



Families Forever Counseling

4829 East Beltline Ave. NE

Suite 103

Grand Rapids, MI 49525

616.217.8612

Client Information & Informed Consent for Counseling

Instructions: Please enter your information into the appropriate fields, read the document, and initial each section to indicate your understanding of the content. Questions are welcome, and will be answered to your satisfaction prior to beginning counseling. A copy of the document will be provided to you at your request. Your signature is required as confirmation that you have been provided with this information, and are entering into the provision of professional counseling services voluntarily. Please understand that you may end this agreement/counseling relationship at any time.

CLIENT INFORMATION

Client's Name(s): _____ Today's Date: _____
Client's DOB: _____ If Minor, Parent's Name: _____
Address: _____ City, State, Zip: _____
Daytime Phone: _____ Evening Phone _____ Cell# _____
E-Mail: _____ Preferred means of contact? _____
Insurance Provider: _____ Policy# _____
Name of Insurance Subscriber: _____ DOB: _____
How did you learn about us? _____

INFORMED CONSENT

Nature of Counseling- There may be both benefits and risks while participating in counseling. Counseling may improve your ability to relate with others, provide a clearer understanding of yourself, your values, and your goals. Since counseling may also involve discussing unpleasant or uncomfortable parts of your life, you may also experience uncomfortable feelings and times of emotional distress when working through your life concerns. Counseling often leads to better relationships, solutions to specific problems, and significant improvement in feelings of emotional distress. However, please understand that there is no guaranteed outcome, or way of knowing ahead of time what your individual experience will be like for you. Session length is typically 50 minutes, allowing time for the recording of brief process notes between scheduled client appointments. Should it be necessary to meet with a client under the age of 18 in a separate private session, we require that the parent/guardian remain in the office waiting area, and not leave the facility.

In your first session, you will be provided with some sense of what counseling will involve, and how your concerns will be assessed and addressed. Whenever questions or concerns regarding the course of counseling arise, please discuss them with your counselor. You have the right to ask about or decline any part of your counseling. You also have the right to request a referral to another counselor at any time if your needs and/or expectations for counseling are not being met. Tests/questionnaires may occasionally be a part of treatment, and you are entitled to a summary of the results of the testing, and may decline participation at any time.

Confidentiality- Confidentiality is an extremely important part of ethical counseling. Your privacy, and that of your children/family if you are here for family counseling, is an absolutely essential part of therapy. Verbal communication, clinical records and/or therapy notes are always kept confidential, except in the following circumstances:

- Diagnosis and dates of service shared with client's insurance company (if billing insurance) to collect payments.
- Mandated reporting of emotional, physical or sexual abuse of children.
- Mandated reporting of elder abuse or neglect.
- Threats of suicide or homicide.
- Instances where the clients sign a release of information.
- Information necessary for supervision or consultation.
- Information released as outlined in the HIPPA Notice of Privacy Practice.
- Those required by law.

Emergency Situations- In some instances, you may require immediate help when counselors are unavailable or are unable to return your call. Should an emergency arise, within or outside of normal business hours, and you are unable to reach an on-call counselor, if one has been provided, please dial 911 or go to the nearest hospital emergency room.

Supervision- If the counselor you are seeing is under supervision, you will be informed of this fact, and you may request the name of the supervisor(s) and how to contact them should you have any questions/concerns that are not able to be answered/resolved with your counselor.

ATTACHMENT THERAPY INFORMATION

Treatment Model- The treatment model for counseling children with attachment difficulties is based on the principle that children develop best within a secure parent-child relationship, and that this relationship is central to the child's healthy development, or recovery from trauma-based prior experiences. When a parent is attuned to the child's subjective experience, makes sense of those experiences for/with the child, and communicates those understandings back to the child, then the child's view of him/her self can change and develop. An individualized treatment plan is developed for each child that typically includes elements of Dyadic Developmental Psychotherapy (DDP), as well as an eclectic use of other empirically supported treatment techniques/methods. Playfulness, Love, Acceptance, Curiosity, and Empathy (P.L.A.C.E.) are the guiding principles of the DDP model, and the success of therapy is often dependent upon the parent's ability to incorporate these principles into their own interactions with their child in the many hours outside of the clinical setting. In addition, the child's understanding of the reasons for their problems helps the child to form an integrated and coherent autobiographical narrative, which is an important element of health that will be emphasized. Please recognize that there are no guaranteed outcomes, or certainties about the effectiveness of any treatment intervention, despite the best clinical judgments, assessments, and treatment plans. The parent(s) or primary caregiver(s) will always be an important portion of the therapy process, and in making ongoing decisions for the child.

Fees- The fee is \$120 per 55-60 minute session for individual counseling.

Cancellations – We require 24 hour notice for any cancellation. If cancellation is made within 24 hours of your appointment time, you may be charged for your session.

| Current Medication | Dosages |
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| Other Providers / Hospitalizations | Dates |
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History of Diagnosis:

You will sign this form at your first appointment in the office.