

~ Welcome ~

Please read and complete the forms of this Group packet. Please note any questions you have and discuss them with your group leaders prior to the first group session.

Packet Contents:

- 1. Demographic/Financial Responsibility Form**
- 2. Office Policies and Consent to Treatment Form**
- 3. Group Confidentiality Agreement**
- 4. Supervision/Consultation Disclosure Form**
- 5. Notice of Audio/Video Recording**
- 6. Intake Questionnaire**

**Great Life Counseling Center**

14275 Midway Rd., Ste. 260

Addison, TX 75001

Jantel Jordan, Psy.D./413-798-4522/[GREATLIFECONSULTS.COM](http://GREATLIFECONSULTS.COM)

**DEMOGRAPHIC/FINANCIAL RESPONSIBILITY FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 I authorize text messages to my cell phone and messages to the contact numbers & email provided YES NO  
 Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Position/Type of Work: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Referred by: Insurance Company Internet Search Physician Friend Other: \_\_\_\_\_

**Insurance information**

Name of Insured (Policy holder): \_\_\_\_\_ Date of Birth of Insured: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Insurance Phone#: \_\_\_\_\_ Co-pay \$ \_\_\_\_\_  
 Deductible: \_\_\_\_\_ Deductible Met: \_\_\_\_\_ Pays at: \_\_\_\_\_  
 Policy/ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Employer: \_\_\_\_\_

**FEES & PAYMENT:**

- Payment for each group session is **\$35**. Great Life Counseling Center clinicians are currently out-of-network providers for all insurance companies, except Blue Cross Blue Shield PPO.
- If you would like to pay through BCBS, Great Life Counseling Center will bill your insurance company directly for services provided minus your copayment. Great Life Counseling Center may be required to release the required information about your care to your insurance provider including, but is not limited to, diagnosis codes, dates of service, treatment plans, and treatment progress.
- If your insurance company should deny payment or reimbursement, you remain ultimately responsible for any outstanding financial debt associated with services provided. Great Life Counseling Center reserves the right to email or mail a client an invoice and/or utilize a collection agency in efforts to address outstanding balances.
- Payment is due at the time services are rendered in the form of **cash, check, or charge**. All checks should be made out to **Great Life Counseling Center**. MasterCard, Visa, American Express, & Discover are accepted.

**With my signature below, I acknowledge the statements above and accept financial responsibility for services rendered.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*A copy of this completed & signed document will be provided at your request.\*

## **OFFICE POLICIES AND INFORMED CONSENT**

Welcome and thank you for entrusting Great Life Counseling Center with your care! This document contains important information about our professional services, business practices, and it will serve as a therapeutic contract. Please read it carefully and jot down any questions you would like to discuss.

### **THE THERAPY PROCESS**

There are many possible benefits of psychotherapy groups. These benefits include, but are not limited to, learning how to better understand how you relate to yourself and others, receiving social support, and gaining a sense of validation among peers. Sharing concerns, struggles, and possible solutions can help you to see that you are not alone and that others can benefit from your experiences. Group participants also have the potential benefit of receiving psychoeducational knowledge and skills that are aimed to increase psychological well-being and functioning. Group participants are not required to talk during group discussions, but the more participants share in these discussions, the more they are likely to benefit.

Although psychotherapy groups have many potential benefits, there are some inherent risks or challenges. Attending groups may involve the risk of recalling unpleasant events or discussing troubling or embarrassing issues. Consequently, people may experience feelings of discomfort or distress in reaction to topics discussed in group sessions. Additionally, although group leaders will not share client communications or information except under limited circumstances (see “Confidentially” and “Exceptions to Confidentiality”), an inherent risk with group discussions is the confidentiality of information disclosed. All group participants sign an agreement to hold information disclosed as confidential (see “Group Confidentiality Agreement”). However, group leaders cannot promise that other group participants will maintain confidentiality.

### **EMERGENCY PROCEDURES/POLICIES:**

- ❖ Telephone, text, & email consultations between group sessions are welcome. In fact, if participants know ahead of time that they will miss a session(s), they are encouraged to share this information with the group leader(s). However, any other contact outside of the group sessions will be kept brief. Group participants are encouraged to consider individual psychotherapy or waiting until the next group session to discuss matters that will take more than 15 minutes to explore. **If out-of-group correspondence requires more than 15 minutes of the group leader’s time, charges for each 15-minute increment will incur (including the first 15 minutes) at the group leader’s posted consultation (i.e., individual psychotherapy) rate.** Payment for such consultations is due at the start of the next group session or within 10 business days (whichever occurs first). On weekends and holidays, messages are checked less frequently. Calls, texts, & emails will generally be responded to within 24 hours or by the end of the next business day
  
- ❖ **Great Life Counseling Center’s contact number is *not* an emergency number. In the event of a mental health or medical crisis, please call 911 or one of the following crisis lines, which are available 24/7:**
  - Suicide & Crisis Center of North Dallas – **214-828-1000**
  - National Suicide Prevention Lifeline – **1-800-273-TALK**
  - National Domestic Violence Hotline – **1-800-799-SAFE**
  - National Sexual Assault Hotline – **1-800-656-HOPE**
  - If your crisis is due to a medical issue or medication, contact your physician or psychiatrist.

## **Great Life Counseling Center**

14275 Midway Rd., Ste. 260

Addison, TX 75001

**Jantel Jordan, Psy.D./413-798-4522/[GREATLIFECONSULTS.COM](http://GREATLIFECONSULTS.COM)**

### **CONFIDENTIALITY:**

In most cases (see “Exceptions to Confidentiality” below) communications between client and psychologist will be held in strict confidence - unless client provides psychologist with written permission to release information about treatment or there is an imminent safety threat.

Protecting client privacy is a high priority for Great Life Counseling Center & its associates. Intake paperwork, group therapy notes, consultation notes, & reports are kept in a locked file cabinet in a locked room until they are typed or uploaded onto an accredited web-based electronic health records system, TherapyAppointment.com. Scheduling & file information on TherapyAppointment.com is protected with bank-level security, which includes the highest levels of data infrastructure, virus prevention, spam filtering, and encryption measures. Prior to being archived, encrypted records are kept on a secured flash drive so they are not saved on any computer. For additional information about your privacy rights & HIPPA, visit the website: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

### **EXCEPTIONS TO CONFIDENTIALITY**

#### **Safety Concerns**

Psychologists & other mental health professionals are legally-mandated to report all known or suspected instances of child abuse, dependent adult abuse and elder abuse. Psychologists are may also break client confidentiality in an attempt to prevent a client from harming themselves or others.

#### **Professional Consultation**

In accordance with recommended best practices, Great Life Counseling Center clinicians regularly consult with each other and enjoy collaborating to provide the best care possible. These consultations may include the review of video recordings or just an exploration of different strategies for improving the likelihood of positive outcomes. However, identifying information is never shared with anyone outside of the clinical team and, after recordings or presentation materials have been reviewed by the Great Life Counseling Center team, they are immediately shredded or deleted (not to exceed 4 weeks following the date of the recording).

#### **Electronic Communication, Videoconferencing, or Phone**

Great Life Counseling Center is nearly paperless business and relies on different information technologies such as emails, text messages, phone calls, video conferences, fax, & an electronic medical record system to communicate, record, and store client information as well as transmit business transactions. Use of these technologies allows Great Life Counseling Center to serve your needs more efficiently and effectively and Great Life Counseling Center associates take reasonable steps to protect the privacy of its clients & minimize risk of any breach or errors in transmission. However, clients are required to acknowledge and accept the inherent risks of such technologies and electronic mechanisms (e.g., risk of information being erased or destroyed due to a malfunction or act of God; information intercepted and/or hacked by unauthorized parties; or information being erroneously transmitted to the wrong email, fax number, or phone number).

### **CLIENT ACKNOWLEDGEMENT OF POLICIES AND CONSENT TO TREATMENT:**

- ❖ With my signature below, I acknowledge that I have had ample opportunity to review Great Life Counseling Center’s policies.
- ❖ My signature indicates that I understand & accept the stated policies and the risks noted herein.
- ❖ Finally, my signature indicates my willingness to abide by the terms of this agreement.

**Great Life Counseling Center**

14275 Midway Rd., Ste. 260

Addison, TX 75001

**Jantel Jordan, Psy.D./413-798-4522/[GREATLIFECONSULTS.COM](http://GREATLIFECONSULTS.COM)**

**Client signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*A copy of this completed & signed document will be provided at your request.\*

**Great Life Counseling Center**

14275 Midway Rd., Ste. 260

Addison, TX 75001

**Jantel Jordan, Psy.D./413-798-4522/[GREATLIFECONSULTS.COM](http://GREATLIFECONSULTS.COM)**

**GROUP PARTICIPANT CONFIDENTIALITY AGREEMENT**

Confidentiality, a trust of privacy or secrecy of communication and information, is unique in a group/workshop setting, and is the shared responsibility of all workshop/group members and facilitator(s). Group leaders will not disclose group participants' communications or information except under limited circumstances (see "Confidentially" and "Exceptions to Confidentiality"). However, group leaders cannot promise that other group participants will maintain confidentiality. Thus, this agreement is an attempt to provide you and your fellow group participants with as much confidentiality protection as possible.

As a participant in Great Life Counseling Center's \_\_\_\_\_ **Group**, I will not divulge any confidential information that comes to me through group discussions.

This includes:

- not discussing or releasing any identifiable information pertaining to a group participant with anyone not participating in this group, including family members, roommates, or significant others.
- not discussing any identifiable information pertaining to a group participant in a place where it can be overheard by anyone not directly involved with the group.

I understand that violation of these confidentiality principals could potentially result in my termination as a group participant. Additionally, breaching confidentiality may subject me to civil or criminal liability.

**By my signature below, I indicate that I have read carefully and understand this agreement and that I agree to its terms and conditions.**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Participant**

**Great Life Counseling Center**

14275 Midway Rd., Ste. 260

Addison, TX 75001

Jantel Jordan, Psy.D./413-798-4522/[GREATLIFECONSULTS.COM](http://GREATLIFECONSULTS.COM)



**Supervision/Consultation Disclosure Form**

Jantel Jordan, Psy.D. is a Postdoctoral Fellow at Great Life Counseling Center. In order to become a Postdoctoral Fellow for Great Life Counseling Center, Dr. Jordan had to achieve her doctorate in the field of psychology along with at least 3 years of experience practicing at other clinical sites. Dr. Jordan is now eligible for provisional licensure in the state of Texas and she has begun the application process. She has been authorized by the Texas State Board of Examiners of Psychologists to practice as a trainee under the guidance of a Texas licensed psychologist in good standing.

In order to ensure the highest standard of care, Dr. Jordan and her primary supervisor will meet weekly to discuss and review Dr. Jordan’s documented work with you. The limits of confidentiality delineated in the Consent for Counseling Treatment form apply to supervision and case consultations with members of the Great Life Counseling Center clinical team. Great Life Counseling Center is able to assure the highest quality services to each client due to an emphasis on qualitative reviews, training, and clinical collaboration.

This form will become part of your clinical record and a hard copy will be provided to you upon request. If you have any questions about this form, you are welcome to consult Dr. Jordan or one of her supervisors for clarification. Signing this form acknowledges your informed consent for treatment by a clinician under supervision, including your permission for your clinician to disclose your confidential information with her supervisor and consult with other members of the Great Life Counseling Center clinical team. You will have the right to withdraw permissions for consultation disclosure at any time but it will result in the transfer of your clinical work to a licensed psychologist.

Therapist’s Name: Jantel Jordan, Ph.D.

Primary Supervisor’s Name: Nikki Stillo, Ph.D.

Secondary Supervisors’ Names: Kevin Lambert, Psy.D. and Blair Kenney, Psy.D.

Client (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Notice of Audio/Video Recording**

Great Life Counseling Center is able to assure the highest quality services to each client due to an emphasis on qualitative reviews, training, and clinical collaboration. In order to ensure the highest standard of care and safety, Great Life Counseling Center audio/video records office activity for surveillance purposes and your Great Life Counseling Center clinician may audio/video record clinical meetings for research/training purposes. Recordings of clinical meetings may be qualitatively reviewed during supervision/consultation meetings and group case consultation meetings with members of the Great Life Counseling Center clinical team. The limits of confidentiality delineated in the Consent for Counseling Treatment form apply to supervision/consultation meetings and group consultations with members of the Great Life Counseling Center clinical team.

This form will become part of your clinical record and a hard copy will be provided to you upon request. If you have any questions about this form, you are welcome to consult your Great Life Counseling Center clinician for clarification. Your signature below indicates you give Great Life Counseling Center and your clinician permission to audio/video record and you understand the following:

1. The purpose of audio/video recordings shall be for training/research and surveillance of office premises. Your Great Life clinician may utilize samples of or complete audio/video recordings for qualitative reviews and constructive feedback from members of the Great Life Counseling Center clinical team.
2. The content of these recordings will be kept in strict confidence through encryption and a secure storage system. Furthermore, they will be deleted after they have served their purpose or 4 weeks has passed since the recording. Recordings of clinical meetings will be stored separately from the clinical record and will not be transmitted to or shared with any external entities or persons prior to deletion.
3. The use of personal recording devices (e.g., phones) to record all or parts of clinical sessions without the expressed consent of the Great Life Counseling Center clinician is strictly prohibited.
4. You may request in writing the suspension or termination of audio/video recordings of clinical meetings at any time by requesting to sign the terminate/suspend session recordings form. Office surveillance of common areas like the waiting room and hallways can not be terminated or suspended for security reasons but will be kept confidential until deleted.

Client (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Great Life Counseling Center**

14275 Midway Rd., Ste. 260

Addison, TX 75001

Jantel Jordan, Psy.D./413-798-4522/[GREATLIFECONSULTS.COM](http://GREATLIFECONSULTS.COM)

**INTAKE QUESTIONNAIRE**

**NAME:** \_\_\_\_\_

**PRIMARY COMPLAINTS:** What brought you into group therapy today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EXPECTATIONS:** What do you wish to change or accomplish as a result of group?

\_\_\_\_\_  
\_\_\_\_\_

**HISTORY OF TREATMENT:** Have you been in therapy before? Yes No If yes, please note the when, name of clinician/agency, and primary issues addressed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reflecting on the last 6 months, please circle all that apply:**

Frequently sad or depressed	Feeling restless or keyed up
Overwhelming worries	Restless unsatisfying sleep
Difficulty falling asleep or staying asleep	Muscle tension
Unable to concentrate	Mood Swings
Irritable and/or short temper	Decreased need for sleep (only need 3-4 hrs)
Significant change in weight	Feel more talkative than usual
Low energy level/fatigue	Excessive spending/shopping
Feeling excessive guilt or shame	Excessive gambling
Unable to relax	Easily distracted by unimportant things
Lack of appetite/increased appetite	Take too many risks
Loss of interest in activities/hobbies	Troubling thoughts about the past
Feeling hopeless	Nightmares
Feeling worthless	Exaggerated startle response
Difficulty motivating	Too neat and orderly
Withdrawn/isolating self	Repeating certain behaviors over and over
Cry easily/often	Easily upset or angered
Difficulty making a decision	Feeling different from most people
Difficulty finishing tasks	Shy around others
Thoughts to hurt self	Increasingly forgetful
Attempts to harm yourself	Strong fears
Thoughts to hurt others	Difficulty with work or school
Threats to hurt others	Use of painkillers and analgesics
Feeling ill/sick	Stomach aches/vomiting