

CenterPoint Counseling
MINOR Client Information

Date of Initial Session: _____

Therapist: _____

Client/Child's Name _____	<input type="checkbox"/> Male	Date of Birth: _____
	<input type="checkbox"/> Female	
Address _____	City _____	State _____ Zip _____
Home Phone(____) _____	Current Grade _____	School _____
Emergency Contact _____		
Name	Relationship	Phone

Parent/Guardian Name _____	Parent/Guardian Name _____
Date of Birth _____	Date of Birth _____
Cell Phone (____) _____	Cell Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Email: _____	Email: _____
Employer _____	Employer _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Separated	If Divorced: date(s) final _____
<input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Single <input type="checkbox"/> Divorced/Dating	Age of child at separation(s) _____

Used for statistical analysis only. Information is compiled and anonymity of all clients is maintained.

<u>Annual Household Income</u>	<u>How did you hear about us?</u> (please identify)	Are you a member of, or do you regularly attend Second Presbyterian Church?
<input type="checkbox"/> Under \$30,000	<input type="checkbox"/> Attorney _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> \$30,000 - \$40,000	<input type="checkbox"/> Friend _____	Are you a member of, or do you regularly attend New Hope Presbyterian Church?
<input type="checkbox"/> \$40,000 - \$50,000	<input type="checkbox"/> Family _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> \$50,000 - \$60,000	<input type="checkbox"/> Pastor _____	If not at Second or New Hope, do you regularly attend another church?
<input type="checkbox"/> \$60,000 - \$70,000	<input type="checkbox"/> Physician _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> \$70,000 - \$80,000	<input type="checkbox"/> Insurance _____	If Yes, which church? _____
<input type="checkbox"/> \$80,000 - \$100,000	<input type="checkbox"/> Internet _(website) _____	
<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> Other _____	

Communication of Private Mental Health Information
 There may be times when CenterPoint staff needs to leave you a voicemail in regards to appointment times, account questions, or other reasons relating to your care. Please inform us if you have a preferred number for messages. When responding to client initiated contact, we will respond using the requested method you specify.

Minor/Child Consent

I have legal authority to do all things necessary with regards to seeking therapy/counseling for my child(ren). I give my permission of treatment for my child(ren) to receive therapy/counseling from CenterPoint Counseling. I also acknowledge that the above information is correct.

Parent/Guardian Signature _____	Printed Name _____	Date _____
Parent/Guardian Signature _____	Printed Name _____	Date _____

Client/Child Name: _____ Therapist: _____

1. Who does child talk to when they need positive, emotional support?

Mother Father Adult Relative Friend Sibling Teacher Other _____

2. Has child ever been involved on any of the following services?

Support Groups Treatment Program Mental Health Counseling Anger Mgmt. Classes
Family Counseling Other _____

3. Please list any physical disabilities your child may have. _____

4. Please list any medications your child may currently be taking and for what reason.

Medication(s) _____ Reason _____

5. Please list any health concerns you have about your child. _____

6. Briefly describe your child's current school experience (i.e. relationship with teachers, grades and school work, concentration, relationship with peers, etc...).

7. Briefly describe how your child is currently functioning at home (i.e. relationship with sibling/s, relationship with parent/s, etc...).

8. Briefly describe your child's current peer relationships (in and outside of school).

9. As a parent, what do you believe are the greatest challenges for your child currently?

10. Please list the members of your current household (In order of age).

Name	Age	Relationship (i.e. mother, step-father, child #)
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Therapeutic Disclosure CenterPoint Counseling

Welcome to CenterPoint Counseling! Entering into a therapeutic relationship is unique and is guided by professional governing ethical standards that we feel are important to share with you at this time.

1) **Confidentiality:**

The therapeutic relationship is a privileged relationship and the content of all discussions, testing, notes and evaluations are protected. This information can only be released by your signed consent.

2) **Exceptions to Confidentiality:**

While the therapeutic relationship is confidential, the professional standards and Indiana law require these exceptions:

- a) When physical harm is threatened against another person,
- b) When physical harm is threatened against one's self,
- c) When physical abuse or neglect is directed at a child or adult,
- d) When records are subpoenaed by a state or federal court,
- e) Any other provision covered under Indiana Code 25-23.6 et. Seq.

3) **Fee Policy:**

The standard counseling fee at CenterPoint Counseling is \$125 for Doctoral level clinicians, \$100 for Master's level clinicians, and \$70 for Intern level clinicians per 50 minutes session. Sessions that exceed the 50-minute session will be billed in 15-minute increments at ¼ of the appropriate standard 50-minute rate for each additional increment. CenterPoint does offer a fee subsidy through our Samaritan Fund in cases of financial hardship.

Payment for counseling services are your responsibility and due at the time of your counseling appointment. If filing with insurance, you are ultimately responsible for any claims not paid by your insurance company for any reason.

4) **Cancellation Policy**

We understand that illness and other unforeseen events are inevitable. Therefore, CenterPoint Counseling grants one missed appointment as a show of grace. After the first missed appointment, cancellations received with less than 24 hours notice will be charged a \$50 missed appointment fee. Unfortunately, because missed appointments cannot be billed to insurance, you are responsible for the full cost of this fee. Please discuss situations with your therapist that you think warrant further consideration.

I have read and understand the policies of CenterPoint Counseling provided in this document as it relates to confidentiality, exceptions to confidentiality, fees, and cancellation policies.

Client Signature _____ Date _____
(Client or Parent/Guardian if Minor/Personal Representative)

Acknowledgement-Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received the *Notice of Privacy Practices* from CenterPoint Counseling.

Client Signature _____ Date _____
(Client or Parent/Guardian if Minor/Personal Representative)

Signature of Witness _____ Date _____

Insurance for Mental Health Services CenterPoint Counseling

1) Insurance Considerations

The filing of an insurance claim usually requires that we provide a diagnosis to your insurance company. There have been occasions when a clinical diagnosis to your insurance has resulted in persons experiencing difficulty in obtaining life, medical or disability insurance.

2) Insurance Information

There are numerous insurance companies that offer mental health benefits as part of their coverage. We suggest you check with your insurance provider to determine the requirements for insurance coverage. Your insurance company will want to know the credentials of the Provider of Service. You will want to ask your insurance company about deductible requirements, authorization requirements, percentage of co-payment, number of sessions per year and “In-Network” vs. “Out-of Network” benefits. Contracting with insurance companies is the decision of each individual therapist. CenterPoint Counseling will be glad to assist you by providing and filing the necessary information for insurance reimbursement. **Be aware that if you are seeing a provider who is not licensed or out-of network, filing for insurance may not be an option. You will be responsible for any charges not covered by insurance for any reason.**

3) Insurance Pre-Certification/Authorization of Services

Many insurance companies now require pre-authorization of services. Please know that it is your responsibility to obtain authorization of services for an out-of-network provider if needed.

You will be responsible for any charges not covered by insurance due to lack of precertification/authorization for an out-of-network provider.

4) Insurance With Regards To Our Cancellation Policy

We understand that illness and other unforeseen events are inevitable. Therefore, CenterPoint Counseling grants one missed appointment as a show of grace. After the first missed appointment, cancellations received with less than 24 hours notice will be charged a \$50 missed appointment fee.

Unfortunately, because missed appointments cannot be billed to insurance, you are responsible for the full cost of this fee. Please discuss situations with your therapist that you think warrant further consideration.

5) Authorization to Release Information

If I choose to file with insurance, I authorize CenterPoint Counseling to release my clinical diagnosis, prognosis and treatment request information acquired in the course of my examination or treatment to my insurance carrier. I am also aware that payment is ultimately my responsibility and should my insurance fail to pay for services for any reason, I am required to pay CenterPoint Counseling for services and reconciling with insurance is my responsibility.

Do you plan to file for insurance reimbursement? Yes No

I have read and understand the policies of CenterPoint Counseling provided in this document as it relates to filing insurance for mental health services.

Client Signature _____ Date _____

(Client or Parent/Guardian if Minor/Personal Representative)