

Carolina Beach Counseling LLC

Patient Registration

Are these services Court ordered? ☐ Yes ☐ No

PATIENT INFORMATION

☐ New Patient ☐ Information Update

Patient Name: _____ Social Security #: _____
Date of Birth: _____ Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Other
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
Primary Contact Phone: _____ Secondary Phone: _____
Employer: _____ Occupation: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Education Level: _____ Highest Grade Completed: _____
Race: ☐ Asian ☐ Black ☐ Native American ☐ White ☐ More than one race Preferred Language: _____
Ethnicity: ☐ Hispanic ☐ Non-Hispanic _____
Smoking Status: Current Smoker: ☐ Yes ☐ No History of Smoking: ☐ Yes ☐ No Stop Date: _____
Emergency Contact: _____ Relationship: _____ Phone: _____
Referring Physician: _____ Driver's License #: _____

SPOUSE / PARTNER INFORMATION (If relevant)

Spouse/Partner Name: _____
Date of Birth: _____ Sex: ☐ Male ☐ Female
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Employer: _____ Occupation: _____

FINANCIAL RESPONSIBILITY (Must complete if patient/client is under 18 years of age)

Responsible Party: _____ Social Security #: _____
Relationship to Subscriber: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Employer: _____ Occupation: _____

INSURANCE INFORMATION (Must complete ALL the information below in order to bill your Insurance)

Primary Insurance: _____ Subscriber Name : _____
Subscriber Date of Birth: _____ Subscriber ID #: _____ Group #: _____
Claim Mailing Address: _____ City: _____ State: _____ Zip: _____
Relationship to Patient: _____
Secondary Insurance: _____ Subscriber Name : _____
Subscriber Date of Birth: _____ Subscriber ID #: _____ Group #: _____
Claim Mailing Address: _____ City: _____ State: _____ Zip: _____
Relationship to Patient: _____

PHARMACY INFORMATION (PLEASE FILL OUT COMPLETELY WITH CORRECT ADDRESS AND PHONE NUMBER)

Pharmacy Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cross Street: _____ Pharmacy Phone#: _____
Mail Order Pharmacy Phone #: _____ Pharmacy Fax #: _____

SIGNATURE and DATE

Patient or Responsible Party: _____ Date: _____

Carolina Beach Counseling Substance Abuse History

Client Name: _____ Date: _____ Date of Birth: _____ Age: _____

Substance Abuse History:

Is your substance use ☐ a problem; ☐ not a problem; ☐ was problem in past

Substance	Age of 1 st use	Route: 1. oral 2. smoking 3. inhale 4. inject	Frequency of use (per week, month, etc.)	Avg. amount Of use (# beers, drinks, hits, etc.)	Maximum use at one time	Date of last use
Marijuana/hash						
Alcohol (beer, wine, liquor)						
Inhalants (gas, glue, rush)						
Stimulants (speed, crystal meth, uppers, crank)						
Cocaine (powder; crack)						
Depressants (tranqs, benzos)						
Hallucinogens (ex: LSD, Peyote, mushrooms, PCP, Ecstasy, ketamine)						
Narcotics (ex: heroin, oxycontin, Vicodin, morphine)						
Tobacco (cigarettes, smokeless tobacco)						
Other:						

**CAROLINA BEACH COUSENLING
SUBOXONE GROUP TREATMENT POLICY**

Please read and sign below. Signature required for treatment.

Treatment Fees: The fee for attending group is \$30 per week. Payment is expected at the beginning of group. Group counselors do not have the authority to make any payment arrangements with group attendees. Part of treatment is personal responsibility. This is a treatment service for a medical condition and as with any other medical treatment, payment is due when the service is rendered. If you have Medicaid, your group fees can be covered by your health insurance. At this time, we do not file any other health insurance for group treatment.

Discharge From Services: You can be discharged from treatment after three unexcused absences or “no shows” for failure to show up for group. Please see attendance policy for details about excused and not excused absences.

Court Mandated Clients: If you are mandated by the courts or other legal entity, some services may be court mandated. Some services may include telephone consultations with the client and/or family, preparation of reports, court testimony and other non-direct client services. These services are not billable to insurance and will be billed directly to the client or responsible party.

Preparation Fee: A fee of \$25 per 15 minutes will be charged for completion of paperwork or letters written on behalf of the client for any purpose. This fee is not billable to insurance and will be billed directly to the client or responsible party. Payment for document preparation must be made prior to receiving documentation. Separate court fees will be charged if Carolina Beach Counseling is served with a subpoena for an appearance in person or a deposition subpoena for appearance to court. Requests for those fees rates can be made at any time.

Consent for Treatment:

1. I have read, understand and accept in full all of the above statements, terms, and conditions for treatment and payment for services rendered by Carolina Beach Counseling.
2. I authorize the release of any and all information required for insurance and payment purposes. I understand that a photocopy of this authorization is as authentic as the original signed authorization.
3. I acknowledge that I consent to counseling with Carolina Beach Counseling. I understand I can terminate counseling at any time by notifying my therapist. I will be given the opportunity to participate in the planning of my counseling and I can choose not to accept services here.
4. I declare that I am legally competent and I have the capacity to consent to my counseling and/or the services of family members of whom I am the parent/guardian.

Client Signature

Client Printed Name

Date

Guardian/Insured Signature

Guardian/Insured Printed Name

Date

Carolina Beach Counseling, LLC
INFORMED CONSENT

BENEFITS/RISKS

It is important that you know what to expect from treatment. Therefore, I ask you to read and sign a copy of this informed consent as you begin your treatment.

Once you have established a relationship with a counselor, the particulars of your situation will be discussed with you. Your counselor will present an understanding of the issue on which you want to work, the approach to the issue and the direction that your treatment might take. You will have ample time to consider what is proposed of treatment before going forward. If you choose not to continue in treatment, please consider the potential consequences/risks associated with this choice.

Counseling can be beneficial to most people who become involved in the process; however this cannot be guaranteed. Your commitment to your own growth will largely determine the benefits you will gain.

LIMITS OF CONFIDENTIALITY

Information communicated between therapist and client will be held in confidence. No information will be released unless you make such a request in writing by signing an authorization to disclose healthcare information.

In order to keep you and/or others safe, there is **no** confidentiality, should you disclose incidents of child or elder abuse, or threats of harm to yourself or someone else. North Carolina law requires reporting of such events.

In most legal proceedings, you hold the counselor/client privilege, which would protect information about your treatment. However, in certain legal situations the counselor/client privilege may not be protected. Your therapist will explain this in detail, if it applies. If you have questions, please ask your therapist.

CANCELLATION POLICY

Notify us at least 24 hours before your appointment and you will not be charged. You may either request to reschedule or cancel your session. If your notification is less than 24 hours of your scheduled session, you may be required to pay for the missed session.

I have read and understand 1) benefits/risks of counseling, 2) the limits of confidentiality and, 3) cancellation policies.

Print Name: _____

Signature _____

Date: ____/____/____

Carolina Beach Counseling Suboxone Group Therapy Commitment

Part of your success in the Suboxone program at Carolina Beach Counseling depends strongly on your participation in treatment. Therefore, you **must** agree to attend one therapy group per week.

Group therapy is a powerful form of therapy that has been found to be one of the most effective ways to treat substance use disorders. Some advantages of group therapy include:

- Support from peers
- Ability to relate to others and see that you are not alone
- Real-life examples of people in recovery
- Help from peers in coping with substance abuse and other life problems
- Information and feedback from peers
- Social skills
- Structure and discipline
- The hope, support, and encouragement necessary to break free from addiction.

At this time, we only have one group day/time available. We hope to add more group times in the future.

Group days and times are as follows:

Monday evening 6:00pm- 7:30pm

I agree to commit to attending weekly group therapy at the day and time above. I understand that if any change needs to be made to this schedule, I must first clear it with my counselor.

Patient Signature

Date

Witness

Date

Carolina Beach Counseling Suboxone Treatment Agreement

As a participant in the Suboxone program at Carolina Beach Counseling, I freely and voluntarily agree to accept this treatment agreement as follows and understand failure to comply with these and any other program rules may result in my prescription for Suboxone being discontinued or being discharged from the program, and that I will have no right to appeal any decision made by the management or physician.

- _____ 1. I agree to keep and be on time for all appointments, including groups, with my physician and therapist.
- _____ 2. I will pay all fees at the time of the appointment; failure to pay for services may lead to my treatment being discontinued.
- _____ 3. I agree to conduct myself in a courteous manner at all times while in my therapist's/physician's office.
- _____ 4. I agree not to be under the influence or intoxicated; I understand that if I present under the influence, my Suboxone might be denied by the physician, and the police will be called so that I do not drive.
- _____ 5. I agree not to sell, share, or give away any of my Suboxone and that mishandling of my medication is a serious violation of this agreement and the law. Giving away, sharing, or selling the medication will result in immediate discharge from the program.
- _____ 6. I will bring to every session my medication in the event that I am required to submit a pill check to determine appropriate use of my medication.
- _____ 7. I understand that my prescription can be given only to me at the time of my appointment with the physician, and I agree to take all medications as instructed; missing office visits may result in my not receiving my prescription or being discharged from the program.
- _____ 8. I understand that medication alone is not sufficient treatment and I agree to participate in all counseling and education programs required; failure to attend these sessions will result in my not receiving my prescription.
- _____ 9. I agree that the Suboxone prescribed is my responsibility and that I will keep it in a safe and secure place (locked box or medication cabinet); any lost medication or prescription will not be replaced, regardless of the reasons for such loss.
- _____ 10. I agree not to obtain medications from any other physicians, pharmacies, or other sources without informing my physician, and I understand that mixing buprenorphine with other medications, especially **benzodiazepines** (such as Xanax, Klonopin, Ativan, Valium, etc.), and other drugs of abuse, (i.e., amphetamines, **barbiturates**, cocaine, hallucinogens, inhalants, marijuana, **alcohol**, and other **opioids**), can be dangerous and may cause death.
- _____ 11. I agree to random drug-testing at the time that it is requested, including having to come to the clinic for a special screening, and, if the drug-testing shows that I have been using any non-prescribed drugs including over-the-counter medications or alcohol, my Suboxone will be discontinued. I also agree that if I refuse to take a drug test when requested, the test will be considered positive and my Suboxone will be discontinued.
- _____ 12. I will protect the privacy of other patients and their family members that I may come to know; if I divulge information about others, I may be discharged from treatment.

I have read the above treatment requirements and I agree to follow them.

Patient Signature

Date

Witness

Date

Carolina Beach Counseling Suboxone Treatment Expectations

While in treatment, these guidelines will help you to get the most benefit out of the program.

1. **Total abstinence from all other drugs/medications:** while you are in the program, you are expected to avoid using *all* substances not approved by your treating physician. This includes alcohol, and even non-alcoholic beer (which does contain some alcohol).
2. **Attend all sessions:** this means you should plan on coming to all group sessions, individual sessions, and arrive on time and participate fully.
3. **Maintain confidentiality at all times:** do not reveal the names of other people in the treatment program or anything that they say. You can always share about yourself and your own experiences, but do not divulge information about fellow patients.
4. **Practice honesty:** it is essential that you practice honesty and openness. Honesty means that you look for and communicate the truth to your counselors and other individuals in the program even if you do not want to, and even if you think you can avoid the truth. Openness means that you will not hold back information and feelings. For example, if something is bothering you, say so! Addiction is a disease of denial, which blinds you from the truth. Honesty and openness can defeat addictive thinking.
5. **Stay involved:** soon, you may have second thoughts about staying in the program. You might think that you have beaten your problem. You may disagree with your counselor or even become angry. You may have conflict with someone else in the program. You may start having feelings that seem unpleasant or painful. In this early process, it is normal to experience peaks and valleys and you will get past them. If you are having a hard time, talk about it with your counselor or peers in the group.

If you have questions or concerns while in treatment, please do not hesitate to talk with your counselor. Information shared is confidential with the exception of what is listed the informed consent.

Additional Treatment Expectations:

1. **Group Therapy**
Some of the most important work you will do while here will take place in therapy groups. It is normal to have reservations about talking about yourself in front of people you do not know very well, but we have learned that groups provide the most powerful way of getting help. Most people who come to treatment soon start to look forward to coming to their groups as they get to know people better. You will be required to attend group therapy every week while enrolled in the Suboxone program.
2. **Individual Therapy**
You will be required to meet with an individual therapist at least monthly, if not more often, while you are enrolled in the Suboxone program. This is to ensure that your individualized needs are being met and to address any other issues that are not appropriate to address within the context of group therapy.
3. **Discharge Criteria**
The minimal criteria for successful completion of your treatment are as follows:
 - a.) Adherence to the medication usage as established by your physician.
 - b.) Complete abstinence from all mood-altering chemicals except those approved by your therapist and the medical director.
4. **Attendance of all sessions is a required part of treatment.**

I have read the above-listed treatment requirements and I agree to follow them.

Patient Signature

Date

Witness

Date

What is Group Therapy and What Can I Expect to Gain from It?

Group therapy is a powerful form of therapy that is effective in treating substance dependence. Here are some advantages of group therapy:

- Support from peers
- Ability to relate to others and see that you are not alone
- Real-life examples of people in recovery
- Help from peers in coping with substance abuse and other life problems
- Information and feedback from peers
- Social skills
- Structure and discipline
- The hope, support, and encouragement necessary to break free from addiction.

Group members have responsibilities in group therapy:

1. *To participate*- share what is going on with you, including problems in your life, feelings you are experiencing, relationships that are troubling you, and even the positive aspects! **But remember, it is very important not to take up all of the group's time by talking, even if you are not just talking about your own issues and are sometimes giving feedback.**
2. *To ask for help*- nobody can do everything on his or her own. As social creatures, we *have* to rely on others for some things—to deny yourself the right to ask for help is to set yourself up for failure.
3. *To show up regularly*- remember, this is a place where people are sharing emotional and sometimes very difficult pieces of their lives! Show your respect and commitment by coming to every group. The more you come to group, the more you will get out of it.
4. *To instill hope*- everybody in the group is either currently experiencing a lot of problems or will be experiencing a lot of problems. Remind them that they are not alone and that this too shall pass.
5. *To share your experiences*- oftentimes we can relate to others. When you find that something that a group member is sharing is striking a chord with you, say so! This is beneficial to both that other group member *and* you.
6. *To be honest, open, and willing (H.O.W.)*- be honest about what is going on with you. Learning to be completely honest with yourself and others will help you in the long run to face your problems sooner rather than later. And remember, if you lie to the group, the only person you are hurting is yourself! Additionally, be open to what the group can do for you. Sometimes you might hear feedback that you don't like; but a lot of times, the reason you don't like it is because you need to hear it! Last, be willing. And by that, I mean be willing to take risks—open yourself up to the group in a way that you have never been open before. Be willing to hear what you don't want to hear. Be willing to challenge yourself and others. Be willing to change.

Communication skills to use in group therapy:

1. Use “I” Statements: Begin each statement with “I think” or “I feel”. This will help you to identify your own thoughts and feelings and will give others the opportunity to get to know you.
2. Speak directly to individuals: Look and speak directly to the person to whom you are giving feedback. Don’t always look at the group leader (unless that is who you are talking to) or at the ground or sky. This will show that person that you are genuine in what you are saying.
3. Speak your honest feelings and thoughts: Respect someone enough to be honest with them about what you think and see, but it is also important to be kind in the way you phrase it.
4. Read the messages from your own body: Your body is continually giving you messages—sweating palms, feeling “fidgety”, rapid heartbeat, flushed face. All these and more may tell you that you are angry, afraid, irritated, worried, embarrassed, anxious, etc.
5. Be aware of your discomfort: Remember, group therapy is not always supposed to be comfortable. Group therapy can be difficult and upsetting at times, but you will gain a great deal more from it if you stay committed and resist the temptation to leave group.
6. Be aware of the roles you take and your characteristic behavior: Are you always confrontational? Are you always the peacemaker? Are you always the comedian? Examine this. Many of us have the same roles in group that we have had our whole lives, and usually these roles stem from the roles we took as a child in our family of origin. By examining these roles, you might learn some insights about yourself.
7. Listen actively: It’s okay to ask someone to clarify something—that’s better than making an assumption! (and we all know what it means to assume) Repeating back to the person what you thought they said before you give them feedback might prevent a misunderstanding.
8. Confront, but don’t attack: People with addictions to drugs and alcohol tend to have poor communication skills, poor coping skills, and stressful relationships. That being said, attacking someone who is already damaged or broken down is counterproductive. If you think someone is in denial, it’s okay to tell them, but choose your words carefully. Some treatment programs or 12-step programs believe in the philosophy of tough love, but that does not give you the right to judge them or yell at them. Telling someone how you feel from a place of concern and respect will be received just as effectively as getting in their face and using harsh words and judgments. In fact, some experts in the field of substance abuse contend that this is even *more* effective than the “old-school” approach of aggressive, argumentative methods of confronting.
9. Participate, but don’t monopolize: Some people tend to be very quiet, while others could talk for hours if you allowed them to do so. Be mindful of how much time you are taking up by talking, and make sure that you are allowing others a chance to share. Also, remember that sometimes there will be silences in group, and THIS IS OKAY. Don’t talk if you are only doing so because you are uncomfortable with silence.

Carolina Beach Counseling Client Rights / Grievances Document

Client Rights:

I understand that these are my basic rights. These rights include:

1. The right to impartial access to treatment services regardless of race, religion, ethnic background, physical handicap or source of financial support.
2. The right to have personal dignity recognized and respected in all aspects of interaction and contact with facility staff.
3. The right to individualized treatment, including participation in the development of a treatment plan and implementation of the plan in cooperation with professional staff.
4. The right to confidentiality of communication with treatment staff and of material included in the treatment record; federal confidentiality rules (42 CFR part 2) prohibits the release of any information about a client's participation in this program to anyone outside of this agency without a client's written authorization for the disclosures of my protected health information.
5. The right to privacy of health information, under H.I.P.A.A., (Health Insurance Portability and Accountability Act). Rules accept where federal or state rules are more restrictive H.I.P.A.A. **Notice of Privacy Practice** is given to all clients extensively explaining the rules and exceptions to confidentiality in special cases of imminent emergency, abuse or court order.
6. The right to express opinions and discuss the plan and course of treatment with persons responsible and to receive a stated grievance in accordance with established policy.
7. The right to be informed in any rules or exceptions, which apply to the client's conduct and participation in treatment.
8. The right to a satisfactory explanation of treatment services and this statement of rights before giving consent to treatment.
9. The right to notify the staff of discontinuance of treatment at any time without being financially responsible for any planned treatment services that was not provided.
10. The right to be informed of alternative treatment resources other than those provided by Carolina Beach Counseling, LLC.

I understand I am also entitled to the following basic human rights which are provided to every client:

1. Right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation.
2. Right to treatment and care based on the normalization principle.
3. Right to receive age-appropriate treatment, access to medical care and habilitation, and the right to an individualized written program plan at the time of admission to maximize his/her development.
4. Right to be informed in advance of the potential risks and alleged benefits, and alternatives to the program choices
5. Right to confidentiality.
6. Right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience.
7. Right to consent to or to refuse any treatment offered, including behavior management policies, except in certain emergency situations.
8. Right to request notification after occurrence of any or specified interventions.
9. Right to be informed of emergency procedures.
10. Right to exercise all civil rights. Certain civil rights may be limited if a client has been adjudicated incompetent.
11. Right to certain safeguards and carefully controlled circumstances when interventions are used.

12. Right to be free of corporal punishment, and to be free of harm, abuse and exploitation.
13. Right to be free of restrictive interventions including, but not limited to physical restraint, isolation or seclusion except when there is imminent danger of abuse or injury to oneself or others, when substantial property damage is occurring, or when it's necessary as a part of treatment/habilitation.
14. Right to be free from threat or fear of unwarranted suspension or expulsion.
15. Right to be free from unwarranted invasion of privacy.
16. Right to be free from unwarranted search and/or seizure.
17. Right of the person legally responsible for a minor or an incompetent adult to request notification of the use of an intervention procedure.
18. Right to request notification of the restriction of rights.

Grievance Policy:

I understand that if I have a complaint/grievance, I should: Submit Concerns/Grievances in writing to Carolina Beach Counseling, LLC, Clinical Director at 1328 Lake Park Blvd. N, Suite 109, Carolina beach, NC 28428; phone 910-458-4544; fax 910-458-4824. If unresolved, you may call the State of North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services, or Disability Rights NC. Please see the information below.

I understand that I have a right to contact the agencies below at any time to discuss my complaint/grievance:

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services

www.ncdhhs.gov/mhddsas

Advocacy and Customer Service Section: 919-715-3197

DHHS CARE-LINE: 1-800-662-7030 (Voice/Spanish)

North Carolina Substance Abuse Professional Practice Board

www.ncsappb.org

P.O. Box 10126 Raleigh, NC 27605

Ph: 919-832-0975 Fax: 919-833-5743

Anna Bridgers Misenheimer, Executive Director

Barden Culbreth, Associate Executive Director

Disability Rights NC

www.disabilityrightsnnc.org

2626 Glenwood Avenue, Suite 550, Raleigh, NC, 27608

(877) 235-4210 or (919) 856-2195

Email: info@disabilityrightsnnc.org

I certify that I have read and understand this Client Rights/Grievance Policy.

Client's Signature: _____ Date: _____

Print Name: _____