

CHRISTIAN COUNSELING OF MANSFIELD

2421 Callender Road, Ste 133
Mansfield, TX 76063

www.christiancounselingofmansfield.com
817.453.9310

Date: _____

Section One: Personal Information:

Name: _____

Spouse/Guardian _____

Address _____

City _____ State _____ Zip _____

Phone: His Cell Phone: _____ Her Cell Phone: _____

His e-mail address: _____

Her e-mail address: _____

Date of Birth: His: ___/___/___ Hers: ___/___/___ Anniversary: ___/___/___

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

His Employer: _____

Her Employer: _____

Section Two: General Information:

Church Membership: _____

Pastor's Name: _____

When was your last physical exam (approximately)? _____

List any medications: _____

Emergency Contact Person: _____ Phone: _____

How did you find out about us? ___ Pastor ___ Family/friend ___ Website ___ Other

Section Three: Policies and Procedures:

Please initial each line:

_____ Counseling sessions are 50 minutes in length.

_____ The fee for the session is \$125 and is payable to your counselor at the end of the session.

_____ When available, the fee for meeting with an LPC is \$100, for an LPC Associate is \$80, and \$50 for meeting with a Practicum Student.

_____ *Christian Counseling of Mansfield* does not accept or file insurance.

_____ The counselee will be billed the full amount for failing to show up for an appointment, or canceling an appointment with less than a 24-hour notice.

_____ Returned checks will be assessed a fee of \$25 to be paid by the counselee.

_____ The counselors at CCM will counsel from the perspective outlined in 2nd Timothy 3:16.

_____ CCM counselors will not appear in court because of CCM's belief about Christians going to court against other Christians (1 Corinthians 6). By initialing here _____ you are declaring that you will abide by this policy and will not under any circumstances subpoena or request that your counselor appears in court.

_____ In the event that your counselor becomes incapacitated or CCM ceases to exist, you can access your records by contacting Susan Canright at 817-453-9310.

DUTY TO WARN: Confidentiality and privileged communication remain the rights of all clients according to state law. Some courts have held that if a client intends to take harmful or dangerous actions against another human being or against him or herself, a counselor has a "Duty to Warn":

- a) the person who is likely to suffer the result of the harmful behavior;
- b) the family of the person who is likely to suffer the result of the harmful behavior;
- c) the family of the client who intends to harm him or herself; and/or,
- d) the appropriate state or local authorities.

In cases of suspected child abuse (including, but not limited to, sexual, physical, and emotional abuse) the counselor has a responsibility to notify the appropriate authorities of such allegations or suspicions. In addition, a court of law may, under certain circumstances, require the counselor to release counselee files. The counselor will, when expedient, share with the counselee the intent to notify relatives or authorities, and attempt to resolve the issue before the above actions are taken.

RELEASE OF INFORMATION: I authorize the release of any information necessary to coordinate treatment with medical professionals, therapists, hospitals, clergy, or any one the counselor deems may be important to provide the most appropriate care to the client and his/her family.

I have read the above information in full and accept its terms and conditions. If I have any questions, I will discuss them with the counselor at the beginning of the first session.

Date: ____/____/____

Husband's Signature: _____

Wife's Signature: _____

If your counselor is meeting with your minor child/children, please complete this section:

I, _____ (please print name of parent/guardian), have legal custody/guardianship of _____ and hereby give my consent for counseling services to be rendered to my minor child/children.

Date: ____/____/____

Parent's Signature: _____

Minor Child's Signature: _____

Minor Child's Signature: _____

Should a problem arise during counseling, please address any concerns you may have with your counselor. If you are unable to have your issue resolved through your counselor, please contact our Director of Counseling, Dell Canright, at 817.453.9310. If he does not adequately address your concerns, you may contact the following licensing board:

NOTICE TO CLIENTS: The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology.

Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint.

Texas Behavioral Health Executive Council
George H.W. Bush State Office Building
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701
Main Line (512) 305-7700
Investigations/Complaints 24-hour, toll-free system (800) 821-3205