Marriage and Family Institute, LLC

"Every great journey begins with a single step."

-Chinese Proverb

Child and Teen Intake Packet

Welcome. We are excited that you have begun that journey by taking that first step of reaching out for help and honored that you have chosen us to help you on your path.

We at Marriage and Family Institute want to help make the most of every interaction that we have together. In order to help us do that, we have put together this packet of information and forms that need to be reviewed and filled out by you.

Please bring these completed forms in with you at the time of your child or teen's first appointment or complete them online via the secured client portal.

NOTE: Without these forms reviewed, completed, and signed we will be unable to see you for your appointment.

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GENERAL COUNSELING INFORMATION

Credentials and Background:

We at Marriage and Family Institute are informed by our Christian faith and seek to contract with therapists who share these values. Please review the extent to which you would like for faith issues to be discussed/expressed in your sessions with your therapist. This is your treatment; the therapist and therapy administered need to feel like a good fit with your needs for treatment to be successful.

All therapists, with the exception of practicum students and interns at Marriage and Family Institute have Master's degrees or higher in Marriage & Family Therapy. All practicum students and interns are supervised by a licensed professional with extensive training and experience in counseling.

Appointments:

Appointments can be made by calling Marriage and Family Institute at (615) 295-3729. We will schedule a maximum of two (2) sessions at a time. If it is necessary to cancel your appointment, we ask that you give at least 24-hour notice of the need to do so. You will be charged for the session at 50% of the agreed upon standard session rate if this notice is not received.

Appointment Times:

Therapy sessions are one hour. Fifty minutes of that time will be face-to-face with your counselor with 10 minutes available for administrative purposes. We will always do our best to see you directly at your appointment time; however, on occasion other sessions may go long as need dictates.

Business Hours:

Regular business hours are Monday – Friday from 8am to 5pm excluding holidays. If you call after 5pm, please note that your message may not be retrieved until the next business day.

Emergencies:

If you have an emergency, please contact the Crisis Line at **(615) 244-7444**, the National Suicide Prevention hotline at **(800) 273-TALK (8255)**, call **911**, or visit your nearest local emergency room. We do not have 24-hour emergency service.

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Fees:

It is our desire at Marriage and Family Institute to provide the best possible services to you and your family, at a fee that meets your specific financial situation.

With this in mind, we offer different tiers of counseling – each of which strive to offer the highest quality therapy, using proven models of intervention. For example, we may offer services at a reduced rate of $30 per session with supervised practicum students or interns in the process of earning their Master's degree in counseling or marital/family therapy. These students are receiving high quality instruction and supervision in all of the therapy work that they do. We also employ and/or contract with therapists that have completed their Master's degree and are earning supervised hours towards their licensure. These pre-licensure degreed therapists may see clients for $80 per session. Fully licensed therapists/counselors may see clients for $130 - $165 per session.

Payment in full is expected for each session and can be made with cash, check, or debit/credit card.

Many counseling services in our area often charge between $75 and $165 per hour. We believe that counseling should be affordable for anyone that needs or desires it.

Other Services:

There will be a charge for other services that may be requested by client, including but not limited to: consultation with other professionals, preparation of reports or correspondence of any kind, court appearances, legal meetings or depositions and clinical phone calls, etc… The fee for these services will be $250 per hour including drive time if applicable. Those services requiring clinician to be out of the office will be scheduled in four (4) hour blocks of time. Payment is due at the time of scheduling these services.

Risks in Counseling:

Counseling while beneficial, may present some risks. The risks may include but are not limited to: the experience of intense and unwanted feelings, including sadness, fear, anger, guilt, or anxiety, recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, including values and experiences, alteration of an individual's thinking. Your therapist, during your session will be available to discuss any of your assumptions, problems, or possible side effects of your work together. It is important to remember that intense feelings may be natural and normal and can be an important part of the counseling process.

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Clients Who Are Dependents:

If you are requesting our services as the guardian or parent of a child or a dependent adult, the same general principles as above will apply. However, as your child's counselor it is important that your child be able to completely trust the counselor. As such, we keep confidential what the child says in the same way we keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to question and understand the nature of our progress with your child, and our contracted therapists must use their discretion as to what is an appropriate disclosure. In general, they will not release specific information that the child provides to them; however, we feel it is appropriate to discuss your child's progress in boarder terms and value your participation in their counseling experience. Please discuss any questions that you have about this with your child/teen's therapist at the first session. You will be asked to sign an "Authorization to Counsel Minors" form for your child.

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Client Rights:

(See attached page 5 "Notice of Privacy Practices" for additional information)

- You have the right to ask questions about any part of the counseling session.
- You have the right to end counseling at any time.
- You have the right to review the information in your files at any time with proper notification and in consultation with your counselor except in cases where to do so would not be in your best interest as determined by the counselor.
- You have the right to request a release of the information in your counseling files to any person or agency you designate.

Termination:

Termination of counseling may occur at any time and may be initiated by either the client or the therapist. We request that if a decision to terminate is being made, there be a seven-day minimum notice in order that a final termination session may be scheduled.

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

We are required by applicable federal and state law to maintain the privacy of your health information. This is a summary of our Privacy Practices, but does not replace the full version which has been reviewed and made available to you through the Marriage and Family Institute website: http://www.marriagefamilyinstitute.org, through your client portal, or by contacting our office. This notice applies to personal medical/mental health information that we have about you. We may need to obtain your permission to share or release your healthcare information. We can use your protected health information and share it with members of our organized healthcare arrangement. Neither this nor the full notice of privacy practices covers every possible use or disclosure. If you have any questions, please contact our office.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please access if via your client portal or contact us using the information listed at the end of this Notice.

Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA (The Health Insurance Portability and Accountability Act) and state law very clearly defines what kind of information is to be included in your "designated medical record" as well as some material known as "Psychotherapy Notes" which is not available to outside sources and in some cases, not to the client.

HIPAA provides privacy protections about your personal health information, which is called "protected health information" which could personally identify you. PFI consists of three (3) components: treatment, payment, and health care operations.

TREATMENT refers to activities provided by a counselor to coordinate your health care.

PAYMENT refers to cases where reimbursement is sought from an outside source.

HEALTH CARE OPERATIONS refers to activities that relate to the operation of the counseling center. The use of your protected health information refers to activities that Marriage and Family Institute, LLC conducts for scheduling appointments, keeping records and other tasks within Marriage and Family Institute related to your care.

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DISCLOSURES refer to activities you authorize which occur outside Marriage and Family Institute, LLC such as sending your protected health information to other parties such as your primary care physician or in the case of children, to the school guidance counselor.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION

Tennessee requires authorization and consent for treatment, payment, and healthcare operations. HIPAA does nothing to change this requirement by law in Tennessee. With your consent, Marriage and Family Institute may disclose personal health information for the purposes of treatment, payment, and healthcare operations. You have signed this consent to care and authorization to conduct services associated with your care.

Additionally, if you ever want Marriage and Family Institute to send any of your protected health information to anyone outside Marriage and Family Institute, you will always sign a specific authorization to release information to this outside party. A copy of the authorization form is available upon request. The requirement of you signing an additional authorization form is an added protection to help insure that your protected health information is kept strictly confidential.

When psychological testing is completed, please be aware that actual test questions or raw data of psychological tests is protected by copyright laws and is not part of your "designated mental health record".

Special authorization provisions may be potentially relevant to the privacy of your records: psychotherapy notes. In recognition of the importance of the confidentiality of conversations between the counselor and the client in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from the overall "designated medical record". "Psychotherapy notes" are not the same as your "progress notes" which provide general information about your care and progress each time you have an appointment at Marriage and Family Institute.

*Psychotherapy Notes

You do not have the right to access a provider's psychotherapy notes. The Privacy Rule also does not permit the provider to make most disclosures of psychotherapy notes about you without your authorization.

Psychotherapy notes may be disclosed without consent or authorization:

- When needed to defend a lawsuit against the therapist by the individual who is the subject of the notes;
- To HHS when required for enforcement of the privacy rule;
- When required by law;
- When needed for oversight of the provider who created the notes;
- To a coroner or medical examiner;
- When needed to avert a serious and imminent threat to health or safety.

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We can use your protected health information and share it with members of our organized healthcare arrangement. Neither this nor the full notice of privacy practices covers every possible use or disclosure. If you have any questions please contact our office.

You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done.

BUSINESS ASSOCIATES DISCLOSURES

HIPAA requires that Marriage and Family Institute train and monitor the conduct of those performing ancillary administrative services. These business associates would include receptionists, cleaning staff, etc. The therapist, clinical staff, and in some cases, his/her clinical supervisor, will have access to the protected health information. Marriage and Family Institute trains personnel in privacy practices, monitors their compliance, and corrects any errors, if they should occur.

USES AND DISCLOSURES NOT REQUIRING CONSENT OR AUTHORIZATION

By law, protected health information may be released without your consent or authorization for the following:

- Suspected child abuse (physical, sexual, emotional, or neglect)
- Adult or domestic abuse
- Suspected abuse/neglect of an elderly or disabled adult
- Court order
- Serious threat to health or safety – "Duty to Warn" law
- Workers Compensation claims – All of your protected health information is automatically subject to review by your employer and/or insurer(s).

CLIENT'S RIGHTS AND MARRIAGE AND FAMILY INSTITUTE'S DUTIES

You have a right to the following:

The right to request restrictions on certain uses and disclosure of your protected health information, such restrictions shall apply unless our agreement is changed in writing;

The right to receive confidential communication by alternative means and at alternative locations;

The right to inspect and copy your protected health information in your designated medical record set for as long as protected health information is maintained in the record except in cases where it would not be in your best interest as determined by the counselor.

The right to amend material in your protected health information, although counselor may deny an improper request and/or respond to any amendment(s) you make to your record of care;

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The right to a paper copy of notices/information from your counselor, even if you have previously requested electronic transmission of notices/information;

The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

COMPLAINTS

If you have any concerns related to your privacy rights, please do not hesitate to speak to your therapist or the Clinical Director at Marriage and Family Institute, LLC, immediately about this matter.

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AUTHORIZATION TO COUNSEL MINORS

I (We), _____
[Name of Parent(s) or Guardian]

give my (our) permission to _____
(Counselor/Therapist)

to see my (our) son/daughter, _____
(Name of Minor Child)

for counseling with and/or without me being present in the same session. I (We) understand that we are the holder of confidential privilege – the right to withhold disclosure or private counseling information about my child. However, in the interest of developing a trust relationship between the counselor and my (our) child, I (We) give the counselor/therapist permission to reveal or withhold information which, in his/her clinical judgment, is necessary to protect my (our) minor child. The only exception to this discretion would be in the case of:

_____
_____

I (We) have legal custody of the child and have authorization to provide counseling for the child named above.

The child's other birth parent:

_____ is _____ is not aware of this counseling

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Counselor/Witness Signature Date

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Welcome! We look forward to our work together and anticipate that it will be a very positive and beneficial experience. We have supplied this information as well as the Notice of Privacy Practices to inform you of the parameters of care we provide. It is our desire as we join you in this process, to work toward seeing your desired goals achieved. However, therapeutic care offers no absolute guarantee of success and there are limitations to any form of care offered a client. If you have any questions or concerns, please feel free to share them with your therapist.

I have read Marriage and Family Institute, LLC **General Counseling Information and Informed Consent, Notice of Privacy Practices, and Notice of Participant Disclosure.** In the event that the therapist that your child/teen is seeing is a supervised practicum/internship student, I understand that I will need to ask for and sign a "Consent for Treatment with a Supervised Practicum/Internship Student" form at the time of the first session. I agree to the policies set forth in these documents and understand what they entail.

Your signature acknowledges your informed consent to care. An electronic signature via the client portal acts in the same way as does your handwritten signature.

_____ _____
Signature (Parent/Guardian) Date

_____ _____
Therapist Date

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Child/Teen Counseling Intake Form

About the Child/Teen

Name: _____

Prefers to be called: _____ **Gender:** ☐ Male ☐ Female

Birth Date: _____/_____/_____ **Age:** _____

School: _____ **Grade:** _____

Address: _____

_____

Reason for coming to counseling today:

_____

_____

_____

Parent/Guardian Information

Name: _____ Telephone: _____

Email:_____

Occupation: _____ Place of Employment: _____

Relationship to client: ☐ Birth Parent ☐ Step Parent ☐ Adoptive Parent ☐ Legal Guardian

Name: _____ Telephone: _____

Email:_____

Occupation: _____ Place of Employment: _____

Relationship to client: ☐ Birth Parent ☐ Step Parent ☐ Adoptive Parent ☐ Legal Guardian

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If biological parents are divorced, please answer the following:

- Year of divorce: _____
- Which parent is the primary residential parent? _____
- Is there a parenting plan in place? ☐ Yes* ☐ No *please provide a copy
- Who has non-emergency health care decision making? _____
- What is parenting time schedule? _____
- Has either parent remarried?
  - Mother: ☐ Yes, year of remarriage: _____ ☐ No
  - Father: ☐ Yes, year of remarriage: _____ ☐ No

Please list any siblings this child may have in order of their births:

Name	Age	Relationship	Active Part in his/her life?

Medical/Counseling History

Name of medical doctor: _____

Name of previous therapist/counselor: _____

What medical problems is the child currently being treated for?

_____

_____

Please list all medications currently being taken by your child/teen:

_____

_____

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What do you hope to achieve through this counseling experience?

_____
_____
_____
_____

How were you referred to our practice? _____

Religious Affiliation

If affiliated with a church/religious group/denomination, please give us the name:

_____

Note:

Please take younger children to the restroom before session begins and do not leave the building during the time your child is with the counselor.

The session will be fifty (50) minutes in length and the last ten minutes of the session can be used to discuss the progress of your child.

_____ _____
Signature (Parent/Guardian) Date

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