CLIENT INFORMATION PACKET

Able Family Counseling
Allison B. Leggin, MS, LMFT
1500 Leestown Road
Suite 326
Lexington, KY 40511

Welcome and thank you for choosing Able Family Counseling. This document is designed to answer some frequently asked questions about myself, the counseling process, my professional relationship with your child and the caregiver(s), confidentiality and your financial obligation. As you read this document, feel free to mark any places which are not clear to you or with any question you would like to further discuss.

The following is a brief description of my educational background and related therapeutic experience. I received a Master of Science in Family Studies with a specialization in Marriage and Family Therapy from the University of Kentucky in 2007. I have been providing therapeutic services to adults, children, adolescents, couples, and families since 2005. I am a licensed marriage and family therapist in the state of Kentucky. Prior to licensure, I worked at the University of Kentucky Family Center where I gained experience working with individuals, couples and families with young children utilizing a number of therapeutic approaches and techniques. For 3 years, I worked with a non-profit community mental health agency to in their Children's Crisis Stabilization department providing in- home therapy to children and families in crisis. I have also spent the past several years working at a private Christian therapy center. As the owner of Able Family Counseling, I aim to provide high quality outpatient mental health services to children, adolescents, individuals, couples and families from a Christian perspective regardless of an individuals' belief system.

Counseling is designed to increase the coping skills of your child/adolescent and allow for healing and growth. Success cannot be guaranteed with counseling; however, I am committed to utilizing a number of approaches in therapy to include prayer and spiritual direction. The nature of the counseling process is very personal. Therefore, we maintain a professional relationship consistent with accepted ethical standards established by the American Association of Marriage and Family Therapy. You are in complete control and may end our professional relationship at any time. I do not take on a client whom, in my professional opinion, I cannot help using the knowledge and techniques I have available. If I do not feel that I can be of help or if I feel that your child will not benefit from my services, I will refer you to the person or agencies which would be better able to serve your family's needs. If necessary, I will make these referrals at our initial conversation on the telephone or in our initial meeting. In some cases it takes multiple meetings to assess one's needs or we may come to a point where I feel that I can longer meet your child's needs, then I will refer you to other professionals or agencies which would be better able to serve your child's individual needs.

Parents and Caregivers have the right to any and all information regarding your child. Because the presence of trust is important in the therapeutic relationship between your child and myself, it is generally best that we do not share specifics of individual sessions with you. However, you have the right and responsibility to question and understand the nature of your child's treatment and the progress being made. If your child is able to understand the issues of confidentiality, I will discuss with him/her the type of information that will be shared with you. If you have any objections to the manner in which information is shared with you regarding your child, we can address and resolve those concerns before therapy begins.

What to expect at the first appointment:

Your initial meeting will be about 50 minutes in length. There will be an initial "intake session" with the counselor, child and the caregivers. The initial session is designed to obtain the family history, a history of the child's development, background, reason for referral, and any concerns the caregiver may have. During the initial session, caregivers have the opportunity to ask questions, and become educated on the therapeutic process. At the end of the session, the counselor will provide recommendations. It will be helpful at that time for you and the counselor to discuss and decide on the options and recommendations you want to pursue. Sessions with your child/adolescent will be primarily with the counselor and the child only; however, there may be occasions where the counselor invites other family members to participate in counseling sessions. Subsequent counseling sessions will be 50 minutes in duration. Extended sessions can be arranged as needed by prior agreement with the counselor.

Able Family Counseling
Child/Adolescent Information Form

The purpose of the following questionnaire is to help your counselor understand some important things about your child in order to help you and your family most effectively. Please complete all pages.

Child's Full Name: _____ Date:_____
(Last) (First) (Middle)

Child's Date of Birth: _____ Age: _____ Gender: _____M _____F

Address: _____

City: _____ Zip Code:_____ E-mail:_____

Phone:
(H)_____ Permission to call ___Y ___N Leave Message ___Y ___N

(W)_____ Permission to call ___Y ___N Leave Message ___Y ___N

(M)_____ Permission to call ___Y ___N Leave Message ___Y ___N

Caregiver/Parent Information

(1)Caregiver/ Parent Name: _____ Age:_____

Marital Status:

I am: _____Single _____Engaged _____ Married _____Separated _____Divorced _____Widowed _____Partnership

Name of Spouse/Significant other: _____ Age_____

If in a relationship, length of time together: _____years _____months

Is your Spouse/Significant other currently living with you? _____

(2)Caregiver/ Parent Name: _____ Age_____

Marital Status:

I am: _____Single _____Engaged _____ Married _____Separated _____Divorced _____Widowed _____Partnership

Name of Spouse/Significant other: _____ Age:_____

If in a relationship length of time together: _____years _____months

If divorced or separated –

Custody Status: _____

_____

Emergency Contact: _____
(Name) (Relationship) (Phone)

How did you hear about Able Family Counseling? _____

Presenting Problem for Parent/Caregiver

Please circle stressors you have had in recent months:

Marital Issues	Health Issues	Job Issues	Financial Issues
Parent/Child Issues	Past Issues	Other _____	

Child's Presenting Problem (s) * Please circle all that apply:

Sexual abuse	Physical abuse	Neglect	Delinquent behavior
Nightmares	Suicidal thoughts	Sexual acting out	Sleeping problems
Concentration	Temper outbursts	Withdrawn	Lying
Peer Conflict	Drug use	Alcohol use	Stubbornness
Running away	Stealing	Health issues	Strange thoughts
Legal trouble	Harming self	Head banging	Overactive
Skipping school	Apathetic	Fearful	Inattentive

Other problems and/or concerns: _____

_____

Additional comments, or questions: _____

_____

_____

Current Family Situation

List the occupants in the home, even if temporary: _____

_____

Biological siblings (list names and ages in order of oldest to youngest): _____

_____

_____

Are there any current concerns regarding siblings? (Please list concerns) _____

_____

Has the child ever been exposed to domestic violence? _____Y ____N

Traumas or losses (Please indicate the loss or trauma and the age of the child): _____

_____

_____

Living Arrangements

Is there currently a custody dispute? _____Y _____N

Is there weekend visitation with a non-custodial parent? _____Y _____N

Has your child recently moved? _____Y _____N Number of moves in child's life? _____

Who makes the decisions regarding the household money, discipline, routine? _____

What is your major form of discipline? (i.e. grounding, spanking, time-out, removal of privileges, etc.)_____

_____

Who is the major disciplinarian? _____

Physical / Mental Health of Client and Family Members

Please note all health problems, major illnesses or physical limitations your child has had or has now (Please indicate the age): _____

_____

Has your child ever been hospitalized? If so, please explain? _____

_____

Please list all medications your child is taking (type/name and amount):_____

_____

Prescribed by? _____ Prescribed on? _____

Name of Primary Care Physician: _____

Name of other physicians your child is seeing, especially psychiatrists: _____

_____

Has your child ever seen a counselor before? _____Y _____N

Duration of therapy:_____ Name of Counselor: _____

What was the presenting problem? _____

Has your child ever had a psychiatric diagnosis? _____ If yes, what was the diagnosis? _____

Family Medical and Psychiatric History

Medical problems or disabilities in the family:_____

_____

History of Mental Illness in the family:_____

_____

Substance abuse history:_____

_____

Developmental History

Prenatal

Please list any problems or complications with pregnancy or delivery:_____

_____

Developmental Milestones (referring to age when the child walked, talked, potty trained, etc.): _____

_____

_____

Educational History

Name of child's school: _____ Grade: _____

Teacher(s) name: _____

Average grades: _____

Concerns regarding school academics or behavior: _____

_____

Have there been any significant changes or problems in school behavior or grades? _____

_____

Child's best subject:_____ Child's most challenging subject: _____

Please check the following according to your child:

Learning disabilities _____Y _____N If yes, please explain? _____

_____

Gifted: _____Y _____N ADD: _____Y _____N ADHD: _____Y _____N

Social History

In school, how many Friends does your child have? _____ a lot (more than 5) _____a few (1-5) _____none

How much time does your child spend with other children outside of school during the week?

0-1 day _____ 2-3 days_____ 4-5days_____ more than 5 days_____

Please list child's special interests, hobbies, skills:_____

_____

_____

How does your child get along with:

Peers: _____

Adults: _____

Teachers: _____

Parents: _____

Others: _____

Is your family connected with any groups, churches, or religious organizations? _____

_____

Has your child ever had difficulty with the police? _____Y _____N If yes, please explain? _____

_____

Has your child ever been on probation? _____Y _____N

Describe how you hope counseling will help your child? _____

_____

_____

Describe how you hope counseling will help you and your family? _____

_____

_____

_____

Able Family Counseling
Informed Consent

Please initial where indicated, stating you have read and understand the information provided.

Counseling Approach and Client Participation – Able Family Counseling is a service that counsels from a Christian perspective. Allison B. Leggin often uses prayer in session along with a variety of other interventions to assist you. Depending on your special need, she may use Family/Systems Therapy, Cognitive Behavioral Therapy, Play Therapy and Narrative Therapy some of which are integrated into a practical application of Biblical Theology. At Able Family Counseling, we want to create an environment where you will feel safe exploring questions and solutions to the concerns that brought you in. As a therapist, it is my job to ask questions that will help you find answers. You may also be encouraged to read and utilize Christian reading material.

Initials: _____

Benefits and Risks of Therapy - Counseling may involve discussing relational, spiritual, psychological, and/or emotional issues that at times are distressing. Therapy may also elicit uncomfortable thoughts, feelings or memories. There is no guarantee of outcomes as a result of participating in upcoming sessions. At any point during the counseling relationship, your counselor may deem it in your best interest to be referred to another professional. If you are involved in violence, substance abuse or have threatening behavior, the counselor may discontinue your therapy and give you an appropriate referral. You have the right to discontinue counseling at any time.

Initials: _____

Confidentiality – A very important aspect of developing the openness, honesty, and trust between counselor and client is confidentiality. Whatever you share with your counselor will be kept in the strictest confidence and will not be disclosed to anyone without your express, written consent. The information you share both written and verbally is part of your Protected Health Information (PHI) and is considered confidential. A detailed description of PHI is available with this intake form. I will not release your information to anyone, including your family without *written* consent. If you are a minor, it is the legal right of your parents to have access to the information that we discuss in our sessions. I will discuss with each minor client and their parent/guardian the expectations of exchange of information between parent/child, therapist/child, and therapist/parent for their particular situation. It may be imperative to my therapeutic relationship with a child or adolescent not to reveal the information disclosed to me in session to their parents/guardians. It is important that all parties involved in the therapeutic process are clear on our communication expectations. At the same time, it is important for you to know that, under Kentucky law; a few situations sometimes arise in which your counselor is both legally and ethically required to make disclosures that are necessary to ensure the safety of yourself or others. Those situations include: ***suspected child and/or elder abuse or neglect, threat of physical violence to others, and/or suicidal intent, when a judge orders that information be disclosed, or when Homeland Security requests information according to the Patriot Act***. Your counselor will further discuss any aspect of confidentiality, which may concern you.

Initials: _____

Communication – The best way to contact the office for any reason is by phone. Generally, phone calls will be returned within 24-48 hours. Email is not considered a secured form of communication and therefore not protected by HIPAA. With this said, confidentiality of incoming and outgoing information via email or text cannot be guaranteed. If you choose to communicate confidential information with the office via email, text or voicemail, the therapist will assume that you have made an informed decision and view it as your agreement to take resulting risks. By signing this document, I/we acknowledge that Allison B. Leggin with Able Family Counseling is not liable for loss of confidentiality due to electronic communication.

Initials: _____

Working with Children – Due to the importance of trust between client and therapist, when the client is a minor child I will offer parents general information about the therapeutic process and overall themes, but not specific details about what information is exchanged during each session. If, at any time, I feel like your child is engaging in risky/dangerous behavior I will immediately inform you of the situation, or have your child do so as part of the therapeutic process. My definition of "risky/dangerous behavior" includes, but is not limited to: self-harm or suicidal ideation, threats of running away, any use of hard drugs, prolonged use of soft drugs, and unprotected sex. I will regularly update you on your child's progress and I encourage you to contact me as frequently as you feel is needed. I will not provide you updates after each session, however if you need to speak with me about your child's behavior please call prior to their weekly session or arrange a time to come in and speak with me. It is important that your child feel that my office is a place where they can trust me enough to share the sensitive things that may be underlying the presenting problem. I am sensitive to a parent's needs to be involved in the process and that is why parenting and family sessions are typically a regular occurrence during the treatment process.

Initials: _____

Fees – Fees are $105 (individuals) or $125 (couples/family) per 50-minute session. **Prepayment in full is due atleast 48 hours in advance to secure your scheduled appointment for services. Non-receipt of prepayment may result in appointment cancellation** unless previous arrangements have been made**.** Should you miss a payment, for whatever reason, therapy sessions may be postponed until the full payment is rendered. Payments are accepted via ***cash, check, debit or credit card.*** **Credit card payments are accepted via PayPal for the cost of the session with additional convenience fees applied.** Hourly fees are charged for face-to-face appointments, telephone calls lasting longer than 10 minutes (outside of the initial free 15-minute phone consultation), and for time involved in the preparation of written reports or communication with other professionals. For all completed letters or forms, please allow 3 weeks. Allison B. Leggin is not accepting any insurance at this time. However, a client may request a receipt, which he or she may submit to their insurance company. Able Family Counseling, LLC cannot guarantee that any insurance company will reimburse for services.

Able Family Counseling provides a limited number of reduced-fee spaces in its' case load. If you feel you qualify for one of these slots, please inform the therapist at the *beginning* of the first session. The slots are limited and may require a wait. If there are no slots immediately available, the office will provide you with other cost effective or sliding scale referrals.

There is a returned check fee of $40 in addition to the fee for service.

Initials: _____

Sessions - Sessions will last approximately 50 minutes. If you arrive late for a session, your session time will be shortened and your normal fee will be expected. Please call 24 hours in advance if you need to change or cancel your appointment. Your appointment time has been reserved just for you.

Initials: _____

Court – In order to protect you and the information you, and/or your spouse or children provide to their therapist during sessions, Allison B. Leggin asks each client to waive their right to call her as a witness to court for any reason. The communication that you and/or your spouse or children provide during session is considered privileged by KY state law. By signing this informed consent, ***I/we agree not to subpoena copies of my child's records, records of individual or marriage counseling or ask for court testimony/evaluations from Allison B. Leggin of Able Family Counseling. I/we also agree to instruct our attorneys not to subpoena Allison B. Leggin of Able Family Counseling or refer to Allison B. Leggin in a court filing***. If you anticipate the need for therapist involvement in court activity, Mrs. Leggin will be happy to refer you to someone who is more suited to meet your needs. If subpoenaed by a court of law, she will first assert client-counselor privilege. In the event of being ordered by a judge to disclose information, the fees for appearing in court are $1000 per day and must be paid at the end of each day in attendance. Due to the unpredictability of the beginning and end of court sessions, she will have to take off the entire day from work. The fee of $1000 is the average income of an 8-hour period of work.

Initials: _____

Emergencies – If you have a mental health emergency, I strongly encourage you to call 911 or go to your local emergency room for help. Allison B. Leggin does not provide emergency services and is not available at all times. If you do not feel this is sufficient support for you, please inform me and we can discuss additional resources or transfer your case to a therapist or clinic that has 24-hour availability. Please do not wait for your counselor to contact you to utilize one of the following resources:

1) Call The Ridge Behavioral Health System 1.800.753.4673
2) Call Good Samaritan Hospital 859.252.6612
3) Call the Suicide Hotline 1.800.784.2433
4) Bluegrass Regional Crisis Line 1.800.928.8000

Initials: _____

Ethical Considerations – Services will be rendered in a professional manner consistent with the ethical standards of the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics and this practice will follow those guidelines. If at any time you feel that services are not being performed in an ethical or professional manner, please notify Allison B. Leggin immediately. If we are unable to resolve your concern, she will provide you with the information to contact the Kentucky Association of Marriage and Family Therapy and the American Association for Marriage and Family Therapy, both which govern her profession.

In order to maintain ethical standards, it is helpful to occasionally consult with other professionals. In these consultations, the identity of my client(s) is not revealed. The consultant is also bound to keep any information about a case confidential by the ethical standards of their own professional association. Allison B. Leggin does not consult with therapists who are not bound by such ethical standards.

Initials: _____

Cancellation Policy –All cancellations should be made **NO LATER THAN 24 HOURS IN ADVANCE** of your scheduled appointment. For cancellations occurring at least 24 hours prior to your appointment time, no charge will be incurred. For cancellations occurring less than 24 hours prior to your appointment time or appointments not kept (and not cancelled), the full cost of the appointment will be applied to your account. Therapy sessions may be postponed until the full payment is rendered. Also, if a client does not show for a scheduled appointment without prior notice 2 or more times, the therapist may choose to discontinue services.

Any files that have no activity for a period of 60 days will be closed.

Initials: _____

Consent to Treatment

By signing below, you agree that you have read (or have had read to you) all of the above sections of the informed consent form and that you understand the risks and benefits associated with the therapeutic process. You understand that you can ask questions about the process at any time.

Child's name:_____ Date: _____

***Parent/Guardian Signature is required for all minors age 17 years or younger.*

Signature: _____ Date: _____

Print Full Name: _____

Signature: _____ Date: _____

Print Full Name: _____

Able Family Counseling
Informed Consent

Please keep this information provided for your record.

Counseling Approach and Client Participation – Able Family Counseling is a service that counsels from a Christian perspective. Allison B. Leggin often uses prayer in session along with a variety of other interventions to assist you. Depending on your special need, she may use Family/Systems Therapy, Cognitive Behavioral Therapy, Play Therapy and Narrative Therapy some of which are integrated into a practical application of Biblical Theology. At Able Family Counseling, we want to create an environment where you will feel safe exploring questions and solutions to the concerns that brought you in. As a therapist, it is my job to ask questions that will help you find answers. You may also be encouraged to read and utilize Christian reading material.

Benefits and Risks of Therapy - Counseling may involve discussing relational, spiritual, psychological, and/or emotional issues that at times are distressing. Therapy may also elicit uncomfortable thoughts, feelings or memories. There is no guarantee of outcomes as a result of participating in upcoming sessions. At any point during the counseling relationship, your counselor may deem it in your best interest to be referred to another professional. If you are involved in violence, substance abuse or have threatening behavior, the counselor may discontinue your therapy and give you an appropriate referral. You have the right to discontinue counseling at any time.

Confidentiality – A very important aspect of developing the openness, honesty, and trust between counselor and client is confidentiality. Whatever you share with your counselor will be kept in the strictest confidence and will not be disclosed to anyone without your express, written consent. The information you share both written and verbally is part of your Protected Health Information (PHI) and is considered confidential. A detailed description of PHI is available with this intake form. I will not release your information to anyone, including your family without *written* consent. If you are a minor, it is the legal right of your parents to have access to the information that we discuss in our sessions. I will discuss with each minor client and their parent/guardian the expectations of exchange of information between parent/child, therapist/child, and therapist/parent for their particular situation. It may be imperative to my therapeutic relationship with a child or adolescent not to reveal the information disclosed to me in session to their parents/guardians. It is important that all parties involved in the therapeutic process are clear on our communication expectations. At the same time, it is important for you to know that, under Kentucky law; a few situations sometimes arise in which your counselor is both legally and ethically required to make disclosures that are necessary to ensure the safety of yourself or others. Those situations include: ***suspected child and/or elder abuse or neglect, threat of physical violence to others, and/or suicidal intent, when a judge orders that information be disclosed, or when Homeland Security requests information according to the Patriot Act***. Your counselor will further discuss any aspect of confidentiality, which may concern you.

Communication – The best way to contact the office for any reason is by phone. Generally, phone calls will be returned within 24-48 hours. Email is not considered a secured form of communication and therefore not protected by HIPAA. With this said, confidentiality of incoming and outgoing information via email or text cannot be guaranteed. If you choose to communicate confidential information with the office via email, text or voicemail, the therapist will assume that you have made an informed decision and view it as your agreement to take resulting risks. By signing this document, I/we acknowledge that Allison B. Leggin with Able Family Counseling is not liable for loss of confidentiality due to electronic communication.

Working with Children – Due to the importance of trust between client and therapist, when the client is a minor child I will offer parents general information about the therapeutic process and overall themes, but not specific details about what information is exchanged during each session. If, at any time, I feel like your child is engaging in risky/dangerous behavior I will immediately inform you of the situation, or have your child do so as part of the therapeutic process. My definition of "risky/dangerous behavior" includes, but is not limited to: self-harm or suicidal ideation, threats of running away, any use of hard drugs, prolonged use of soft drugs, and unprotected sex. I will regularly update you on your child's progress and I encourage you to contact me as frequently as you feel is needed. I will not provide you updates after each session, however if you need to speak with me about your child's behavior please call prior to their weekly session or arrange a time to come in and speak with me. It is important that your child feel that my office is a place where they can trust me enough to share the sensitive things that may be underlying the presenting problem. I am sensitive to a parent's needs to be involved in the process and that is why parenting and family sessions are typically a regular occurrence during the treatment process.

Fees – Fees are $105 (individuals) or $125 (couples/family) per 50-minute session. **Prepayment in full is due atleast 48 hours in advance to secure your scheduled appointment for services. Non-receipt of prepayment may result in appointment cancellation** unless previous arrangements have been made**.** Should you miss a payment, for whatever reason, therapy sessions may be postponed until the full payment is rendered. Payments are accepted via ***cash, check, debit or credit card.*** **Credit card payments are accepted via PayPal for the cost of the session with additional convenience fees applied.** Hourly fees are charged for face-to-face appointments, telephone calls lasting longer than 10 minutes (outside of the initial free 15-minute phone consultation), and for time involved in the preparation of written reports or communication with other professionals. For all completed letters or forms, please allow 3 weeks. Allison B. Leggin is not accepting any insurance at this time. However, a client may request a receipt, which he or she may submit to their insurance company. Able Family Counseling, LLC cannot guarantee that any insurance company will reimburse for services.

Able Family Counseling provides a limited number of reduced-fee spaces in its' case load. If you feel you qualify for one of these slots, please inform the therapist at the *beginning* of the first session. The slots are limited and may require a wait. If there are no slots immediately available, the office will provide you with other cost effective or sliding scale referrals.

There is a returned check fee of $40 in addition to the fee for service.

Sessions - Sessions will last approximately 50 minutes. If you arrive late for a session, your session time will be shortened and your normal fee will be expected. Please call 24 hours in advance if you need to change or cancel your appointment. Your appointment time has been reserved just for you.

Court – In order to protect you and the information you, and/or your spouse or children provide to their therapist during sessions, Allison B. Leggin asks each client to waive their right to call her as a witness to court for any reason. The communication that you and/or your spouse or children provide during session is considered privileged by KY state law. By signing this informed consent, ***I/we agree not to subpoena copies of my child's records, records of individual or marriage counseling or ask for court testimony/evaluations from Allison B. Leggin of Able Family Counseling. I/we also agree to instruct our attorneys not to subpoena Allison B. Leggin of Able Family Counseling or refer to Allison B. Leggin in a court filing***. If you anticipate the need for therapist involvement in court activity, Mrs. Leggin will be happy to refer you to someone who is more suited to meet your needs. If subpoenaed by a court of law, she will first assert client-counselor privilege. In the event of being ordered by a judge to disclose information, the fees for appearing in court are $1000 per day and must be paid at the end of each day in attendance. Due to the unpredictability of the beginning and end of court sessions, she will have to take off the entire day from work. The fee of $1000 is the average income of an 8-hour period of work.

Emergencies – If you have a mental health emergency, I strongly encourage you to call 911 or go to your local emergency room for help. Allison B. Leggin does not provide emergency services and is not available at all times. If you do not feel this is sufficient support for you, please inform me and we can discuss additional resources or transfer your case to a therapist or clinic that has 24-hour availability. Please do not wait for your counselor to contact you to utilize one of the following resources:

5) Call The Ridge Behavioral Health System 1.800.753.4673
6) Call Good Samaritan Hospital 859.252.6612
7) Call the Suicide Hotline 1.800.784.2433
8) Bluegrass Regional Crisis Line 1.800.928.8000

Ethical Considerations – Services will be rendered in a professional manner consistent with the ethical standards of the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics and this practice will follow those guidelines. If at any time you feel that services are not being performed in an ethical or professional manner, please notify Allison B. Leggin immediately. If we are unable to resolve your concern, she will provide you with the information to contact the Kentucky Association of Marriage and Family Therapy and the American Association for Marriage and Family Therapy, both which govern her profession.

In order to maintain ethical standards, it is helpful to occasionally consult with other professionals. In these consultations, the identity of my client(s) is not revealed. The consultant is also bound to keep any information about a case confidential

by the ethical standards of their own professional association. Allison B. Leggin does not consult with therapists who are not bound by such ethical standards.

Cancellation Policy –All cancellations should be made **NO LATER THAN 24 HOURS IN ADVANCE** of your scheduled appointment. For cancellations occurring at least 24 hours prior to your appointment time, no charge will be incurred. For cancellations occurring less than 24 hours prior to your appointment time or appointments not kept (and not cancelled), the full cost of the appointment will be applied to your account. Therapy sessions may be postponed until the full payment is rendered. Also, if a client does not show for a scheduled appointment without prior notice 2 or more times, the therapist may choose to discontinue services.

Any files that have no activity for a period of 60 days will be closed.

Able Family Counseling
Spiritual Disclosure

Able Family Counseling is a Christian, faith-based practice. As such, it is inevitable that the counselor will see client struggles and situations through the lens of a Christian worldview. Clients are not required to hold a Christian worldview and you are welcome to request a list of professional referrals if, at any time, you feel that this counseling relationship is not helpful to you.

Therapists at Able Family Counseling have received training in both clinical and spiritual interventions. Spiritual interventions include, but are not limited to: types of listening and inner healing prayers, meditation, and examination of Biblical scriptures, forgiveness exercises, and self-examination tools. Increasingly, fields of counseling and psychology acknowledge that the physical, mental, emotional, and spiritual aspects of an individual are intricately interwoven. However, we at Able Family Counseling understand that not everyone is at a place where they desire spiritual integration techniques of this sort. We also understand that not all clients who seek treatment from Able Family Counseling have a Christian worldview. With this in mind, these interventions are optional.

Please indicate below your choice of spiritual integration level:

_____ Please include spiritual integration tools and make this my **primary** form of treatment. This integration is the primary reason I chose Able Family Counseling.

_____ I welcome spiritual integration tools, but am also interested in clinical interventions.

_____ I am primarily interested in clinical interventions, but am open to occasional spiritual interventions.

_____ At this time, I am not interested in spiritual integration tools. I will let you know if I become interested at a later time.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Client Signature: _____Date: _____

Print Full Name: _____

If signed by Responsible Party, please state the relationship to client and authority to consent:

_____

Therapist: _____Date: _____

Able Family Counseling
Dual Relationship Waiver

Dual relationships happen when the client knows the counselor in roles outside the clinical setting. They may attend church together, volunteer on the same committee, encounter one another at any number of public events, or have children in the same school. These relationships can become uncomfortable and detrimental to therapy. If there is concern about a dual relationship with your therapist, you are welcome to ask for a referral list of other professionals who may be more removed from your social setting.

Possible risks of dual relationships include, but are not limited to:

- Confusion on how to interact outside the counseling office.
- Hesitance to discuss difficult or "ugly" areas.
- Unintentional exploitation due to a potential power differential.
- Mixing of roles. (Information gained outside of the counseling office may not be used for therapy)

Things to remember with in relating to your therapist.

- Your therapist is not your friend. This does not mean he or she does not enjoy your company.
- When your therapist sees you in public, she will wait for you to initiate contact. This is to protect your comfort level.
- It is not appropriate to give gifts of value (more than $25) to your therapist. A small card is welcome if it is your culture or personality to do so, but certainly not expected.
- Please limit email and text contact. Therapy issues should not be discussed via email or text, as it is not a secure form of communication. Any client information mentioned in an email or text are sent at your own risk and we will address the disclosed information at your next appointment.
- See Mixing of roles, above.
- Clients are never to be exploited for personal gain.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party. I take responsibility to ask for a referral list if I feel I am in a dual relationship with my therapist that will negatively affect the therapeutic process.

Client Signature: _____Date: _____

Print Full Name: _____

If signed by Responsible Party, please state the relationship to client and authority to consent:

_____

Therapist: _____Date: _____

INFORMED CONSENT FOR TELETHERAPY
Able Family Counseling, LLC

This Informed Consent for Teletherapy contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Teletherapy

Teletherapy refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of teletherapy is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Teletherapy, however, requires technical competence on both our parts to be helpful. Although there are benefits of teletherapy, there are some differences between in-person psychotherapy and teletherapy, as well as some risks.

Risks to Confidentiality

Because teletherapy sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues Related to Technology

There are many ways that technology issues might impact teletherapy. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

Crisis Management and Intervention

Usually, I will not engage in teletherapy with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in teletherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our teletherapy work.

Efficacy

Most research shows that teletherapy is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will decide together which kind of teletherapy service to use. You may have to have certain computer or cell phone systems to use teletherapy services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in teletherapy.

For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments,

billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods should not be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by the office phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our teletherapy. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for teletherapy sessions and having passwords to protect the device you use for teletherapy).

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Informed Consent for outpatient treatment still applies in teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Teletherapy

From time to time, we may schedule in-person sessions to "check-in" with one another. I will let you know if I decide that teletherapy is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology

There is a possibility with teletherapy that disruptions to services will take place. Should I be unavailable due to technology failure, clients will be expected to rely on appropriate hotline, local resources, and other trusted individuals identified in the course of treatment. A non-exhaustive list of resources is also available via my website under the 'Forms' tab in the on-line Informed Consent.

Another potential downfall of teletherapy is that sessions may be ended by clients at any time, leaving this clinician unable to make contact. In the event this should occur, I will take appropriate steps to ensure your safety. These steps may include and are not limited to contacting emergency contacts, contacting local law enforcement and contacting other local agencies who may provide support.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the teletherapy platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me at (502)509-4308.

Fees

The same fee rates will apply for teletherapy as apply for in-person psychotherapy. Please be aware, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. In order to secure a scheduled appointment, **fees will be paid at least 24 hours in advance** via the website at ablefamilycounseling.com.

Records

The teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

Client Signature: _____ Date: _____

Print Full Name: _____

***Parent/Guardian Signature is required for all minors age 17 years or younger.*

Parent/Guardian Signature: _____ Date: _____

Print Full Name: _____

Physical Address: _____

Emergency Contact:_____ Phone Number:_____