

Client Information Form

Client Name _____

New Client? Client Update?

Must be full, legal name of the person being seen for therapy

Address _____
Street or PO Box City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____ Gender M F

Home Phone _____ Y N

May I leave a message?

Work Phone _____ Y N

May I leave a message?

Other Phone _____ Y N

Please identify _____ May I leave a message?

Email: _____

Client Marital Status

Single Married Other

Client Employed?

Yes No

Client Student Status

Full Time Part Time

How Did You Hear About My Practice? **Please be as specific as possible*

Name _____ Former/Current Client Yellow Pages Internet
 Healthcare Professional Mental Health Provider Insurance Company Word of Mouth

Responsible Party Information **The responsible party will receive the bill for any services not covered by insurance. Please complete any information that differs from the client.*

Name _____

Home Phone _____

Address _____
Street or PO Box

Work Phone _____

City _____ State _____ Zip _____

Relationship to Client: _____

Insurance Information **Information in this section should pertain to the Primary Person listed on the insurance card. Please complete any information that differs from the client.*

Insurance Co _____ Insurance Phone# _____

Insured's Name _____ ID# _____

Group# _____ Patient Relationship to Insured Self Spouse Child Other

Insured's Address _____ Home Phone _____
Street or PO Box

City _____ State _____ Zip _____ Insured's SSN _____

Insured's DOB _____ Gender M F Insured's Employer _____

I hereby authorize the release of all information necessary to secure payment and assign all benefits to which I am entitled.

Signature _____ Date _____

Office Use Only Provider **Genevieve Strickland Ed S., LMFT** Diagnosis Code _____

Billing Notes _____

Medical Information

Reason for seeking therapy

Who will be attending therapy

List of Medications for each person attending therapy

Primary Physician _____ Phone _____

Psychiatrist _____ Phone _____

Any major medical problems

Genevieve Strickland, Ed. S., LMFT Personal Disclosure Statement

Magnolia Counseling Associates

General Information

Magnolia Counseling Associates is located at 811 E. Main St. Suite B, Spartanburg, SC 29302. Office hours are by appointment only. The telephone number is 864-583-5969. My confidential email is Genevieve.strickland@therapysecure.com. It is checked at least once every business day.

Educational Qualifications

I have both a Bachelors of Arts in Art Therapy and an Education Specialist in Marriage and Family Therapy from the Converse College, a COAMFTE accredited program. I am a Licensed Marriage and Family Therapist registered with the Board of Examiners for the LPC, MFT, and PES, PO Box 11329, Columbia, SC 29211-1329, Phone 802-896-4658.

Fees

Payment is due for professional services at the time they are rendered.

The initial intake assessment	\$135
Individual, couple, and family therapy	\$115
Group Therapy	\$60 per attendee
Written Reports	\$25 per quarter hour
Phone calls over 5 minutes	\$25 per quarter hour
Failed Appointments (no notice)	\$90
Late Cancellation (less than 24 hours)	\$50
Court Appearance	\$1000 flat fee plus hourly rate for preparation, testimony, meetings, etc.
Returned Checks	Processing fee is up to the bank's policy

Court Appearances

Please note that I **do NOT** make court appearances or form opinions regarding custody or legal proceedings of any nature when doing outpatient therapy. I do not enter the therapy process with this mindset, so a subpoena or court order can and will do irreparable damage to the therapeutic relationship, especially with children, and often does more harm than good to the client involved in the case. If I am required to do so, there is an hourly charge of

\$115 an hour for time spent attending to these matters including phone calls and preparation. In the rare event that I am called to court as an expert witness, there is a one-time fee of \$1000 IN ADDITION to any time spent attending to these matters regarding this case.

Insurance Payment

Because Counseling is a specialty, insurance companies frequently place special requirements on both the patient and the therapist. To ensure you are receiving maximum benefits from your insurer, contact your insurance company prior to your initial appointment to review your benefits for counseling. Generally, insurers refer to this form of treatment as Outpatient Mental Health Services. An outside billing person will be in charge of handling information necessary to secure payment and assign all benefits to which the therapist is entitled. If you have questions, ask your therapist, and the billing person will contact you directly.

Confidentiality

The information you share in counseling sessions are protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina or through a court order (signed only by a judge) but is considered privileged in the federal court system. I am mandated by standards – through Duties to Warn – to breach confidentiality if I discover the following:

1. I must report what is mandated by law such as child or elder abuse.
2. I must report if there is a clear and present danger to a person or persons such as a threat of suicide or homicide.
3. I may disclose specific information if I have a signed waiver from each participant in therapy.
4. I must disclose if I believe your mental/emotional condition makes you unable to take care of yourself or people for whom you are responsible.
5. I must disclose if it is determined that you or your family member is in need of hospitalization.
6. I must disclose if I am ordered by a court to do so.
7. I may disclose information in order to defend myself against charges arising from therapy. I am subject to a subpoena.
8. I must disclose if you are using insurance to pay for your therapy or there is someone you have deemed as payor of your therapy.

Finally, if you wish your protected health information released to another party, you must sign a specific document called a Release of Information. Verbal authorization is not sufficient. My Code of Ethics states that Marriage and Family Therapists are to limit client's access to their records, with compelling evidence if such access would cause serious harm to the client.

Electronic Communication Policy

Email provides an easy and convenient way for therapists and clients to communicate but can also introduce challenges into the therapist-client relationship. Below are the guidelines for contacting me using email.

- For emergencies, use the Emergency Room. Do not use emails.
- Email is not a substitute for a therapeutic session. If you think you might need to be seen, please call or schedule an appointment.
- Appropriate use of email includes appointment scheduling requests.
- Email should not be used to communicate sensitive medical information such as information regarding mental health or physical health issues.
- Emailing any information to “update” me about you or your child’s upcoming appointment is not confidential. If you need to schedule to speak with me before the appointment, please request that in plenty of time before the session.
- Although my email service is encrypted, email is not confidential. Be aware that if you send emails from your work, your employer has a legal right to read your email.
- Email is part of your record. A copy will be printed and put into your charts.
- Either you or I can revoke permission to use the email system at anytime.

Please initial ONE of the following options:

_____ It is permissible for my therapist to contact me via email regarding scheduling.

Preferred Email Address: _____

_____ It is NOT permissible for my therapist to contact me via email regarding scheduling.

Texting and Voicemail Policy

Please refrain from texting unless used as a request that I call you. Please use email or call me directly. Be aware that voicemail is not confidential. Please do not leave a confidential voice message on a cell phone.

_____ It is permissible for my therapist to contact me via text regarding scheduling.

Preferred Phone Number: _____

_____ It is not permissible for my therapist to contact me via text regarding scheduling.

Ethics

I follow the Code of Ethics of The American Association for Marriage and Family Therapy. Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned or tolerated and the therapeutic relationship will be terminated.

Informed Consent

You will be required to sign this document. Your signature verifies you have been given this document. Your signature verifies you have given this document and the HIPAA document that follows, that you have read and understand these documents, and that you consent to treatment.

Further you need to be aware of the following:

- Treatment isn't always successful and may open unexpected emotionally sensitive areas.
- I am not a physician and cannot prescribe medications.
- I may need to consult with your physician, attorney, or other counselor.
- I am not available 24 hours a day.
- I am licensed through the SC Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists; this Board is located in the Synergy Center (Kingstree Building) in Columbia, South Carolina at 803-896-4652 (mailing address is P.O. Boc 11329, Columbia, SC 29211-1329)

Consent for Treatment of a Juvenile

Any child under the age of 18 who is seen must have his or her parent or legal guardian sign this consent. By signing this form you are confirming that you have legal custody of the child and have the right to authorize treatment for the minor. In the case that there is any time of alternative custody situation, the client must provide written documentation of the custody agreement.

Please be advised: generally children under the age of 18 do not legally have the right to confidentiality from their parents/legal guardians. This means that parents have a legal right to their children's files. However, we want to stress that a very important part of what makes therapy work is when clients (i.e. children) know that the information that they choose to share will be kept private. Therapy is often a safe place for children to process things in their lives that are scary and uncomfortable to share with the adults who take care of them. If children feel that they can expect a reasonable amount of privacy in the therapy room, they are much more likely to make progress. We ask that parents respect this and not ask children questions about what happens in their therapy sessions, but rather let children bring it up if they choose to. It is also important that both of you (the caretaker) and the child understand the limits of confidentiality. In the event that the child shares something during the course of therapy which is necessary for the parent to know (such as safety issue), we will let the child know that that is something we have to share and then inform the parent about this issue. Also, all of the legal limits of confidentiality apply. Part of the first session will be dedicated to answering questions about these limits and deciding what level of privacy is appropriate for your particular situation.

Special Note

Clients must make their own decisions regarding marrying, separating, divorcing, reconciling, and setting up custody and visitation. If necessary, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Studies suggest that therapy involving only one spouse can lead to the dissolution of a marriage instead of improving it. Furthermore, to be the best therapist for you means taking care of my family and myself when I am not at work. Please respect my time when we are not in session. If you have an issue you need to speak with me about between sessions, please make an appointment using the email address above or call the office number.

