



ROCK CAIRN COUNSELING + CONSULTING, LLC
PERSONALIZED DIRECTION FOR YOUR PATH

Client's Full Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Do you have a nickname or preferred name? If so, please indicate: _____

Home address

Mailing Address (if different)

Phone number 1: _____ This is a Home, Cell Phone, Work Number

Phone number 2: _____ This is a Home, Cell Phone, Work Number

What is the primary reason for establishing services at this time?

If you had to identify the most troublesome symptoms you are experiencing at this time, what would that be?

Have you been in therapy before, or have you ever been diagnosed with a mental health condition before? If yes, please provide additional information below:



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Are you currently under the care of medical practitioner who prescribes you medications for mental health? If so, please indicate any current medications as well as who prescribes them.

Do you have any current or historical physical health problems? Please also include any surgeries or chronic conditions here.

Is there anything we should be aware of before we begin working together? (ex. physical or cultural considerations, sensitivities, concerns, etc)

How did you hear about us?

Psychology Today EMDR International Other _____

A personal Recommendation from _____

Emergency Contact

In the event of a physical or mental health emergency or crisis, I authorize Rock Cairn Counseling & Consulting to notify the below identified emergency contact.

Full name: _____ Relationship: _____

Phone number: _____

Client Printed Name

Signature

Date

7547 MENTOR AVE STE 100, MENTOR, OH 44060

WWW.ROCKCAIRNCOUNSELING.COM

P. 440-536-1004 F. 844-397-0357



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Consent to Treat

Type of services provided

Rock Cairn Counseling & Consulting, LLC provides mental health treatment for individuals of all ages as well as families. These services are provided through individual and family sessions. All treatments begin with an assessment and the formation of a treatment plan, which is a collaboration between the clinician the client(s). Sessions are then based on treatment plans with progress on the identified goals being reviewed each session and the treatment plan being reviewed at a minimum of yearly. Changes to interventions and treatment plans can occur at any time and will also be discussed and agreed upon by both the treating clinician and client. Rock Cairn Counseling & Consulting also provides consulting services including, but not limited to, chart reviews, quality control, peer to peer learning, LISW licensure supervision, EMDR Consultation and employee trainings.

Length of Sessions

A typical session lasts between 50 and 60 minutes, but may be shorter or longer depending on what is clinically appropriate. Whenever possible, sessions that exceed 60 minutes will be agreed upon in advance during scheduling. If the session is going to go over the originally scheduled time then the clinician will make the client aware of the time constraint and advise of any additional costs of continuing the session. The client will then be permitted to determine if they wish to continue.

Benefits and risks of life changes as a result of services

Counseling is a service tailored to your unique needs. There are many benefits to participating in counseling and these include, but are not limited to, decreased negative symptoms, decreased stress levels, increased coping skills, and improved ability to manage issues and problems. There are also risks. Sometimes, identifying, exploring and examining issues and problems can cause clients increased distress levels. Some clients see a rise in their negative symptoms at the beginning of counseling. These risks can usually be handled within the therapeutic sessions, but please discuss any and all concerns you may have with us at any time. If you are experiencing a problem, please do not wait until your next session, but notify us as soon as possible so we can help support you through the process.

Client Printed Name

Signature

Date

Guardian/POA Printed Name & Relationship

Signature

Date



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Confidentiality

Why is it important?

Your right to confidentiality and privacy is of the utmost importance. Your health information is a private matter and should be treated as such. We respect your information and are not using any electronic documentation at this time. Rock Cairn Counseling & Consulting follows all laws and statutes related to documentation and confidentiality. If you ever have concerns or questions about confidentiality or record keeping issues, please contact us directly at 440-536-1004.

Record storage and access

Records are kept in accordance with federal, state and local statutes. Minimal documentation will be completed to keep an accurate record of our work together while simultaneously respecting your privacy as much as possible. Records will be kept locked with access restricted only to those mentioned below and only when necessary for your treatment or required by law. Additionally, records will be destroyed after the holding period indicated in the Ohio Revised Code section 5122-27-02.

Release of information

Under certain circumstances people desire to have some portion of their charts released. These requests can be initiated internally or externally. If you sign a document permitting someone outside of this agency to access your records here, we will make every attempt to confirm this request was authorized by you. If we do not hear from you, but the release is in compliance with current standards then the requested information will be released. To initiate a release of information internally, we will ask you to complete a form indicating the Specifics aspects of your information you would like released.

In the event of a mental health hospitalization or other Crisis situation, information which pertains to coordination of care may be shared with other practitioners without your express written Consent. Additionally, the emergency contact identified in your initial paperwork may be contacted to assist in coordinating care or assuring safety.

Finally, in rare circumstances, records are subpoenaed by a court of law or audited by a licensing or Credentialing board. Rock Cairn Counseling & Consulting, LLC will Comply with laws and regulations relating to these kinds of requests and that may mean information will be released without your written consent. As with external requests, we will make every attempt to notify you this type of request has been made.



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Limits of confidentiality

You should be aware that there are certain circumstances which supersedes your right to confidentiality. These include instances in which it is reported to us, or we have significant reason to believe, that someone's safety is at risk. This specifically includes threats of harm to self or others and information regarding abuse or neglect of a minor child or an elderly adult. Whenever possible, and if clinically appropriate, we will make you aware that Confidentiality will be broken and the reason(s) why this is necessary.

Procedures for sharing information in supervision and consultation

As part of providing you with the most effective and well-rounded care we may seek outside consultation and supervision regarding your case. When this occurs, your identifying information will be excluded and only information directly related to providing you with the necessary interventions will be shared.

Access by insurers, managed care companies or EAPs

At this time, Rock Cairn Counseling & Consulting, LLC is a cash only practice so no information will be shared or accessed by any insurance, managed care companies or EAP. If this changes, you will be notified and have the opportunity to determine if you choose to participate through your insurance or continue with treatment as a cash client,

Process for audiotaping/videotaping

There will be no audiotaping/videotaping in this office by any staff. We request that you also refrain from using any audiotaping/videotaping device without first making us aware.

Client Printed Name Signature Date

Guardian/POA Printed Name & Relationship Signature Date

Witness Printed Name Signature Date



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HIPPA Rights to Privacy

Information collected about you during treatment will be used to formulate treatment plans and make decisions related to interventions to meet your identified treatment goals.

With the exception of subpoenas and licensing board audits, your information will only be disclosed with your written consent and all efforts will be made to protect your information in every possible way.

You should know:

- *Health information cannot be disclosed to a client's employer
- *Mental health providers can refuse to disclose notes to the client's health insurance company without first obtaining client's consent
- *Enrollment benefits cannot depend on a client's authorization to release information
- *Records will be shredded when destroyed
- *You have a right to view, copy and correct your records; however, access can be denied in certain situations, if potential harm is believed to result
- *If you consented to electronic communication, please know that all technology is password protected and only Rock Cairn Counseling & Consulting staff working directly on your case will have access to these Communications.
- *Rock Cairn Counseling & Consulting may contract with other agencies for billing, electronic health records and functions necessary for business logistics. These contracted agencies are only provided the minimal information needed to complete their tasks and are also contractually and legally obligated to protect your information.

Client Printed Name

Signature

Date

Guardian/POA Printed Name & Relationship

Signature

Date



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Communication Consent

It is important that you know that while all efforts will be made to secure your information, there is an inherent risk when using any form of technology making it impossible to be guaranteed 100% secure. It is at your discretion if you choose to allow for these forms of communication. Opting in or out of electronic communications will not affect your treatment in any way. Content of communications in the below forms may include, but are not limited to, information about your appointments, responses to treatment concerns, messages of support, well-being checks and/or satisfaction surveys and questionnaires.

Rock Cairn Counseling & Consulting, LLC staff may communicate using one of the below methods.

___ Phone calls

___ Voicemails

___ Text Messages

___ Emails

___ Traditional Mail

By signing this form, you are permitting communication to all of the above forms of communication. If you would prefer to restrict communication or if you have specific instructions regarding our communication with you, please discuss this with us at your next session.

Client Printed Name

Signature

Date

Guardian/POA Printed Name & Relationship Signature

Date



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Fee Agreement Consent

The fees for services are listed below.

Clients paying out of pocket at the time of service or paying a lump sum in advance of services will receive a 15% discount.

Clients paying with insurance will be responsible for any co-pays, co-insurances, or deductibles in accordance with their specific plans. These payments are due the day of service. Clients are also responsible for balances unpaid by their insurance companies. We suggest contacting your insurance providers for specific coverage information and to verify Rock Cairn Counseling's network status for your specific plan prior to your initial visit.

30 minute Individual/Family Sessions - \$75 or \$63.75 if paid prior to the start of the session.

45 minute Individual/Family Sessions - \$100 or \$85 if paid prior to the start of the session.

60 minute Individual/Family session - \$125 or \$93.75 if paid prior to the start of the session.

90 minute Individual/Family session - \$175 or \$148.75 if paid prior to the start of the session.

120 minute Individual/Family Session - \$225 or \$191.25 if paid prior to the start of the session.



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Other Important Notes about Billing

If you have a past due balance you will not be permitted to schedule any appointments until you have brought the account current. It may be possible to create a payment plan option if necessary, so please ask if this is needed.

Non-payment of services may result in your information being sent to a collections agency and this could affect your credit.

Finally, we respectfully request that all cancellations and changes occur at least 24 hours in advance of the appointment, but we understand that sometimes things come up which are out of our control. Please notify us as soon as possible. There is a \$50 fee for appointments cancelled or changed less than 2 hours prior to the scheduled appointment time.

Client Printed Name	Signature	Date
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Guardian Printed Name	Signature	Date
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