

Connections Counseling, LLC
New Couple/Family Personal Information

Name (s): _____ DOBs/Ages: _____

Home Address: _____

How were you referred? _____

Specify names of which client for all questions below:

Home Phones: _____ May we call you or leave a message at this number? Yes No

Work Phones: _____ May we call you or leave a message at this number? Yes No

Cell Phones: _____ May we call you or leave a message at this number? Yes No
Text? Yes No

Emergency Contact Name(s): _____ Phone: _____

E-Mail Addresses: _____ May we e-mail you? Yes No

Occupation(s): _____

Employer(s)' Names and Addresses: (will not be contacted)

Current Primary/Health Care Provider: _____ Phone: _____

Current Medications: _____ Allergies (Food/Med/Etc.): _____

Current Psychiatrist: _____ Phone: _____

Current Medications: _____

Current Relationship Status: single married separated divorced widowed committed other

Do you reside with each other: Yes No

Please List Previous Marriage Partner First Names and Dates of Marriage(s):

Do either of you (for couples) have any children? If so, please list their names, ages, other biological parent's name and if they reside with you?

Who else lives in your home?

Do any family members (in the home) own any firearms? Yes No Do any of you have access to firearms? Yes No

Are the firearms locked and secured? Yes No N/A

Reason(s) for seeking counseling? Please each write reason.

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

Policy Regarding Fees and Communication

All fees are paid directly to Connections Counseling, LLC at the time of service. We accept cash, check or credit card.

We have a 24-hour cancellation policy. This is simply a business policy as making an appointment is reserving a time slot that cannot be filled in short notice. The entire fee is rendered for all cancellations without at least 24 hours notice.

As a matter of ethics, counselors cannot connect personally with clients on social media. Please know that your counselor cannot accept personal requests or contact via any form of social media.

If, at any time, you (or someone you know), is a danger to self, others or property, call 911 or proceed to the local emergency room or crisis center immediately. Clients should not wait for their counselor to return calls in emergency situations.

Although Connections Counseling, LLC takes measures to secure technology communication, please know that all means of technological communication is not secure and cannot be guaranteed by Connections. As such, please do not email or text clinical information. Email, voice mail and text may be used, at your counselor’s discretion, for appointment scheduling only. Your counselor has the right to not accept text messages. In addition, any clinical or personal concerns should be addressed in-person with your counselor, and not via technology, to ensure proper care.

Initialing this agreement implies that the undersigned have read and agree to the above policy and have discussed any concerns with the counselor prior to the beginning of the counseling relationship.

Client(s)' Initials _____
Client(s)' Initials _____
Guardian(s)' Initials _____
Date

Special Policies for Couple/Family Counseling

Limitations on Confidentiality for Couple/Family Counseling: This written policy is to inform you, the participants in counseling, of the limitations in couples or family counseling. When a couple or family enters into counseling they are considered to be one unit or one entity. This has several very important implications that each of the participants must be aware.

The first issue is regarding the release of your counseling records. Because a couple or a family is viewed as a single file/case, progress notes/clinical case notes will not be released unless authorization is provided by each of the participants within the counseling relationship (and any participant who attended a session). The Counselor also has discretion, provided under Confidentiality guidelines, as to whether release of the progress notes/clinical notes is in the best interests of the couple, family or individual members.

The second issue involves the occasion during the counseling process where one of the individual members of the couple or family may be seen for an individual counseling session with the same therapist. In this case, the individual session is still considered as part of the couple or family counseling relationship. Information shared during these individual sessions is still considered as part of the couple or family counseling relationship. By entering into counseling as a couple and/or family, the participants understand and consent that information disclosed during individual sessions will be brought into the couple or family session either from the decision of the individual and/or upon the decision of the counselor based upon clinical relevance for the counseling relationship of the couple or family entity. Please understand, if, in the counselor's clinical judgment, information is revealed that may be of clinical significance to the couple or family, it may be necessary that the information is brought into the couple or family's counseling. The counselor will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose clinically relevant information, the counselor may determine that it is necessary to discontinue the counseling relationship with the couple or family. This policy is called the ***"NO SECRETS POLICY."*** It is intended to maintain the integrity of the counseling relationship and counselor. It is also to maintain loyalty to all members of the counseling relationship. If there is information a participant desires to address within a context of individual confidentiality, the member of the couple or family may request to seek counselor for individual therapy.

Couple/Family-No Release of Records Agreement: When a couple or family enters counseling, they are considered one unit or one entity. Couples and/or family members who seek counseling to address issues important to their relationship must agree to do so with a willingness to disclose and discuss, as part of the counseling process, issues that can be extremely private, embarrassing and perhaps damaging, if disclosed outside the safety and boundaries of the counseling relationship. This willingness to risk participation in such intimate therapeutic discussion must be protected and respected. Therefore, the below signatures affirm the participants' agreement not to request, subpoena or attempt to acquire the progress/clinical case notes from their couple/family counselor for purposes related to any subsequent actions of divorce, child custody, etc. in which there is an adversarial legal action between the participants/clients.

Initialing this agreement implies that the undersigned have read and agreed to the above policies, their intents and have discussed any concerns with the counselor prior to the beginning of the counseling relationship.

Client(s)' Initials

Client(s)' Initials

Guardian(s)' Initials

Date

Risks and Benefits of Counseling/Client Rights

Benefits of Counseling: Research indicates that most people who engage in counseling benefit from the experience. Counseling provides the person(s) with the opportunity to talk and learn about themselves and their problems in a safe, non-judgmental, caring environment. Counseling can impact and improve relationships with significant others. The benefits from counseling may be an improved ability to relate with others; a clearer understanding of self, values, goals, increase productivity in work, school and relationships; and an improved ability to deal with everyday stresses. Counseling may help relieve the stress and impaired functioning associated with trauma, grief and mental disorders.

Risks of Counseling: The risks associated with the counseling process may include remembering unpleasant events that may arouse strong feelings, and, as an outcome, may result in ill-advised or risk-taking choices/behaviors. The risks also include continuation of presenting problems, increased feelings of loneliness, sadness, depression, anxiety, feelings of hopelessness or suicide. Counseling for relational issues may result in the growth of only one partner and/or the decision to end the relationship. There may be other risks as well.

The client has the right to:

- A) To be treated with dignity, consideration and respect at all times;
- B) To expect quality service provided by concerned, trained, professional and competent staff and to discuss concerns about the risks associated with counseling with the counselor at any time;
- C) To expect complete confidentiality, within the limits of the law, to be informed about the legal exceptions to confidentiality and to expect that no information will be released without the client's knowledge and written consent;
- D) To a clear working contract in which business items, such as time of sessions, payment plans/fees, absences, access, emergency procedures and third-party reimbursement procedures are discussed;
- E) To a clear statement of the purposes, goals, techniques, rules of procedure and limitations, as well as the potential dangers of the services to be performed, and all other information related to, or likely to affect, the ongoing mental health counseling relationship;
- F) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate;
- G) To full, knowledgeable and responsible participation in the ongoing treatment plan to the maximum extent feasible;
- H) To obtain information about their case record and to have this information explained clearly and directly;
- I) To request information and/or consultation regarding the conduct and progress of their therapy;
- J) To refuse any recommended services and to be advised of the consequences of this action;
- K) To a safe environment free of emotional, physical and sexual abuse;

Risks and Benefits of Counseling/Client Rights (Continued)

L) To a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the mental health counselor's supervisor, and/or the appropriate credentialing body; and

M) To a clearly defined ending process and to discontinue therapy at any time.

Initialing this agreement implies that the undersigned have read and understood the above disclosures and have discussed any concerns with the counselor prior to the beginning of the counseling relationship.

Client(s)' Initials

Client(s)' Initials

Guardian(s)' Initials

Date

Informed Consent and Confidentiality for Mental Health Counseling

Prior to receiving mental health treatment and/or counseling you, as the client(s) and/or client’s guardian, have the following rights to be fully informed as to:

1. the nature of the proposed treatment and any reasonable treatment alternatives
2. the training, credentials, and licensure of your counselor
3. truthful disclosure of reasonably foreseeable benefits, risks and hazards of the proposed treatment, alternative treatments and of not doing anything
4. the right to fully withdraw consent for treatment at any time

You also have the right to the confidential treatment of information about you and/or a minor child (New Jersey Mental Health Law allows for children 14 and older to consent to treatment without a parent/guardian). Information maintained in your client record will not be released to anyone outside the direct therapeutic relationship (and Connections Counseling, LLC supervisors and staff) without your approval under the [Federal HIPPA guidelines](#) unless required by law. These exceptions include, but are not limited to: 1) the mandatory reporting of suspected child/elderly abuse or neglect, 2) the duty to warn to prevent harm to others, 3) concern from the counselor of the dangerousness of the client(s) to self, others or property due to a mental disorder etc., 4) in the event of legal proceedings against the counselor/practitioner, 5) disclosure as mandated by Third Party payment requirements, or, 6) under specific circumstances, a court subpoena.

By providing your initials next to the items below and signature(s) to this document, you attest that you, as the client(s) and/or client’s legal guardian:

_____ Have discussed all policies in this packet with your counselor and, without reservation, provide your consent for treatment.

_____ Understand the legal right to provide voluntary consent for mental health treatment and are competent to make decisions regarding the course and/or discontinuation of treatment.

_____ Understand that the counselor is bound by confidentiality laws, with the exceptions listed above, and that your treatment will only be discussed with Connections Counseling, LLC supervisors and staff who are also bound by these laws.

_____ Received the link (above) for Federal HIPPA guidelines.

_____ Received a copy of the Mental Health Bill of Rights and read (and understood) the risks and benefits of counseling.

_____ Read and agree to the policies regarding fees and communication and understand that at least 24 hours notice is required for cancellations or the full fee for the appointment is rendered.

_____ Read and understood the special policies regarding family/couple counseling.

Client(s) Name-Printed

Client(s) Signature

Date

Client(s) Name-Printed

Client(s) Signature

Date

Guardian(s) Name-Printed

Guardian(s) Signature

Date

By signing below, the counselor has reviewed the completion of this document by the client(s) and has addressed any concerns with the client(s):

Counselor’s Name-Printed

Counselor’s Signature

Date