

Adult Intake Packet Instructions

Print this entire packet. Thoroughly read each page, sign and date each document as indicated. If you have any questions, we will discuss them at your first session before we begin. Bring this entire packet to your first session. We cannot proceed without signed forms. If you would like copies of your signed forms, I will be glad to provide them. If you have difficulty printing these forms, I will provide them at your first session. Giving you the option to complete these forms in advance saves you time during your session. Thoroughly read each page though and be prepared to sign them upon arrival. Time spent completing and discussing this Intake Packet is part of your initial session time.

This Intake Packet Includes a total of 7 pages including this cover sheet:

1. Professional Disclosure Statement – 3 pages
2. Personal Data - 1 page
3. Procedures and Practices – 1 page
4. Self-Care in Crisis Agreement – 1 page

Professional Disclosure Statement

This is a three-page document.

This statement has been provided for your information and protection.

Credentials and Approach to Counseling

I am a licensed mental health counselor in the State of WA. I am committed to partnering with you in working toward healthy change. While I use a variety of counseling approaches, I primarily utilize mindful cognitive behavior. We will explore beliefs, thought and behavioral patterns. I focus on emotional regulation, family dynamics, interpersonal relationships, and taking action to achieve positive change. I have over 20 years' experience working with children, adolescents, and adults.

To be effective, counseling will require work outside the therapy room. Therefore, I may request that you do outside activities, such as reading or other assignments. Most of the work in counseling happens outside of sessions, as life happens, and clients apply new skills and knowledge to situations.

Sessions between a counselor and client may be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office, video or over the phone. The client and counselor will not establish any relationship other than the professional counseling relationship. Counseling sessions focus exclusively on client concerns.

Summary of Rights of Clients

Therapy is a choice, client's symptoms may worsen before improving, may fail to improve, or even worsen. Some clients need only a few sessions to achieve their goals, while others may require months or years of counseling. The client has the right to terminate at any time; however, it is understood that premature termination may result in the return or worsening of the initial problems and symptoms.

It is appropriate for clients to raise questions about the counselor's orientation and training, diagnoses, fee policies, and course of treatment. All communications between client and counselor are considered part of the clinical record, which is accessible to the client upon written request to view or to obtain copies. Records are maintained for a period of seven years from the date of termination. Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

Emergency Services

In case of emergency, clients should call the crisis line at 1-800-626-8137 or 1-800-SUICIDE or 911.

Professional Disclosure Statement

Payment for Services

Fees for services are \$105.00 per 60 min session. **Payment is due before** each session begins. Sessions exceeding 60-minutes will occur by agreement between the client and counselor and additional charges will be discussed prior to the session. **Missed appointments** may be charged at the full fee rate unless cancelled minimum of **8** hours prior to the scheduled appointment time. I appreciate 24-hour notice. Due to Covid-19 concerns, if you are not feeling well please cancel your appointment, no late cancellation will apply.

Communications

Communication via the internet, such as video sessions, email, or cell phone including talk and text, is not a secured form of communication, and therefore, not considered as confidential as face to face. If you choose to engage communications with your counselor through any of these means, you do so with the understanding that the counselor is not liable for any third-party interception. In addition, text messages should be used for scheduling and quick communications only. I generally remind clients of appointments via text message.

The Right to Confidentiality

Whatever you share with your counselor is confidential communication. It will not be shared with anyone else **except in the following instances:**

1. **Child and dependent adult abuse:** If a counselor knows of or suspects child or vulnerable adult abuse, whether the child or adult is the client, the counselor is required by state law to report possible abuse to the appropriate authority.
2. **Harm to another:** If the counselor believes that the client is about to kill or do violence to another person, it is the counselor's ethical responsibility to warn the intended victim and alert law enforcement.
3. **Suicide:** If a counselor believes that the client is immediately likely to kill him or herself, the counselor will act to protect the client's life by reporting to the police, hospital, county mental health professional, and/or client's family member.
4. **Treatment of a minor:** Confidentiality is limited in cases where the parent's or guardian's knowledge of information is in the best interest of the child, and/or in cases of learning a minor is engaged in illegal activity.
5. **Court Mandate:** If a counselor receives a court mandate to testify on a client's behalf, confidential information may be shared. Client or parent of client will be responsible for all time incurred by counselor at a rate of \$400.00 per hour, including but not limited to, travel, preparation, court appearance, and any other expenses incurred by the counselor such as but not limited to document fees and records copying costs.

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6. **Signed Release of Information:**

- a. Client may sign a release of information so that the counselor may carry out case consultation with professional colleagues on client's behalf.
- b. Client may need to provide authorization for release of information from other medical and or treatment providers, current or previous, if doing so is warranted for the best interest of the client.

7. **Covid-19 precautions:**

Clients will wear a mask while sitting in the waiting area. Masks will be worn in session depending on client/counselor comfort. I follow a 6ft. social distancing protocol and sanitize my office between clients. **If you are feeling ill or have had contact with someone who may be ill or positive for Covid-19, I ask that you cancel your appointment.**

I have read and understand this Professional Disclosure Statement and have received a copy of it. I agree that these are the terms and provisions under which I am entering into a counseling relationship with Cheryl Butler, LMHC.

Signature of Client

Date

Signature of Counselor - Cheryl Butler, LMHC

Date

Cheryl Butler, LMHC

Executive Suites, Battle Ground Village
819 SE 14th Loop Ste. 101, # H Battle Ground WA 98604
360.737.4800 minormiracle.cb@gmail.com

Personal Data

Today's Date: _____

Client Name: _____ Date of Birth _____

Resident Address _____

City _____ State _____ Zip _____

Mailing Address if different _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ @ _____

(Read Communications section on page 2 of Professional Disclosure Statement if authorizing email communications)

Where can I contact you when necessary? (Circle all that apply) HOME CELL E-MAIL

When contacting you, how shall I identify myself? _____

Employer _____ Work Phone _____

Can I leave a message on your work phone? YES NO How shall I identify myself _____

Emergency Contact _____ Phone _____

Relationship to you _____

Primary Care Doctor _____ Phone _____

Who referred you to this office _____

Procedures and Practices

Assessment: We will discuss your counseling needs at your first appointment. In following appointments, we will set goals for your counseling sessions. Together we will design a plan for meeting those goals.

Number of sessions: The number of counseling sessions required to resolve issues varies with each individual and depends on several factors such as the nature of your concern, how long your concern has been a problem, and how much time and energy you devote to working through your issues. Please ask me any questions you have about treatment.

Length of Session: Sessions are 60 min. and begin at the scheduled time. Extended sessions are available.

Late Arrival: If you are late, your session cannot be extended beyond your appointed time because another client likely has an appointment following yours. If you arrive more than 15 minutes late, the appointment may be cancelled, and you will be charged the full fee.

No Show: Unless you had an unexpected conflict or sudden illness, you will be charged your regular session fee if you do not show up for your scheduled appointment and did not notify me at least 8 hours prior to the appointment time. If last minute cancellation becomes a regular occurrence, continuation of counseling will be discussed.

Medication: Some problems may be helped with medication in addition to counseling. Therefore, you may be referred to a physician or nurse practitioner for a medical evaluation for medication.

Children at appointments: Children cannot be brought into adult counseling sessions unless they are invited for the purpose of working on a family issue. Children age 12 and under cannot be left in the waiting room without an accompanying adult.

No Weapons Policy: No weapons are allowed inside the Executive Suites Offices. Even if you have a concealed weapons permit, we require that you do not bring on to the premises any guns, knives, or any other item that could be construed as a weapon, or that could be used to cause harm to another person. On-duty law enforcement officers are the only exceptions to this policy.

By signing this paper, I agree that I have read the above listed Procedures and Policies and agree to abide by the no weapons policy:

Client Signature _____ Date _____

Cheryl Butler, LMHC

Executive Suites, Battle Ground Village
819 SE 14th Loop Ste. 101, # H Battle Ground WA 98604
360.737.4800 minormiracle.cb@gmail.com

Self-Care in Crisis Agreement

Client Name _____ Date _____

Home Phone _____ Work Phone _____ Cell _____

I can feel a crisis or a stressful/anxious/depressed time coming on when:

These are the names and phone numbers of four people I can call for support when I am feeling my worst:

Name	Phone #	Name	Phone #

Crisis Care Numbers:

In Clark County

If you feel you might harm yourself or someone else: Call 911
Clark County Crisis Line: 360-696-9560 or toll free 1-800-626-8137

In Multnomah County

If you feel you might harm yourself or someone else: Call 911
Mental Health Crisis Line: 503-988-4888 Portland Women's Crisis Line: 503-235-53336

I understand that my therapist, Cheryl Butler, LMHC, is not available for crisis care. If I need assistance, I will call one of the above list numbers for help. I also agree that I will not intentionally harm myself or any other person while in counseling with Cheryl Butler, LMHC. In addition, I agree that if I am feeling as though I want to harm myself or someone else, I will tell my counselor and will explain my plan for self-harm or harming others. I agree that I will take steps to protect myself by telling someone close to me that I am feeling suicidal or homicidal, call the crisis line, or 911, or go to the hospital. If I am feeling that I cannot protect myself or make good decisions, I agree that I will give any weapons and potentially harmful medications in my possession to someone else who will keep them for me until my counselor and I agree it is safe for me to have them again.

Client Signature

Date

~

Cheryl Butler, LMHC

Date