

**FOREST HILLS BAPTIST CHURCH**

**INTAKE FORM**

**Bernard Self, Ed.D., LMFT**

This *confidential information* is for use **only** by the Counseling Ministry unless permitted by your signed release.

Today's Date: \_\_\_\_\_

**PERSONAL INFORMATION** (spouse information below)

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

city

state

Zip code \_\_\_\_\_ Is it appropriate to send personal correspondence to this address? \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Family Status: Single \_\_\_ Married \_\_\_ if so, years \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

How would you rate your physical health? \_\_\_\_\_

Are you currently taking any medications? If so, please list \_\_\_\_\_

Name of primary physician \_\_\_\_\_

Have you seen a counselor or been hospitalized for mental health/emotional reasons? \_\_\_\_\_

If so, which facility? \_\_\_\_\_ Dates of treatment \_\_\_\_\_

Church affiliation \_\_\_\_\_ Denomination \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

city

state

Zip code \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Children:**

Name	Age	Living with you?	Yours	Spouse's	Ours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Referral Information – Referred by** \_\_\_\_\_

Name

Phone

**General Functioning Complaints – (sleeplessness, low energy, etc.)** \_\_\_\_\_

Reasons for seeking counseling: \_\_\_\_\_

What do you want to accomplish in counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Expectations from Therapy: Client's Responsibilities**

People utilize therapy to help change what are often significant aspects of themselves (attitudes, behaviors, emotions, etc.), their relationships (marriage or significant other relationships such as with parents, friends, children, etc.) or other circumstances in life (employment, living environment, etc.) in order to reduce or alleviate problems and to lead a more fulfilling life. As a client, you will be expected to take an active role. As a professional, I can assist in effecting change, but cannot guarantee a specific outcome. You will determine the direction and be ultimately responsible for growth. If at any time you are dissatisfied with your therapy, please let me know in order that we can work together toward a solution.

### **Confidentiality**

All information you reveal will be treated strictly confidential according to the attached HIPPA regulations. This means that the information will not be shared with anyone with the following three exceptions (1) when you have given written consent to share the information with a specific person or agency, (2) when it is deemed that you are at risk of hurting yourself or another person and (3) Tennessee law requires that child abuse in any form be reported to the Department of Children's Services.

If you are referred by a physician or other health care professional, it is professional courtesy to maintain contact, as necessary, with that referral source. This may be done unless you request otherwise.

### **Referral**

It is sometimes necessary to make a referral to another mental health professional to better accommodate your needs. If this is the case, every effort will be made to help you find an appropriate, affordable source of help. It may also be beneficial to make a referral to another source of help, such as a psychiatrist, lawyer, or self-help group. Your written permission would be obtained before any information could be released.

### **Credentials**

Dr. Self holds two advanced degrees - Master of Religious Education and Doctor of Education in Psychology and Counseling - both from New Orleans Baptist Theological Seminary. Dr. Self is a Licensed Marital and Family Therapist (TN LMT #221). Dr. Self is also a clinical member of The American Association for Marriage and Family Therapy, The Society of Christian Psychology and the American Association of Christian Counselors.

### **Fees**

Fees are based on a sliding scale with takes into consideration the number of members in the household and the household income. Separate scales are provided for members and non-members and can be viewed at the following links:

Members: <http://www.fhbc.org/clientimages/38210/linda/feesforfhbcmembers.pdf>

Non-Members: <http://www.fhbc.org/clientimages/38210/linda/feesfornonmembers.pdf>

## Service Agreement

1. Appointments need to be canceled at least 24 hours prior to the appointment.
2. Therapy sessions vary in length from one to two hours in length. Fees are based on a per-session rate.
3. Payment is due when services are rendered. Make checks payable to Forest Hills Baptist Church. (FHBC)
4. I hereby give my permission for FHBC to send a letter acknowledging the referral by another professional therapist and to gather any appropriate history that might facilitate the therapeutic process.

I understand the above policies and agree to these provisions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Acknowledgment of Receipt of Notice of Privacy Practices

I understand that in an attempt to protect the privacy of my identifiable health information, FHBC Counseling Ministry has established a Privacy Policy as well as guidelines for Privacy Practices within the office. This policy details the use and/or disclosure of information contained in my personal mental health records kept for the purposes of diagnosis, assessment, treatment, payment and healthcare operations. In accordance with HIPPA regulations, a copy of this information has been made available to me. Should I choose to have a personal copy, one will be provided at no charge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office use only: ( ) no copy requested ( ) copy provided

Revised: March, 2009

**NOTICE OF PRIVACY PRACTICES**  
**FOREST HILLS BAPTIST CHURCH COUNSELING MINISTRY**  
**Bernard Self, Ed.D.**

This document describes how your mental health information (MHI) as a client of Forest Hills Baptist Church Counseling Ministry may be used and disclosed:

**A. Commitment to Privacy**

Forest Hills Baptist Church (FHBC) Counseling Ministry is committed to respecting and protecting your personal MHI. State law requires that all MHI be maintained in a confidential manner. Legal statutes also require that you be provided with this notice of the legal duties of FHBC Counseling Ministry and its privacy practices.

The terms of this notice apply to all records containing your protected MHI that are created or retained by the office of the FHBC Counseling Ministry. Generally this would include your intake form, office notes, any assessments, homework or personal journals you supply, insurance forms, diagnosis information and appropriate receipts. FHBC Counseling Ministry reserves the right to revise or amend this notice at any time. Any revision or amendment of this notice will be effective for all your past records which have been created or maintained by FHBC Counseling Ministry as well as any records that may be created or maintained in the future.

**B. Uses and Disclosures of Mental Health Information (MHI)**

FHBC may need to use or disclose MHI about you for treatment, payment or mental healthcare operations.

- Treatment may require consultation with other physicians or healthcare providers from whom you are receiving treatment.
- Aiding you in recovery of funds from any insurance provider or healthcare savings account may require the disclosure of your MHI.
- Mental healthcare operations including internal administration such as record keeping, appointment setting and reminders, voicemail messages to you and mailings to your home address may require the disclosure of your MHI.

**Your Authorization:**

**In addition to FHBC Counseling Ministry's use of your MHI for treatment, payment or operations, you may also provide FHBC Counseling Ministry written authorization to use your MHI or to disclose it to anyone for any purpose. If you provide authorization, it may be revoked in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give written authorization, FHBC Counseling Ministry cannot use or disclose your MHI for any reason except those defined in this notice.**

**Required by Law: FHBC Counseling Ministry may use or disclose your MHI when there is a requirement by law to do so. This would include reporting child abuse and /or neglect to the authorities authorized by law to receive such reports, and disclosure of your MHI to the extent necessary to avert a serious threat to your own safety and health and/or the safety and health of others.**

**C. Use and Disclose Requiring Your Written Authorization**

FHBC Counseling Ministry will not use or disclose your confidential information for any purpose other than the purposes described in the notice, without your written permission. For example no information would be supplied to a prospective employer or research organization without your signed consent or request.

#### **D. Individual Rights**

1. Access  
You have the right to look at or get copies of your MHI, with limited exceptions (where assessments designate the use by clinicians only). The charge for requested copies is 40 cents per page, \$25 per hour for staff time to locate and copy the MHI and the required postage should you want the copies mailed to you.
2. Right to Request Additional Restrictions  
You may request restrictions on the use and disclosure of protected MHI for treatment, payment, or mental health care operations in addition to those explained in the notice. All requests for such restrictions must be made in writing. While all requests for additional restrictions will be considered compliance with such requests is not guaranteed.
3. Right to Receive Confidential Communications  
Any reasonable request to receive protected MHI by an alternative means of communication will be accommodated.
4. Disclosure Accounting  
You have the right to receive a list of instances after April 14, 2003 in which my staff or I have disclosed your MHI for purposes other than treatment, payment, healthcare operations and certain other activities.
5. Right to Amend Your Records  
You have the right to request that your MHI be amended. Your request must be in writing and it must explain why the information should be amended. The request may be denied under some circumstances.

#### **Questions and Complaints**

This document is in compliance with requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) which is a federal program that requires that all mental health records and other individually identifiable mental health information used or disclosed in any form, whether electronically, on paper or orally, are kept properly confidential. If you are ever concerned that your privacy rights may have been violated, or you disagree with a decision which was made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have communication via an alternative means or at alternative locations, you may complain using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services (address provided upon your request).

Your right to privacy of your MHI is fully supported by the Forest Hills Baptist Church Counseling Ministry