

UNITED METHODIST PASTORAL CARE AND COUNSELING, INC.
1600 CARRAWAY BOULEVARD
BIRMINGHAM, AL 35234
205-502-5089

CLIENT INTAKE FORM

NAME _____
Last First Middle Birth Date

ADDRESS _____
Street City State Zip Home Phone

EMPLOYER _____
Name Work Phone

Annual Family Income _____

Single Married Divorced Separated Widow/Widower

MATE'S NAME _____

CHILDREN
Name Sex Age

RELIGIOUS AFFILIATION _____

Have you (or your family members) ever been involved in counseling? Yes _____ No _____

If yes, with whom? _____ When? _____

Reason(s): _____

What led you to seek counseling at this time? _____

Who referred you to Pastoral Care and Counseling? _____

Do we have your permission to thank them for referring you to us? Yes _____ No _____

Are you in treatment with another counselor at this time? Yes _____ No _____

If yes, with whom? _____

Are you presently under a physician's care for physical problems? Yes _____ No _____

Name of Physician: _____

Current Medications: _____

Person to contact in case of emergency _____
Phone _____

CLIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surround the use of protected health information. Commonly referred to as the "medical records privacy Law", HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA also applies to mental health client care.

By law, we are required to secure your signature indicating you understand this Client Notification of Privacy Rights document. If you have any questions about any of the matters discussed above, please do not hesitate to ask us for further clarification.

I have read and understood the Pastoral Care and Counseling Informed Consent Form, including the Client Notification of Privacy Rights section.

Signature of Client (or parent if Minor or Legal Charge)

Date

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INFORMED CONSENT FORM
PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS

APPOINTMENTS: Your scheduled office appointment is a time specifically set aside for you. If you are unable to keep an appointment, please notify the office at least 24 hours in advance of the time of the appointment. **Failure to cancel within this time frame will result in your being charged for the appointment.**

CONFIDENTIALITY: All clients have a right to confidentiality. This includes all verbal, written and recorded data concerning our treatment, and may not be released without your written consent. Limitations to these rights are: 1) We have a legal duty to warn and protect persons threatening harm to self or others, 2) We have a legal duty to report to proper authorities any knowledge of abuse to children and vulnerable adults, 3) We have to comply with Alabama State Laws in regard to court ordered subpoenas/court testimony, 4) If your insurance is billed for counseling services, we may have to send reports to insurance companies for reimbursement.

FEES: The standard fee for therapy is \$100.00 for a 50 minute session or consult. The Psychiatrist fee is \$130.00 per session. Check with your counselor about our sliding scale fee structure if needed.

PAYMENT IS EXPECTED AT TIME OF SERVICE with check made payable to Pastoral Care and Counseling.

If insurance is being billed for this service, please also complete a Client Insurance Information Form.

TERMINATION: Your care and counseling with this office is strictly voluntary and may be terminated at your discretion. However, it is important that we discuss any decision to stop counseling. Normally, as counseling comes to the end, a final session will be scheduled.

ORIENTATION AND TREATMENT METHODS: You are being seen by either a Licensed Marriage and Family Therapist, a Licensed Professional Counselor, a Licensed Clinical Social Worker, an R.N.C.S. Nurse Clinical Specialist or an M.D. who appreciates and takes seriously the religious dimension of living. The treatment methods will vary, depending on individual circumstances. Individual, couple or family sessions may be scheduled. Following an initial "intake" visit, one or two interviews, the usual procedure is to determine a specific number of sessions and evaluate, re-contract or terminate counseling at that point. Any questions you have about the procedure or process are always legitimate. You always have the right to decline participation in or the use of certain therapeutic techniques. We do not treat minors without parental consent. We do keep abreast of developments in the field.

Emergency services: As pastoral counselors we are concerned and care about any emergencies you might have which would require immediate attention in our absence from our offices. We are not set up to handle emergency services 24 hours per day. In the event of such an emergency after normal working hours, we recommend you call the emergency room closest to you for assistance or contact the Crisis Center at 323-7777.

Grievance Procedure for Professional Services: A copy of our grievance procedure for Harassment is located in our waiting room.