you are unable to keep a scheduled appointment, please give as much notice as possible. Because it is difficult to schedule a replacement session on short notice, I require 24 hours notice for cancellations. Late cancellation and no-show fees are \$125 (as shown on the Schedule of Fees).

I do not accept insurance but can provide receipts or other information required by your insurance carrier for reimbursement of fees paid out-of-pocket. You will be required to contact your insurance carrier and take all steps necessary for reimbursement.

If you experience an emergency please do not contact me, but call 911 or go to your local hospital. Once the situation is stabilized we can discuss immediate and long-term treatment needs. Other than for scheduling purposes, I discourage phone calls in general, as I've found that this helps decrease your dependence on me, enabling you to take charge and thereby safely work your way out of counseling.

I do not provide disability determination or custody studies. I normally do not accept clients where my services can be reasonably foreseen to be required in connection with contested matters such as divorces or custody hearings. However, under circumstances we agree on in advance and subject to the fee schedule set forth above, I may agree to provide testimony or studies for a hearing or trial. The same fee schedule applies if I am subpoenaed or otherwise compelled to testify, or if my records are subpoenaed.

HIPAA, Confidentiality and Release of Records

I will maintain your file and the content of our discussions in confidence. I will not disclose information you provide me except in the following circumstances, which may include your voluntary release or release required by law:

- (i) upon your written authorization for me to do so
- (ii) I am obligated by law to report maltreatment of minors or vulnerable adults, which may include ongoing physical or sexual abuse or neglect.
- (iii) I am obligated by law to report prenatal exposure to controlled substances.
- (iv) I am obligated by law to report any serious harm you intend to inflict on yourself or others, based upon my professional opinion formed as a result of information you provide me.
- (v) I am obligated to share information pursuant to the order of a court of competent jurisdiction, or as may be required by state or federal law, rule or regulation, including regulations regulating my practice and license.
- (vi) I am obligated by law to share information with a licensing board, which is pertinent to a disciplinary proceeding involving or related to your treatment.

For group therapy, I will maintain confidentiality of all participants. I will admonish all participants as to their responsibility for maintaining confidentiality. However, please understand that I do not assume responsibility or liability for any breaches of confidentiality by group members.

If you are a minor you have a limited right to privacy in that your parents (custodial or non-custodial by court order) or guardians may have access to your records in certain circumstances. However, if, in my professional opinion, it appears that such access may result in physical harm to you I will make every reasonable effort to maintain confidentiality within the requirements of applicable law.

Confidentiality of your information is governed by the Health Information Portability and Accountability Act (HIPAA). This notice describes how your health information may be used and disclosed and how you can access

Laura Mangin McDonald, MA LPC

Christian Counseling & Therapy

this information. Please review it carefully. Protecting my clients' privacy is important to me and I want you to be fully informed regarding my obligations and your rights. HIPAA requires that I continue to maintain your privacy except under circumstances listed here and to give you this notice.

Under HIPAA, I may use or disclose your health information for payment of your services. For example, I may and a report of your progress to your insurance carrier, and I may use or disclose your health information in the normal course of operation of my practice, such as when I, or someone at my direction, enters your information into our files for record keeping purposes. In an emergency, I may disclose your health information to the person you have listed as an Emergency Contact on page 1 of this form. I may also disclose your health information to those involved in your treatment, including the physician you listed as your Primary Care Physician on page 1 of this form, and to specialists your Primary Care Physician or I may involve in your care and treatment.

Your rights under HIPAA:

- (i) you may request in writing to transfer your records to another therapist (in such instance, I will keep backup copies for my files).
- (ii) you may request in writing that I not disclose or use your information in the ways described above.
- (iii) you have the right to know of any proposed use or disclosure beyond the normal uses described above.
- (iv) you have a right to see a copy of your records.
- (v) you have the right to request in writing a change to your records or to include a statement in your records.

If I cannot agree to make the changes you request, I will include your statement regarding your request in your records. If I agree to an amendment, statement or change, I will not remove or alter earlier records, but will add the new information.

You have a right to receive a copy of this notice. If the details of this notice are changed, I will notify you in writing of the changes and provide you with a copy of the revised notice. If you believe that you have a claim or a complaint under HIPAA you may contact the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201.