

NORTH ALABAMA COUNSELING CENTER, INC.

P. O. Box 1001 * 1612 Railroad Avenue
Guntersville, Alabama 35976
(256) 582-8880

NACC# _____

Date: _____

Patient Name: _____ Date of Birth: ____/____/____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone Number: _____
Cell Number: _____
Email: _____

Parent's/Guardian's Name: _____
(If Patient is Under 18)

Is Parent/Guardian Address same as patient: Yes No

Who referred you to us: _____

Marital Status: _____ Spouse's Name: _____

Family Physician: _____

Emergency Contact: _____ Phone # _____

Relationship to Patient: _____

Has patient ever been seen at North Alabama Counseling Center, Inc.? Yes No
If Yes, under what name if different from above: _____

Employment Information

Responsible party's Employer: _____

Spouse's Employer: _____

Primary Insurance Information

Name as it appears on card: _____

Subscriber's Address (if different from above): _____

Subscriber's Date of Birth: _____ Subscriber's SS#: _____
(Only for Military or Tricare members)

Name of Insurance Company: _____

Additional (Secondary) Insurance Company

Name as it appears on card: _____

Subscriber's Address (if different from above): _____

Subscriber's Date of Birth: _____ Subscriber's SS#: _____
(Only for Military or Tricare members)

Name of Insurance Company: _____

Client History

Please list the names of all family members living in your household, their relationship to you and their age (include yourself).

Name	Relationship	Age

Please give a brief description and history of presenting problem(s).

Are or have there been other professionals/agencies involved in the problem(s)? Yes No

If Yes, when? _____

Who? _____

Previous Counseling or Psychiatric Hospitalization (List year and place of service.)

Other Important Medical Information Including Current Medications: _____

Suicide History: Not Present Ideation Plan Means Prior Attempt

Other dangerous or self-injurious behaviors: _____

Is there a history of any addictions in your family? Yes No If yes, who? _____

Current Level of Functioning (Please rate level of impairment in each area):

	None	Minimal	Mild	Moderate	Severe	Profound	Comments
Marriage/family	0	1	2	3	4	5	_____
Work/school performance	0	1	2	3	4	5	_____
Social	0	1	2	3	4	5	_____

Other Factors/Pertinent information that could impact treatment (e.g., test results, family/social history, etc.)

**Notice of Privacy Practices
Acknowledgement and Receipt of Notice**

I acknowledge that I have been given an opportunity to read and receive a copy of **North Alabama Counseling Center, Inc.'s** Notice of Privacy Practices. I understand that if I have any questions regarding the notice or my privacy rights, I can contact *Douglas M. Cooke, M.A. - Director* at 1612 Railroad Avenue, Guntersville, AL 35976 or 256-582-8880.

Client/Guardian Signature

Date

Parent, Guardian, or Personal Representative*

Date

*If you are a personal representative of an individual, please describe your legal authority to act for this individual, i.e. Social Worker, Family Consultant, Power of Attorney, etc.

Client refuses to acknowledge receipt:

Signature of staff member

Date

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Informed Consent for Treatment

Welcome to the North Alabama Counseling Center, Inc. (NACC). We are here to serve individuals and their families in North Alabama. This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions you may have regarding its contents.

All of the therapists working in the center are Master's Level therapists or higher and all are Licensed Professionals in one or more of the following disciplines:

- Licensed Professional Counselor (LPC), through the Alabama Board of Examiners in Counseling
- Licensed Marriage & Family Therapist (LMFT), through the Alabama Board of Examiners in Marriage and Family Therapy
- Licensed Clinical Social Worker (LCSW), through the Alabama Board of Social Work Examiners

Your therapist is bound by a Code of Ethics set forth in their specific field of practice. You can request a copy of this code at any time. Please feel free to ask your therapist any questions about their background, training, education, experience, clinical approach or techniques.

The discussions that take place in therapy are confidential. Information about you or your family cannot be shared without your permission. In order to protect client confidentiality, written, telephone or personal inquiries will not be acknowledged without your consent. You must sign a consent to release information before any information about you is given to anyone outside the center. Even then, we may advise you to withhold information if we feel it is in your best interest. The *Privacy Practices Notice* brochure given to you outlines your rights to privacy in more detail. Please read that document thoroughly as well.

There are some exceptions to the confidentiality policy. By law, there are specific limits to confidentiality. By the Laws and Regulations of the State of Alabama your confidentiality does not apply when:

- There is a clear and imminent danger to you or others
- There is suspected elder abuse, child abuse or neglect
(In either of the above situations, your therapist may take reasonable steps to protect those at risk including, but not limited to, warning any identified victims and informing the authorities)
- Court ordered (therapists will testify in any court proceeding if ordered by the judge)
- A federal law known as **The Patriot Act of 2001** requires therapists in certain circumstances to provide FBI agents with requested items and prohibits the therapist from disclosing to the client that the FBI sought or obtained items.

Additional rights and principles are outlined so that you may be informed before consenting to and participating in individual, marital, or family therapy:

- You have the right to be treated with dignity and respect, provided humane care and protected from harm.
- You have the right to end therapy at any time without any moral, legal, or further financial obligations other than those already incurred.
- You have the right to refuse any service that you don't want and to discontinue any services you have already started. You can seek alternative therapeutic services from another licensed therapist, even if ordered by the court or directed by the Department of Human Resources. However, if you choose to discontinue treatment against professional advice a notation to that effect will be placed in your records.
- You have the right to register a complaint without retaliation and have your complaint promptly heard and action taken, if required.
- You have the right to confidentiality of records. It is important that you understand that all identifying information about your assessment and treatment is kept confidential. In order to enhance the services you receive, there may be certain circumstances where your therapist may consult with other professionals within the agency. However, the office staff is only associated with your case at intake, in the periodic monitoring of case file management, scheduling appointments, filing insurance, and other records administrative tasks. All records are kept securely under lock and key at 1612 Railroad Avenue, Guntersville, Alabama. Records will be maintained at this facility for seven years after your last date of service at which time NACC destroys the records through a professional shredding company that performs this service on site. However, a permanent ledger of dates of service will be kept indefinitely.
- You have the right to ask questions about everything that has taken place at any time with regard to administrative or clinical functions. Specifically, you have the right to ask questions about the clinical techniques and approaches used by your therapist.
- By entering therapy you will be working on changing personal or family difficulties. There are potential benefits and risks involved in making these changes. Some of the potential benefits you may experience include: the ability to handle or cope with marital and family relationships in a better way, greater understanding of personal and family goals and values, and greater happiness as an individual, couple, or family. Some of the potential risks associated with therapy and the discussion of relationship difficulties may include: intense feelings of anger, fear, depression, and frustration. As you work to resolve problems and conflicts you may experience discomfort and increased conflict. There may also be changes in your relationship you had not originally intended.
- NACC has a 24-hour answering service for after-hours emergencies. The emergency number is 256-582-8880 or you can call 911 or your local hospital for other emergencies. In the case of an emergency, someone other than your primary therapist may respond. This person may have access to your records and other sensitive information and is bound by the same laws of confidentiality.
- No physician or psychiatrist is connected with NACC, but we do maintain contact with a number of psychiatrists and physicians which we can make a referral if either you or your therapist feels medicine or medical intervention would assist you.
- If you have any questions about this or any part of the therapeutic process, please ask your therapist or you may talk directly to the Director of NACC, Douglas M. Cooke.

Payment Agreements

I understand that payment is expected before or at the time therapy is rendered. Therefore, I agree and expect to assume financial responsibilities outlined. Any time spent in therapy beyond the clinical hour including verbal, written, or face-to-face meetings at the request of the client will be billed according to the established fee structure. The fee for therapy service is \$90.00 per clinical hour. If insurance is applicable, we will be glad to file this for you. Some insurance, HMO's PPO's and EAP's pay fixed allowances for treatment while others pay a percentage of the charge. It is your responsibility to pay any deductible, co-pay (which is due at each visit), any non-covered service, or service for which you are ineligible. Authorization of service and payment by the insurance company is contingent on eligibility (at time of service) and benefits available. In the case of financial hardship, NACC does provide a sliding scale fee based on annual household income. If this is necessary, please discuss this with your therapist.

If you must cancel a scheduled appointment, it is your responsibility to call at least 24 hours in advance. You can be billed for 1/2 of the session rate if you do not show up for the session or call to cancel 24 hours before the scheduled appointment.

Engaging in verbal, written, or face-to-face meetings at the request of the client will be billed according to the established fee structure.

By signing this form, you indicate that:

- You understand the confidentiality policies of NACC and agree to them.
- You understand your rights and responsibilities as a client at NACC and agree to them.
- You authorize release of information necessary to file a claim with your insurance company and assign benefits directly to the therapist or group (NACC, Inc.) indicated on the claim and you are financially responsible for any balance not covered by insurance.
- You authorize treatment and give permission for North Alabama Counseling Center, Inc. to develop a treatment plan and provide treatment. This consent includes all family members under the age of 18 and this agreement will serve as a **“Consent to Treat a Minor Child.”**
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Client Date

Client Date

Client Date

Client Date

Witness Date