



Demographic Information: This form is to be completed by the **adult responsible** and legally authorized to seek services for the primary person receiving services. Their name should be entered in the space immediately below and the child/adolescent under 18 years of age should be listed under "primary person receiving services."

Adult Responsible:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security: _____

Email: _____

Employer: _____ Occupation: _____

Marital Status: (Circle One) Single Married Separated Divorced Widowed Cohabiting

Spouse/Partner's Name: _____ Date of Birth: _____

If applicable, is the other parent/guardian aware that the minor listed is seeking services from our offices? (Yes/No) _____ have they given you consent to bring them? _____

Print (Your) Name: _____

Signature: _____

In cases of divorce or separation consent to treat from both parents is requested, and copy of most recent parenting plan indicating custody and who is responsible for decision making with regards to health care related decisions.

Custody Arrangements: (if applicable)

Primary Residential Parent: _____

Visitation Schedule:

Child is with _____ on _____

Child is with _____ on _____

According to your Parenting Plan, who is authorized to make health care related decisions? (Circle)

Father Mother Joint Other (specify):



Client Information

Primary Person Receiving Services: _____

Date of Birth: _____ Age: _____ Social Security: _____

Phone: _____ Email: _____

Gender: _____ Religious Affiliation: _____

For Students: (Circle) Fr Soph Jr Sr Collegiate Other

How Did You Hear About Us? Referred By: _____

Previous Performance Coaching/Counseling: Yes No

Who and When? _____

Medical/Mental Health Information

What, if any, medical health problems do you have? _____

Current Medications: _____

Have you ever been hospitalized for a mental or emotional condition? _____

If so, please list where/when: _____

What is helpful to you when dealing with difficult situations? Examples: journaling, exercising, workbooks, prayer, support groups etc. _____

Athletes:

What competitive sports do you currently play? _____

Teams currently on: Middle School High School Travel Team Age you began playing: _____

What sports have you played previously? _____

Is your goal: Collegiate Team Professional Level Coaching Position



Additional information you would like us to know about your sport, OR if you could “fix” one thing right now in your life or performance, what would it be: _____

Emergency Contact Information for (Client Name): _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Financially Responsible Third Party:

I, _____, authorize the below financial information to process payment for services for the above mentioned client(s).

This payment will be authorized until expressed written revocation is received. 24-hour cancellation notice is required to avoid being charged for the session. Any insurance reimbursement is the responsibility of the client.

Name on Card: _____ Zip Code: _____

Card #: _____ Exp _____ CVV: _____

Email Address for Invoicing: _____

Printed Name: _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Informed Consent

Kaci Allen and Catch23 Performance, LLC are committed to offering the highest quality, professional counseling/coaching services. Regular intake sessions are \$225 and regular individual sessions are \$175 thereafter. Monthly retainers are available and rates for various specialized services, packages, travel, and intensives vary, and will be discussed on an individual basis. We request that cancellations be made 24 hours in advance; otherwise, you will be billed for a full session. (We understand emergencies happen and will offer consideration when we can). Phone sessions may be available in lieu of missing an appointment, but we cannot guarantee this option. For those paying per individual session, we take payment and schedule the next session before or at the beginning of each appointment. If you do not have payment we may have to reschedule. At your next session you will owe for that session as well as the previous one.

If we are not currently in-network with your insurance provider, we can provide an invoice if you wish to submit to your insurance for possible out of network reimbursement, however we cannot guarantee benefit coverage and are not responsible for outstanding claims. If filing with insurance, please note, a permanent diagnosis/code may be documented. We accept cash, Venmo (@kaciallen), credit card or check. A \$30 fee will be assessed for any returned checks in addition to the full session fee. Any deposits, or pre-payments for workshops, groups, intensives, programs, individual, family sessions or other services are non-refundable and non-transferable. We base much of our planning on caseload and client need and limit the number of spaces we offer to provide the most focused, individualized treatment possible. When we reserve your spot, we do not offer your spot to other clients and often turn others away.

Confidentiality

Professional Ethics, and Tennessee State law, indicate that the client controls confidential information. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. There are exceptions to this general rule, however. In the case of an emergency where the counselor believes the client is at risk of hurting themselves or another person, the counselor may breach confidentiality to protect the well-being of the client and has a duty to warn and protect. Tennessee law requires that child abuse or abuse of a vulnerable adult in any form be reported to the Department of Human Services or other authorities. Additional reasons for breach of confidentiality could be if a court orders records, or to release records of minor clients to parents and/or legal guardians, or in the case of supervision/consultation where minimum information is used.

Catch23 Performance staff and outside consulting colleagues may share necessary and pertinent information with one another, when it is necessary for individual and family health. This practice and policy is put in place to ensure that you and your family are getting the highest level of quality care, and identifying information is limited.

Persons sometimes prefer to communicate questions or appointment changes via text messaging or email. Ability to do this will vary by counselor/coach. It is important for the client to understand that email and text are not a secure mode of communication. The correspondence is at risk of being intercepted, can be monitored by third party providers, stored on a device and later read by others, and human error could result in someone else receiving the email other than the intended person. If the client chooses to correspond with via text messaging



or email, you knowingly assume such risk and messages/emails may be printed off and kept in the client's file. While you may follow our professional social media accounts, we do not accept friend requests from current clients, or respond to counseling related questions via social media. If a client would like for us to follow them on social media, we may do so, but will not be available for consistent activity or comments. We prefer communication be through the most secure method available.

Professional Services

We are available for counseling/coaching services by appointment only. Services for Coaching clients may extend to both in office and on location ie. in-home, practice/games, or on field and during travel. You may reach my office at 615-517-6900 to leave a voicemail, or via email at kaci@kaciallen.com If you have an emergency, call 911. You may obtain assistance after hours by calling the Crisis Help Line at 615-244-7444, or by going to your nearest emergency room. For a crisis with minors you may call the mobile crisis line at 866-791-9222. I will be unable to respond to texts and emails in a timely manner, therefore do not text or email me if you are in a crisis, feeling suicidal, overwhelmed, or unsafe. Please call the crisis line or go to your nearest emergency room in these instances and have your practitioner called.

When working with minors, if the parents of the minor are in a legal separation or are divorced, a copy of the full, most recent, parenting plan must be provided at the intake appointment. If the parents of the minor have legal joint custody, I must have the signature of both parents before I will meet with the minor for any counseling sessions.

I/we are not certified Custody Evaluators or Expert Witness, as defined by the legal system. I do not testify in court unless required by a court order at which time you will be responsible for my out of office fee at a minimum of \$350 per hour with a minimum of four hours. Any additional hours will be billed at \$350 per hour. Mileage will be billed at \$.56 per mile to and from the location. Deposition fees will be billed at \$350 per hour with a minimum of two hours, plus \$.56 per mile to and from the location. Any attorney fees or additional costs incurred by the counselor/coach will be the responsibility of the client.

You have a right to your clinical records. Record requests must be made in writing with an original, not copied, signature. Catch23 Performance reserves the right to provide actual documents, or a summary of documents at their discretion. Fees for copying the record are \$20 for 0-20 pages and \$.35 per page for each page copied after the initial 20-page limit, plus the cost of mailing. If a summary is requested and provided, this will be done at \$20 per page, plus postage.

Benefits and Risks of Counseling

Persons contemplating counseling should realize they might make significant changes in their lives. People often modify their emotions, attitudes, and behaviors and it may feel worse at times, or be uncomfortable. Practitioners may challenge clients, but will never force a client to do anything they are not comfortable with. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives etc. While we/I assist clients in effecting change, we/I cannot guarantee specific outcomes. Clients are ultimately responsible for their own growth.



e-Counseling/Coaching and tele-consulting

Some practitioners offer virtual appointments. This may be in the form of counseling, coaching or consulting and may take place via video conferencing or telephone sessions depending on provider and client availability. Since consistency is key, it is often an excellent alternative when being physically present isn't an option, to engage in continued growth. Please consult with your provider on the availability/risks/rewards for this service.

Athletes/Coaches/Public Figures:

Due to the nature of our work, consistency is important, especially in the beginning. We also understand the intense nature of your schedule and if necessary, or preferred due to training/travel schedule, have some availability to travel on site to your location(s), or home. While we strive to maintain the utmost level of confidentiality, it is no secret what our job entails. Should unexpectedly cross paths in public, it is up to you to engage in conversation, unless/until a norm is established. Verbal commitment or request for a practitioner to attend practices or games, waives this policy, however, discussing sensitive or confidential information may be limited by the practitioner depending on the setting. Since a large part of our work deals with optimizing performance and professional goals, most clients are comfortable sharing our connection with others as a positive. What we work on is between us and only you are authorized to discuss within confidentiality parameters. I do not give comments to media, scouts, agents, attorneys, spouses or any third party without your expressed written consent and release. Even with such consent, we will discuss specifically what you may wish to disclose prior to any official statement/comment being made. In addition to accepting only a limited number of clients for increased focus and attention, what sets our work apart is extensive professional training to work with clinical issues such as anxiety, depression, relationship issues, family matters, family planning, couples counseling or other life stressors/issues. It is our first priority to protect your best interest, and that commitment and focus distinguishes Catch23 from many firms.

Legal Name: _____

Preferred Name: _____

Phone: _____ Email: _____

DOB: _____ Password (office use): _____

Please initial the following:

o Do you agree with the conditions, fees and provisions of these and other Policies? Yes _____ No _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____