



CENTER FOR COUNSELING
CLIENT INTAKE FORM

To make our first meeting more productive, please give accurate and complete responses to every section of this form. If necessary, write additional information in the margins.

Date/Semester: \_\_\_\_\_ LETU Student? YES/NO (circle)

Client Name: \_\_\_\_\_

ASSIGNED COUNSELOR NAME: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Best phone number and/or email for you to be contacted and best time to contact? \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

\*Note: Emergency Contact for LETU Students is Mr. Carlton Mitchell, Associate Dean of Students

PERSONAL AND FAMILY INFORMATION

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ How long \_\_\_\_\_ Position \_\_\_\_\_

Circle last year of school completed: 9 10 11 12 GED College 1 2 3 4 Other \_\_\_\_\_

Marital Status

Single, never married \_\_\_\_\_ Engaged \_\_\_\_\_ Living together without marriage \_\_\_\_\_ Separated \_\_\_\_\_ how long? \_\_\_\_\_

Divorced \_\_\_\_\_ How long? \_\_\_\_\_ Widow/er \_\_\_\_\_ How long? \_\_\_\_\_

Married \_\_\_\_\_ Spouse name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

How long married to spouse? \_\_\_\_\_ Are you happy in this marriage? \_\_\_\_\_

Total number of prior marriages for you? \_\_\_\_\_ For your spouse? \_\_\_\_\_

Table with 5 columns: Children, Age, Sex, Relationship to you?, Live in your home? and 4 rows of blank lines for data entry.

COUNSELING HISTORY

Have you been to counseling for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

What reason? \_\_\_\_\_ How long? \_\_\_\_\_ Counselor \_\_\_\_\_

Are you presently working with any other Counselor or Psychologist? Yes \_\_\_\_\_ No \_\_\_\_\_

What reason? \_\_\_\_\_ How long? \_\_\_\_\_ Counselor \_\_\_\_\_

Are you involved in any other marriage /family counseling, or support groups? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify \_\_\_\_\_

In the space provided, please list any past or current issues that you may want to address in counseling:

\_\_\_\_\_  
\_\_\_\_\_

What do you want to gain from counseling? \_\_\_\_\_

Who referred you to this counseling office? \_\_\_\_\_

What is your religious preference? \_\_\_\_\_ Church \_\_\_\_\_

How strong is the influence of your church in your life? \_\_\_\_\_

Pastor \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Psychiatrist/ Psychologist \_\_\_\_\_

Are you taking any prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes state the drug name(s), type, and for what purpose: \_\_\_\_\_

Who prescribed the drug(s)? \_\_\_\_\_

How often do you see this doctor? \_\_\_\_\_

Describe your physical health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Adequate \_\_\_\_\_ Poor \_\_\_\_\_

Are you taking prescription drugs for emotional distress? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes state the name of the drug(s): \_\_\_\_\_

Who prescribed the drug(s)? \_\_\_\_\_

How often do you see this doctor? \_\_\_\_\_

Have you ever been hospitalized for mental illness or substance abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason \_\_\_\_\_

How long were you in treatment? \_\_\_\_\_

Hospital name \_\_\_\_\_ How long ago \_\_\_\_\_

Did you continue with outpatient counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Counselor \_\_\_\_\_

**CURRENT EMOTIONAL STATUS**

***Current Situation***

***Explanation***

Suicidal thoughts, plans, attempts \_\_\_\_\_

Homicidal thoughts, plans, attempts \_\_\_\_\_

Desire to cause pain to self or others \_\_\_\_\_

In fear for your life or personal safety \_\_\_\_\_

Too depressed to care for self or family \_\_\_\_\_

**CONSENT/AUTHORIZATION**

In signing below, I affirm that the information given on this form is true and complete.

\_\_\_\_\_  
Client or Custodial Parent or Guardian

\_\_\_\_\_  
Date



**CENTER FOR COUNSELING**  
**DECLARATION OF PRACTICES AND PROCEDURES**

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[INTERN NAME]

**Longview Hall, 2100 S. Mobberly**  
**Longview, TX 75607**

**Qualifications & Interests:** I am currently a student pursuing a Master of Arts degree in Marriage & Family Therapy from LeTourneau University and am under supervision. This degree is uniquely designed to prepare counselors for Christian service by emphasizing the integration of Christian theology and applied psychology to life and relationships. This includes work with couples, families, and individuals.

**The Counseling Relationship:** My goal for the counseling relationship is that you, the client, and I, the counselor, will come to understand and trust one another, work as a team to define and explore present problem situations, develop future goals for an improved life, and work in a systematic fashion toward realizing those goals. While my counseling philosophies are strongly founded in the Word of God, I will in no way pressure or require you to uphold my morals, values, or religious beliefs.

**Fee Scales:** Current LETU students w/ID = no charge  
Community = \$35/hour pre-graduate intern under supervision, \$60/hour post graduate LPC-Intern or LMFT-Associate, \$85/hour Masters Licensed, \$110/hour Doctoral Licensed.

**Services Offered and Clients Served:** My therapeutic orientation is centered on the type of problem that is presented. My methodology may be drawn from any of the following therapies: cognitive-behavioral, solution-focused/brief, structural/strategic, narrative and/or insight-oriented therapies. Individual, couple, family, group, child and adolescent counseling are available. Counseling with children and adolescents is available within the context of family counseling.

**Code of Conduct:** I am required by law to adhere to the Texas Code of Conduct for Marriage and Family Therapists. A copy of the code is available upon request.

**Privileged Communication:** Material revealed in counseling will remain strictly confidential with the following exceptions in accordance with state law: (1) the client signs a written release of information indicating informed consent to such release; (2) the client expresses serious intent to harm himself/herself or someone else; (3) there is evidence or reasonable suspicion of abuse/neglect against a minor child, elderly person (65 or older), or a dependent adult; (4) a subpoena or other court order is received directing the disclosure of information. It is my policy to warrant either (a) privileged communication in the event of #4 or (b) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of #2 or #3. Although I cannot guarantee it, I will seek to notify clients of all mandated disclosures. Any material obtained from a minor may be shared with the client's parent or guardian, at the discretion of the counselor. Therapy may involve the participation of family members and/or other significant persons. I do not guarantee confidentiality among joint participants in therapy, although I would use professional discretion in disclosing communications related to me.

**Emergency Situations:** The Center for Counseling does not serve as a crisis center. In case of emergency, you may seek help through hospital emergency room facilities. The emergency services number at Good Shepherd Medical Center in Longview is (903)315-2000 or you can call 911. LeTourneau University students can call University Police at 903-233-4444.

**Client Responsibilities:** You, the client, are a full partner in counseling. Your honesty and effort are essential to success. If you have suggestions or concerns about the counseling process as we work together, I expect you to share these with me so that we can make the necessary adjustments. If it develops that you would better be served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you. Please keep in mind that, while I may help you in determining your best course of action, you must make your own decisions. As your therapist, I will not attempt to tell you what to do at any time.

**Physical Health:** Physical health can be an important factor in the emotional well-being of an individual. It is suggested that the client have a complete physical examination if he/she has not had one within the past year. Also, please list any medication(s) you are presently taking on the attached "New Client Intake" form.

**Potential Counseling Risks:** The client should be aware that the counseling process poses potential risks. In the course of working together, additional problems may surface of which the client was initially unaware. If this occurs, the client should feel free to share these new concerns with me.

**Supervision via Observation and/or Recording:** I acknowledge that my counselor is a graduate student of LeTourneau University and is under supervision. I acknowledge that my counselor will share information about my case with her supervisor as part of her training. I give consent to be video recorded, at the request of my counselor's supervisor. I also acknowledge that my counselor's supervisor may request to sit in on a session at some point during my therapy, and I provide consent for such. I understand that my counselor is adequately trained to provide the services rendered. I give permission for my counselor to release information concerning my case to his/her supervisor.

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Professional Contract**

*I have read and understand the above information.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Parental Authorization**

Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_

to conduct counseling with my (relationship) \_\_\_\_\_,

(Name of minor) \_\_\_\_\_.

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\_\_\_\_\_ Current LETU Student = no charge OR \_\_\_\_\_ Community/Rate for Counseling Services: \$ \_\_\_\_\_/hour



**CENTER FOR COUNSELING**  
**NOTICE OF PRIVACY PRACTICES– HIPAA/TXHB300**

THIS INFORMATION IS BEING PROVIDED TO YOU AS REQUIRED BY LAW.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

LeTourneau University Center for Counseling and its staff may use or disclose your protected health information (PHI), for treatment, payment, and health care operation purposes *with your consent*. To help clarify these terms, here are some definitions: “PHI” refers to information in your health record that could identify you.

**“Treatment, Payment and Health Care Operations”**

- Treatment is when LeTourneau University Center for Counseling or its staff provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when LeTourneau University Center for Counseling and its staff consult with another health care provider, such as your family physician or another mental health professional.
- Payment is when LeTourneau University Center for Counseling and its staff obtain payment or reimbursement for your healthcare. Examples of payment are when LeTourneau University Center for Counseling and its staff disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. \*This only applies to counselors who accept insurance.
- Health Care Operations are activities that relate to the performance and operation of LeTourneau University Center for Counseling and its staff. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within LeTourneau University Center for Counseling and its staff such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of LeTourneau University Center for Counseling and its staff, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

LeTourneau University Center for Counseling and its staff may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when LeTourneau University Center for Counseling is asked for information for purposes outside of treatment, payment and health care operations, LeTourneau University Center for Counseling will obtain an authorization from you before releasing this information. LeTourneau University Center for Counseling will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes that a LeTourneau University Center for Counseling counselor has made during a private, group, joint, or family counseling session, which LeTourneau University Center for Counseling has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) LeTourneau University Center for Counseling relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

LeTourneau University Center for Counseling may use or disclose PHI *without your consent* or authorization in the following circumstances:

*Child Abuse:* If, in a professional capacity, a LeTourneau University Center for Counseling counselor knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, they are required by law to immediately report that knowledge or suspicion to the Texas Department of Family and Protective Services, or as otherwise specified in law.

*Adult and Domestic Abuse:* If a LeTourneau University Center for Counseling counselor has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, they are required by law to immediately report such belief to the Texas Department of Family and Protective Services, or as otherwise specified in law.

*Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and LeTourneau University Center for Counseling will not release this information without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

*Serious Threat to Health or Safety:* If a LeTourneau University Center for Counseling counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, LeTourneau University Center for Counseling may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to LeTourneau University Center for Counseling an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and a LeTourneau University Center for Counseling counselor believes you have the intent and ability to carry out the threat, then LeTourneau University Center for Counseling is required by law to take one or more of the following actions in a timely manner:

- 1) take steps to hospitalize you on an emergency basis,
- 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional,
- 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

*Worker's Compensation:* If you file a worker's compensation claim, LeTourneau University Center for Counseling may be required to give your mental health information to relevant parties and officials.

### **IV. Client's Rights and Counselor's Duties**

#### **Client's Rights:**

*Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, LeTourneau University Center for Counseling is not required to agree to a restriction you request.

*Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, LeTourneau University Center for Counseling will send your bills to another address.)

*Right to Inspect and Copy* – You have the right to inspect or obtain a copy of PHI and in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. LeTourneau University Center for Counseling may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, LeTourneau University Center for Counseling will discuss with you the details of the request process.

*Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. LeTourneau University Center for Counseling may deny your request. On your request, LeTourneau University Center for Counseling will discuss with you the details of the amendment process.

*Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, LeTourneau University Center for Counseling will discuss with you the details of the accounting process.

*Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from LeTourneau University Center for Counseling upon request, even if you have agreed to receive the notice electronically.

**Counselor’s Duties:**

LeTourneau University Center for Counseling is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI. LeTourneau University Center for Counseling reserves the right to change the privacy policies and practices described in this notice. Unless LeTourneau University Center for Counseling notifies you of such changes, however, LeTourneau University Center for Counseling is required to abide by the terms currently in effect. If LeTourneau University Center for Counseling revises policies and procedures, LeTourneau University Center for Counseling will notify you in writing by mail if you are an active client. An active client is someone that is currently being seen, or has been seen for services within three months preceding the revision of policies and procedures.

**V. Complaints**

If you are concerned that LeTourneau University Center for Counseling has violated your privacy rights, or you disagree with a decision LeTourneau University Center for Counseling made about access to your records, you may contact Judi Coyle at LeTourneau University Center for Counseling, 2100 S. Mobberly Avenue, Longview, TX 75602 and/or the Texas Board of Examiners of Professional Counseling in Austin, Texas. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on 3/31/2014. LeTourneau University Center for Counseling reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. LeTourneau University Center for Counseling will provide you with a revised notice by mail if you are an active client.

Thank you for allowing the Staff of Letourneau University Center for Counseling to serve you.

Date: \_\_\_\_\_

Client Name/Signature: \_\_\_\_\_