THE COUNSELING CENTER

1022 W. 1ST STREET, SUITE 206, WINSTON-SALEM, NC 27101

Dear Client,

Thank you for choosing The Counseling Center. Please read all of this important information. Keep this one sheet for your information.

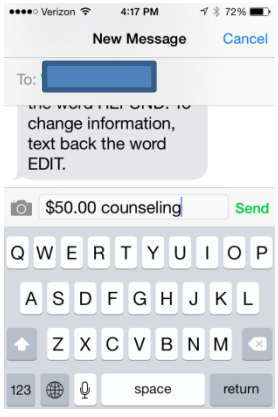
1- Please complete all forms in full and bring all of the pages with you to your session. If you need a copy of it we will be glad to provide that for you.

2- The Counseling Center strives to offer the best counseling experience possible. For this reason and in consideration to liability issues, we ask that you do not bring your child(ren) to the counseling session unless your child(ren) is the client or involved in the scheduled counseling session. Children over 13 may wait in the lobby by themselves if the parent deems them responsible enough to leave unattended. However, they will not be permitted to care for younger children there. We cannot guarantee the safety of your child(ren) while left unattended.

3- The Counseling Center is pleased to offer affordable rates for counseling. Therefore, should you need to cancel an appointment with Jackie Vázquez, please do so at least 24 hours before you are scheduled by emailing her directly at jackie@thecounselingcenter.ws or by calling 336-661-8142. Otherwise you will be charged $25.00 for the missed appointment and will not be able to reschedule until the fee is received.

4- Payments should be made at the time of your appointment. There are four methods in which we receive payment.

1. Cash – Deposited in an envelope indicating your name, name of counselor, amount paid and placed in payment box.
2. Checks – Payable to "The Counseling Center" and placed in payment box near the reception door.
3. Square – Your credit or debit card will be swiped.
4. Text Giving – You will have to set up an account one time with this SECURE way of Giving. Send a message to text giving at 336-777-7100 and follow the instructions. Enter in the payment amount followed by the word "counseling". Then forward your confirmation email that shows you paid to: karen@thecounselingcenter.ws .



If you have any questions about this information please feel free to call the office.

Thank you for this opportunity! We look forward to working with you! *The Counseling Center*

Jackeline Vázquez, Counseling Intern
Graduate Student Liberty University
The Counseling Center

1022 W. 1st St. Suite 206 Winston Salem, NC 27101
Ph: (336) 661-8142
E-mail: Jackie@thecounselingcenter.ws

Professional Disclosure Statement & Informed Consent

Qualifications

My highest degree is a Bachelor's in Psychology from Winston Salem State University. I graduated from WSSU in May of 2013. Before obtaining a formal education I was trained by American Associates in Christian Counseling as a lay counselor and practiced lay counseling in a church setting for more than 8 years. Currently I am finishing a Master's degree in Professional Counseling from Liberty University.

Counseling Background

During my years of counseling I have counseled couples, premarital, intimacy, and adjustment issues. I have counseled parents and adolescents, and have counseled women and women's groups. I have vast experience in acculturation issues and the stresses of acculturation on family systems. I will serve the members of the community looking for a Christian Counselor. I will see any individual for at least one session, but if I believe any issues are beyond my expertise, I will explain these issues and offer you referrals to an appropriate professional that may better serve your needs.

My theoretical orientation is mainly cognitive behavioral. Cognitive Behavioral Therapy (CBT) separates thinking from emotions and behaviors. CBT allows you to see that you can have control over your thoughts and actions when trying to cope and it offers power in establishing stability. CBT explores how the mistaken irrational thoughts can lead to miserable feelings and behaviors. The goal in my approach is to bring you to the point that you no longer need counseling and can manage to work through issues on your own. If at any time during our counseling relationship you feel the process is not successful, you may end the relationship at any time. If you encounter an emergency at any time the office is closed please call the following: **Forsyth Medical Crisis Response Team at 1 (800) 718-3550 or 911.**

Fee Schedule and Length of Session

The designated fee for my services is $25.00 per 50 minute session. It is our desire at The Counseling Center to not turn anyone away that may need counseling. I am currently working at The Counseling Center located at 1022 W. 1st St. Suite 206 Winston Salem, NC 27101. If you need to cancel or reschedule your appointment please contact our staff at 336 661 8142 at least 24 hours prior so you will not be charged. I accept payment in cash, check, text giving, and credit cards which is due at the time of services. There is a lock box with a mail slot on top in the main counseling hall hanging on the wall near the reception door. I appreciate you going to the lock box with your fee unless you want me to swipe your credit card or debit card using a Square. We do not accept insurance at this time, however if you would

like to attempt to submit paperwork on your own to your insurance company to be reimbursed, I will gladly sign and include your diagnosis if one applies.

Use of Diagnosis
Some health insurance companies will reimburse clients for counseling services and some will not. In addition most will require a diagnosis of mental health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records. I also use diagnosis in order to ascertain how to best treat my clients.

Confidentiality & the Counseling Relationship
All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (1)Supervision to maintain professional standards. My supervisor is Karen Maldonado, M.S.P.C., L.P.C., also working as the director here at The Counseling Center. Her email address is Karen@thecounselingcenter.ws. My work is supervised and reviewed by Karen Maldonado and is discussed in individual or group supervision. (2) You direct me in writing to disclose information. (3) It is suspected that you are a danger to yourself or someone else. (4) I am ordered by a court to disclose information. (5) If you are sent by your employer that requires a limited amount of information including attendance to sessions.
Confidentiality is a right that is extended to children as well and any session with children will remain confidential. We do not ally with any disputing parties as it pertains to child custody and court disputes involving children. Any counseling with children is for the child's well-being and does not yield recommendations about custody issues.
Our session may be psychologically intimate; however the counseling relationship is a professional one. Our contact will be limited to the sessions. If I see you in public I will protect your confidentiality by greeting you only if you greet me first.

Complaints
Clients should feel free to discuss any concerns with me; however any complaints can be filed against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4).

North Carolina Board of Licensed Professional Counselors
PO Box 77819
Greensboro, NC 27417
Phone 844 622 3572 Fax 336 217 9450
E-mail: Complaints@ncblpcorg

Acceptance of Terms: By signing below you are acknowledging that you have read, understood and agree with the conditions outlined. We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____

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CLIENT INFORMATION

Please complete this & bring it with you to your appointment.

Today's Date: _____

Client's Name _____ Age _____ Date of Birth _____

Spouse/Partner _____Parent/Guardian name(s) _____

Client Address _____

Phone (home) _____ (cell) _____ What number can a recorded message be left? _____

Email _____ May I email you? □ Yes □ No **Please note: Email correspondence is not considered to be a confidential medium of communication so the use is limited to appointments & general information or questions.*

Place of Work/School: _____

How did you hear about us? _____

Emergency Contact

Name _____ Relationship to client: _____

Daytime phone _____ Evening phone _____

Session Fees & Length of Sessions

Each session is scheduled for 50 minutes unless otherwise specified by the counselor. We collect your $25 payment in cash, check, text giving, or credit/debit card using the Square which is due at the time of services. When using an envelope for cash payments please be sure to include the date, your name, name of counselor and the amount. Checks do not need to be placed in an envelope if your information is on the check and the counselor's name is in the memo. Any questions about the fees are to be directed to your counselor.

Certainly, situations will arise that disallow sessions to occur. Please give a 24-hour notice for the cancelation of an appointment. **If the center does not receive notice of cancelation at least 24-hours before the scheduled appointment, you may be responsible for the full price of the missed session.** To cancel your appointment or make a new one, please email jackie@thecounselingcenter.ws or call **(336) 661-8142.**

By signing this form you are indicating that you have read the Professional Disclosure Statement as well as agree with the office's terms & guidelines.

_____ _____

Client/Guardian Signature Date Staff Signature Date

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Today's Date: _____

CLIENT INTAKE FORM

Client's Name _____ Birth date _____ Ethnicity_____

Parent/Guardian name(s) _____ Age(s) _____

Client Address _____

Phone (home) _____ (cell) _____ Email _____

What number may I leave a recorded message? _____

Military background? ____ yes ____ no If yes when _____

Family Status: List name, birth date or age, sex, relationship of all children, and whether they live at home with you.

Name	DOB/age	Sex	Relationship (step, foster, yours, adopted)	At home?
1.				YES NO
2.				YES NO
3.				YES NO
4.				YES NO

Presently married? ____ yes _____no if yes, how long?_____ presently separated? _____ yes ____ no
Divorced? If yes, when? _____

Who is coming for counseling? _____
Previous counseling? Y__N__ If yes, why? _____

Are you or another family member currently seeing a psychiatrist or another counselor? Y_____ N_____
If so, what family member? _____ If Yes, why? _____

FAMILY MENTAL HEALTH HISTORY

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle	List Family Member(s)
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Gambling/pornography/sex addiction	yes/no	
Obesity	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	
Was abused/neglected (physical, sexual, emotional)	yes/no	

GENERAL HEALTH & MENTAL HEALTH

Have you ever had any thoughts or feelings of harming yourself? Y___ N___ If yes, when & explain why _____
_____

Have you ever had thoughts or feelings of harming someone else? Y___ N___ If yes, when & explain why _____
_____

Do you have any present &/or past problems with gambling _____ pornography _____ sexual addiction _____ spending _____ none_____ If so, when _____

Have you had any significant life stressors or losses in the last year? (Death of a loved one, job, home, etc.) _____
_____

Primary Care Physician: _____ Last exam: _____ Are you currently taking any prescribed medication? ___ Yes ___ No Please list: _____
_____

Have you received any type of mental health services in the past (counseling, psychiatric, hospitalization)? _____
_____

Any past surgeries or medical hospitalizations? why & when _____

Any problems with eating ___ sleeping ___ chronic pain ____ weight changes ___ loss of consciousness ____ headaches _____
Describe any answers checked above _____

Have you ever been sexually, physically, emotionally or mentally abused? ____ yes ____ no If yes by who? _____
_____

Have you ever experienced an abortion (pregnancy termination)? ___ yes ___no If yes, when? _____
Other medical problems: _____

OTHER INFORMATION

Do you consider yourself to be spiritual or religious? No _____ Yes____ any specific denomination? _____
What values are important to you? _____

What has brought you to counseling now? _____

What would you like to see change in your life? _____
_____

What do you consider to be some of your strengths? _____

What do you consider to be some of your weaknesses? _____

Would you allow an intern counseling intern to be present in your sessions? There is no extra fee for having two counselors in your session and it is an added benefit to you as well. □ Yes □ No

CONSENT FOR TREATMENT:

I hereby give my consent to my counselor,_____, to provide an evaluation & treatment that we may mutually determine to be appropriate. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. I understand I will likely gain the most benefit from counseling if I am committed to the process and attend regularly. I understand that no promises have been made to me as to the results of therapy provided by this professional. If at any time during treatment I cannot wait for a return call from my counselor, I agree to contact my psychiatrist, family physician, call **Forsyth Medical Center Crisis Response Team @ 1-800-718-3550 or 911.**

Print Name _____ Client/Guardian Signature_____ Date _____