



Adult Intake Form

Today's Date: _____

Identifying/Contact Information:

Name: _____ Birthdate: _____ Age: _____ Sex: M F

Street Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Email Address: _____ OK to email confidential messages? Y N

Racial/Ethnic Background: _____

Telephone: (H) _____ (C) _____ (W) _____
OK to leave confidential messages? Y N Y N Y N

Presently living with: _____

How did you first hear about us? _____

Emergency Contact: _____ Phone: _____

Current Situation

Briefly describe the reason you are seeking counseling: _____

When has the problem improved? Who else was involved? _____

When has the problem worsened? Who else was involved? _____

Do you have any concerns about the way anger is handled in your relationships? _____

Has your partner, if any, ever pushed, shoved, or hit you? _____

Is there anything else that you believe might be important for your counselor to know at this time? _____

Education

Years of education completed (K-12, College: 13-16+): _____ Degrees received: _____

Specialized training or trade school: _____

Did you have any trouble learning in school? _____

Do you have any learning or developmental disabilities? Please specify: _____

Do you have any background/experiences in the military? Describe briefly: _____

Current spouse's (if any) years of education: _____ Degrees: _____

Occupation

Primary place of work? _____ How long there? _____

Describe the nature of your work: _____

Do you find this work satisfying? _____ Other current employment: _____

Total number of work hours per week: _____

Current spouse's (if any) occupation: _____

Current and Past Relationships

Current Marital Status (check one only):

Never married Living Together Married Separated Divorced Widowed

List marriages (if any), starting with most recent:

Date of Marriage	Your Age at Marriage	Spouse's Name	Spouse Age at Marriage	Number of Yrs Married	Reason for End
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total number of your marriages: _____ Number of current spouse's (if any) previous marriages: _____

Children's Names	Age	Yours? (✓)	Quality of Relationship (Circle one)					
			Very Close	Close	Average	Distant	No Contact	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

List additional significant relationships (friends/relatives) _____

Family Background

Were your parents married (either before or after your birth)? Yes No

Father's Name: _____ Age (if living): _____

Deceased? Date: _____ Age: _____ Cause: _____

Grade completed in school (or highest degree): _____ Occupation (when working) _____

Medical, psychiatric, substance abuse problems, if any: _____

Quality of relationship currently: _____ In childhood: _____

List Father's marriages (if any), starting with the first (total number of Father's marriages: _____):

	Date of Marriage	Your Age at Marriage (0 if unborn)	Spouse's name (Your Mother? [✓])	Number of Yrs Married	Reason for End	Quality of Relationship with Step-Parent (circle one, if applicable)
1.	_____	_____	_____	_____	_____	Good Average Poor N/A
2.	_____	_____	_____	_____	_____	Good Average Poor N/A
3.	_____	_____	_____	_____	_____	Good Average Poor N/A
4.	_____	_____	_____	_____	_____	Good Average Poor N/A

Mother's Name: _____ Age (if living): _____

Deceased? Date: _____ Age: _____ Cause: _____

Grade completed in school (or highest degree): _____ Occupation (when working) _____

Medical, psychiatric, substance abuse problems, if any: _____

Quality of relationship currently: _____ In childhood: _____

List Mother's marriages (if any), starting with the first (total number of Mother's marriages: _____):

	Date of Marriage	Your Age at Marriage (0 if unborn)	Spouse's name (Your Father? [✓])	Number of Yrs Married	Reason for End	Quality of Relationship with Step-Parent (circle one, if applicable)
1.	_____	_____	_____	_____	_____	Good Average Poor N/A
2.	_____	_____	_____	_____	_____	Good Average Poor N/A
3.	_____	_____	_____	_____	_____	Good Average Poor N/A
4.	_____	_____	_____	_____	_____	Good Average Poor N/A

Siblings: Name _____ Step/Half/Full _____ Age _____ Quality of Relationship (Circle one) _____

_____	_____	_____	Very Close	Close	Average	Distant	No Contact
_____	_____	_____	Very Close	Close	Average	Distant	No Contact
_____	_____	_____	Very Close	Close	Average	Distant	No Contact
_____	_____	_____	Very Close	Close	Average	Distant	No Contact
_____	_____	_____	Very Close	Close	Average	Distant	No Contact
_____	_____	_____	Very Close	Close	Average	Distant	No Contact
_____	_____	_____	Very Close	Close	Average	Distant	No Contact

Other important childhood relationships: _____

Significant childhood events (divorce, deaths, sickness, traumas, accidents, injuries, etc.) _____

Medical History

Do you have any physical disabilities that need special accommodations at Fountain Gate? _____

Explain: _____

Describe any physical problems that require medication or physical care:

Current: _____

In the Past (including surgeries and hospitalizations): _____

When did you last consult your primary care physician? _____

Who is your primary care physician? (name, address) _____

Other physicians whose care you regularly receive: _____

Please list your medications here:

<u>Name</u>	<u>Dosage</u>	<u>For what condition?</u>	<u>Who prescribed it?</u>

Check any of the following problems you experience:

- | | | |
|---|---|---|
| <input type="checkbox"/> Trouble falling asleep | <input type="checkbox"/> Pain | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Trouble staying asleep | <input type="checkbox"/> Low energy | <input type="checkbox"/> Flashbacks |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headaches | <input type="checkbox"/> Panic attack |
| <input type="checkbox"/> Stomach problems | <input type="checkbox"/> Obsessive thoughts | |

Sleep habits: Number of hours sleeping in a 24 hour period: _____ Usual bedtime: _____

Eating habits: Number of meals per day: _____ Recent appetite loss or gain? _____

Recent weight loss/gain? _____ Concerned about: Binging Purging Skipped meals

Exercise habits: How much per week? (circle) 0x 1-2x 3-4x 5x What type? _____

Drug/Alcohol History

Have you used alcohol or other drugs in the past month? If so, describe average usage per week: _____

Have you had any problem in the following areas related to your substance use? (Check any that apply):

- Family
- Friends/Social
- Employment
- Finances
- Health
- Legal
- Self-esteem
- Other: _____

My substance use is (check one only): Not a problem Becoming a problem A problem

I have attended: 12-step meetings Treatment program Addiction therapy

Longest period of sobriety and when: _____

How did you stay clean/sober? _____

Spiritual Background

Religious affiliation (if any): _____

Do you regularly attend religious services? Y N If yes, where? _____

What role does religion or spirituality have in your life? _____

Describe any relationships that that are supportive for you spiritually: _____

Counseling History

Have you had previous counseling/therapy? Yes No

If yes, when? For how long? _____

With Whom? (name, address) _____

Is there anything you'd like us to know about your previous therapists? _____

Have you ever been hospitalized for a psychiatric condition? Yes No

If yes, please describe briefly: _____

List what you feel are your supports and resources: _____

What are the goals you hope to reach through counseling? _____

Current Concerns

Using the scale below, please choose a number that reflects the extent of your current concern about the issues listed below. Please rate each item.

0	1	2	3	4	5	6	7	8	9	10
No concern				Moderate concern				Extreme concern		

<input type="checkbox"/> Abused as a child	<input type="checkbox"/> Marital Problems
<input type="checkbox"/> Aggression	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Anger or Temper	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Loss of Interest in Pleasurable Activities
<input type="checkbox"/> Bitterness	<input type="checkbox"/> Personality Conflicts
<input type="checkbox"/> Completing Tasks	<input type="checkbox"/> Physical Problems
<input type="checkbox"/> Concentration	<input type="checkbox"/> Problems in Relationships
<input type="checkbox"/> Depressed Mood	<input type="checkbox"/> Problems with Children
<input type="checkbox"/> Difficulty in communication	<input type="checkbox"/> Problems with Parents
<input type="checkbox"/> Eating Difficulties	<input type="checkbox"/> Resentment
<input type="checkbox"/> Excessive Behaviors	<input type="checkbox"/> Sadness
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Sexual Concerns
<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Sleep Problems
<input type="checkbox"/> Feeling Manic	<input type="checkbox"/> Social Withdrawal
<input type="checkbox"/> Feeling Overwhelmed	<input type="checkbox"/> Spiritual Concerns
<input type="checkbox"/> Fidget Frequently	<input type="checkbox"/> Stress
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Thoughts of Hurting Yourself
<input type="checkbox"/> Finances	<input type="checkbox"/> Thoughts of Suicide
<input type="checkbox"/> Frustration	<input type="checkbox"/> Trouble Making Decisions
<input type="checkbox"/> Grief or Loss	<input type="checkbox"/> Unhappy Most of the Time
<input type="checkbox"/> Hard to Focus	<input type="checkbox"/> Drug or Alcohol Use
<input type="checkbox"/> Feeling Helpless	<input type="checkbox"/> Drug or Alcohol Use by a Family Member
<input type="checkbox"/> Feeling Hopeless	<input type="checkbox"/> Work
<input type="checkbox"/> Irritability	<input type="checkbox"/> Worry
<input type="checkbox"/> Isolation	<input type="checkbox"/> Other: _____

Please Complete the following:

1. The most important thing to me is
2. I worry about
3. What I do best is
4. Sometimes I feel guilty about
5. One of the things I'm angry about is
6. My biggest mistakes were
7. My job
8. What makes me nervous is
9. My personality would be better if
10. I often felt that mother
11. One thing I have a hard time forgiving is
12. My temper
13. My childhood
14. Prayer is
15. My biggest disappointment
16. To me, sex is
17. I would be better liked if
18. I often felt that father
19. God to me is
20. My children (child)
21. Women are
22. What hurts me most is
23. It is hard for me to admit
24. Men are



Name: _____ Date: _____

Brief Mood Survey*

Instructions. Use checks (✓) to indicate how depressed, anxious or angry you've been feeling **over the past week, including today.** Please answer all the items.

	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
Depression					
1. Sad or down in the dumps					
2. Discouraged or hopeless					
3. Low self-esteem, inferiority, or worthlessness					
4. Loss of motivation to do things					
5. Loss of pleasure or satisfaction in life					
Total Items 1 to 5 →					

Suicidal Urges					
1. Have you had any suicidal thoughts?					
2. Would you like to end your life?					
Total Items 1 to 2 →					

Anxiety					
1. Anxious					
2. Frightened					
3. Worrying about things					
4. Tense or on edge					
5. Nervous					
Total Items 1 to 5 →					

Anger					
1. Frustrated					
2. Annoyed					
3. Resentful					
4. Angry					
5. Irritated					
Total Items 1 to 5 →					

Relationship Satisfaction*

Instructions. Use checks (✓) to show how satisfied or dissatisfied you feel in your closest personal relationship.

Please answer all 5 items.

	Dissatisfied			Satisfied			
	0—Very	1—Moderately	2—Somewhat	3—Neutral	4—Somewhat	5—Moderately	6—Very
1. Communication and openness							
2. Resolving conflicts and arguments							
3. Degree of affection and caring							
4. Intimacy and closeness							
5. Overall satisfaction							
Total Items 1 to 5 →							



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Counseling Information and Agreement

This information has been prepared to help you know more about our counseling services. It is important to us that you have a clear idea of how we will work together and for you to be hopeful about therapy. Your counselor will review this information with you at your first appointment and you will both sign the Consent for Treatment. If at any time you have questions, please don't hesitate to ask your counselor. We welcome your questions and believe that they help the therapeutic process. Research has shown that the most important predictor of therapy success is a good working relationship between client and therapist.

About Fountain Gate Counseling Services

Fountain Gate Counseling Center is a nonprofit organization that provides professional counseling services for individuals (adults, teens, children), couples, families, and groups. We also offer retreats, seminars, and workshops on mental and spiritual health.

Fountain Gate counselors hold accredited Master's degrees and are licensed by the State of Georgia in Professional Counseling, Marriage and Family Therapy, and/or Social Work. Our staff also includes Masters-level Clinical Interns who practice under the oversight of licensed clinical supervisors. Our counselors adhere to the professional and ethical standards of the American Counseling Association (ACA), the American Association for Marriage and Family Therapy (AAMFT), and/or the National Association of Social Workers (NASW), as appropriate to each counselor's specialization, and to the Ethics Standards of the Christian Association for Psychological Studies (CAPS).

For those who desire it, our clinical staff has received specialized training in the integration of Christian faith and psychotherapy. However, our services are available to all persons in the community regardless of their religious beliefs. Counseling is carried out in an environment of respect, with the ultimate goal of wholeness and integrity in clients' personal lives and in their relationships with others.

About Psychotherapy

Therapy is a partnership between therapist and client, and it will require very active involvement from both you and your therapist. You and your therapist will work to explore and understand what brought you to this point in your life, define the problem areas to be worked on, and participate in therapeutic activities to help you make the changes you desire. In this way, psychotherapy can be described as an individualized educational experience that can help you change and grow. Change will sometimes be easy and quick, but more often it will be slow, and may require firm effort on your part to keep working at it. You must understand that there are no instant, painless cures and no "magic pills." However, you can learn new ways of looking at your problems that will be helpful for changing your feelings and actions.

In general, most of your time will involve exploring and processing through talking. However, there may be times when your therapist will suggest other tasks to deepen your learning. Examples of these might be readings from books, watching a video or movie clip, or using creative expressions via art, writing, or music. If it is appropriate and in accordance with your beliefs and expressed desire, your

therapist may pray with you. Homework assignments may be suggested for you to do outside of your sessions. Your therapist will always ask permission from you before engaging in any of these therapeutic techniques; you always have a voice and a choice in your sessions.

The Benefits and Risks of Therapy

Psychotherapy is a positive overall experience for most people, but as with any powerful treatment, there are some risks as well as many benefits. You should think about both the benefits and the risks when making any decisions about treatment. For example, in therapy, there is the risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Some people in your community may mistakenly view someone in therapy as weak or perhaps as seriously disturbed or even dangerous.

Clients in therapy may uncover problems with people important to them. Family secrets may be told. Therapy may introduce challenge into a marital relationship. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not produce the results you had hoped for.

While you consider these risks, you should know also that scientists in hundreds of well-designed research studies have shown the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or their problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their schooling, and in the ability to enjoy their lives. We believe in the positive gains clients can make through therapy; therefore, we enter our relationship with optimism about our progress together.

Counseling Phases to Expect (Note: therapy sessions are typically 45 to 50 minutes in length)

1. Assessment: This usually takes one to three sessions. Questionnaires may be included as part of the assessment process. With any problem a client brings, our primary objective is to try to understand as fully as possible the things that have brought you to therapy, and the background and underlying factors behind them. Your therapist will then suggest treatments that have been validated by research and clinical experience. You and your therapist will work together to establish treatment goals.

2. Intervention: By the third or fourth session, your therapist will give you feedback about your situation, including your strengths and the challenges you face. Your therapist will make recommendations and together you will set goals for the therapy treatment. The intervention phase can last from two to six months (or longer in some cases, depending on the challenges you are facing). With your therapist, you will evaluate progress periodically and decide whether further intervention is necessary, or whether it is time to begin decreasing sessions.

3. Termination: This is the process of finishing treatment and is a valuable part of your work. Stopping therapy should not be done casually; although either you or your therapist may decide to end treatment our commitment is to always act in your best interest. If you wish to stop therapy at any time, we ask that you agree now to meet for at least one additional session to review our work together. We will review your goals, the work we have done, any future work that needs to be done, and your choices going forward. If you would like to stop therapy temporarily we can discuss that, and explore ways to make the most of your experience while you are away.

What to Expect from Our Relationship

As professionals, we will use our best knowledge and skill to help you. This includes following the rules and standards of the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists as well as the professional associations to which our therapists belong. In your best interest, these governing organizations put limits on the relationship between a therapist and a client, and our therapists will abide by these.

First, our therapists are licensed and trained in Professional Counseling, Marriage and Family Therapy, and/or Social Work, not in law, medicine, or any other profession, so we are not able to give you advice from these other professional viewpoints.

Second, Georgia laws require our therapists to refrain from telling anyone else what you talk about in a treatment session, except in certain limited situations. These are explained in greater detail below and in our Notice of Privacy Practices. We will take great effort to maintain your privacy. This means that if we meet on the street, at church, or other social situations, your therapist may not say hello or talk to you very much unless you approach them. Your therapist will not talk about private matters with you in a public setting. This is not a personal reaction to you, but a way to maintain the confidentiality of your relationship with your therapist.

Third, in your best interest, and following our professional codes of ethical practice, we will always maintain a client-therapist relationship with you. We will not have any other role in your life. Our therapists will not be, now or ever, close friends of or socialize with their clients. Our therapists cannot provide therapy to people who are already their friends. Our therapists will never have a sexual or romantic relationship with any client during or after the course of therapy. We cannot have a business relationship with any of our clients other than the therapy relationship.

Consultations

If you could benefit from a treatment your therapist cannot provide, we will help you to get it through community resources or a referral to another specialist. You have a right to ask about other treatments, their risks, and their benefits. Your therapist may recommend a medical exam or suggest the use of medication under the supervision of your medical doctor. We will fully discuss our reasons for these recommendations with you, so that you can decide what is best. If you are treated by other professionals, including medical doctors, your therapist will coordinate treatment with them.

If for some reason our counseling is not achieving the desired results, your therapist might suggest that you see another therapist or another professional. As responsible and ethical professionals, we cannot continue to treat you if our treatment is not working for you. If you wish for another professional's opinion at any time or wish to talk with another therapist, your therapist will help you to find a qualified person and will provide him or her with the information needed. However, please understand that, according to our ethical guidelines, we cannot see you for ongoing therapy if you are getting therapy for the same problem from another therapist. This could be confusing for you and not in your best interest.

What You Should Know About Confidentiality in Therapy

Your therapist will treat what you discuss with great care. Our professional ethics and the laws of Georgia prevent us from telling anyone else what you discuss with us unless you give us written permission. Our medical records are also protected by privacy restrictions established by Federal (HIPAA) and Georgia law. These rules and laws are the way our society recognizes and supports the privacy of what we talk about – in other words, the “confidentiality” of therapy. However, there are some times when the law requires a therapist to break confidentiality, and we want you to understand clearly what can and cannot be kept confidential. You need to know about these rules now, so that you do not reveal something as a “secret” that cannot be kept secret. These are very important issues, so

please read these pages carefully and keep this document. At your next meeting, you and your therapist will discuss any questions you might have.

1. When you or other persons are in physical danger, the law requires your therapist to tell others about it. Specifically:

a. If your therapist believes that you are threatening serious harm to another person, your therapist is required to try to protect that person. Your therapist may have to tell the person or the police, or perhaps try to have you put in a hospital.

b. If you seriously threaten or act in a way that is very likely to harm yourself, your therapist may have to seek hospital treatment for you, or call on your family members or others who can help protect you. If such a situation does come up, your therapist will fully discuss the situation with you before taking action, unless there is a very strong reason not to.

c. In an emergency where your life or health is in danger, and your therapist cannot get your consent, he/she may give another professional information necessary for your safety and protection. Your therapist will try to get your permission first, and will discuss this with you as soon as possible afterwards.

d. If your therapist believes or suspect that you are abusing a child, an elderly person, or a disabled person, he/she must file a report with a state agency. To “abuse” means to neglect, hurt, exploit, or sexually molest another person. We do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you discuss anything about these topics. You may also want to talk to your lawyer.

2. If you become involved in a court case or proceeding, you can prevent your therapist from testifying in court about what you have said in therapy. This is called “privilege” and it is your choice to prevent your therapist from testifying or to allow him/her to do so. It is conceivable, however, that in some situations a judge or court may require a therapist to testify regardless of your non-consent and in spite of our repeated legal objections on the basis of confidentiality.

Examples of such situations might be:

a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt;

b. In cases where your emotional or mental condition is important information for a court’s decision;

c. During a malpractice case or an investigation of your therapist or another therapist by a professional group;

d. In a civil commitment hearing to decide if you will be admitted to a psychiatric hospital.

3. Children and families create some special confidentiality issues.

a. When we treat children, we must tell their parents or guardians whatever they ask about the child’s treatment. For those between the ages of 12 and 18, our policy is to treat most of the details of therapy as confidential. This practice helps the development of an effective therapeutic relationship. Therapists typically share the general progress of how therapy is going with parents of older children. In cases where there may be drug or alcohol abuse, an eating disorder, self-harm (e.g., cutting), pregnancy, or any other secret being held by the child, your therapist will work with the child to make these issues known to the parent or guardian, and together we will work through solutions. Therapists will not hold in confidence secrets that are harmful to the child or others.

b. The same confidentiality exception rules described above (see part 1) apply to children and adolescents. If your therapist learns that your child is thinking of harming himself or herself or another person, or if he/she suspects that the child has been abused, your therapist will always talk to the parent or guardian in detail about these matters. Depending on the particular issue, your therapist may be required by law to make a report to legal authorities. Your therapist will try to contact the parents or

guardians if such action needs to be taken. Therapists are available to answer any questions about this process.

c. In cases where several family members (parent, children or other relatives) are in treatment, the confidentiality situation becomes more complicated. Therapists may have different duties toward different family members. At the start of our treatment, we will establish a clear understanding of our purposes and your therapist's role, as well as any limits on confidentiality that may exist.

4. Couple's Counseling

a. If you tell your therapist something that your spouse does not know, please understand that your therapist will not keep a secret. In the case of couple's counseling, we consider confidentiality to be with the couple and not with the individuals involved. If you tell your therapist something your spouse does not know, your therapist will work with you to disclose it to your spouse if it is relevant to your therapy; otherwise, we will have to discontinue couple's counseling.

b. If you are in couple's counseling in the State of Georgia, both participants in therapy have the rights of privilege to the communication that occurs in therapy. This means that both partners are required to sign a waiver of their right of privilege of information before we are able to release our notes to another person.

c. If you or your spouse have a child custody dispute, or if there is a forthcoming court hearing for child custody, your therapist will need to know about it. We do not do custody evaluations, and we do not testify in court against either spouse we have had in couple's counseling. Please do not ask your therapist to take sides in these situations.

d. If you are coming for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request your therapist's testimony for either side. We have had a therapeutic relationship together; please understand that your therapist will not be biased toward either spouse.

5. A few other points:

a. We will not record therapy sessions on audiotape or videotape without your written permission.

b. If you want your therapist to send information from your medical record to someone else, you must give written consent.

c. Any information you share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

d. Fountain Gate cannot guarantee the confidentiality of electronic communications such as e-mail or text messages. If you would like an e-mail response from your therapist, the e-mail will have a confidentiality notice on it

Counseling Fees

Therapists set counseling fees and appointment times directly with their clients. Based on your financial circumstances therapists are also able to offer a sliding fee scale according to your household income and the number of people in your household. Prior to your first appointment, you will need to speak with your therapist to establish your counseling fee; if your therapist offers you a sliding scale fee you may be asked to complete a financial information form.

When you first contact a therapist to inquire about therapy the therapist may recommend that you consider working with one of our Masters-level Clinical Interns. In that case you would be referred to our Intern Scheduling Coordinator who would discuss scheduling and fees with you.

Once your fee has been determined, we ask that payment be made by check, cash, or credit/debit card (Visa, MasterCard, or American Express only) at the beginning of each

counseling session. We will provide you with a receipt indicating the types of services performed. Should the fee not be paid for two sessions, no further sessions will be scheduled until the balance is paid. Should counseling be terminated all outstanding fees must be paid in full upon termination.

Please make checks payable to: **Fountain Gate Counseling Center**

Please note:

- In the rare event that your therapist is asked to testify on your behalf due to a court proceeding, we charge your regular counseling fee per hour for any preparation and for attendance at the proceeding, including travel time.
- We will charge your regular counseling fee for any telephone calls over 10 minutes, based on half-hour increments.

About Our Appointments

Your appointments are held exclusively for you. We agree to meet and to be on time. If you are late, we will probably not be able to meet the entire time, as your therapist will likely have another client after you, and you will still be responsible for the full-session fee. If for some reason your therapist is late beginning our session, you will receive your full scheduled time.

Please try not to miss sessions if you can possibly help it. A cancelled appointment delays our work. If you must cancel your appointment, please phone your therapist at least **24 hours** in advance of your scheduled appointment, and by Friday for a Monday appointment. A charge of the regular fee will be made for any appointment that is missed or cancelled without 24 hour notification. After 3 charged missed appointments, all future missed appointments will be charged at the full rate for your therapist as published on our web site.

Telephone Calls

Your therapist will supply you with his or her personal telephone extension at Fountain Gate; you may reach your therapist by calling our main number (770-218-9005) and then entering the extension once the recorded greeting starts. If your therapist is not able to take the call you be placed into the therapist's voicemail; please remember to give your name, a phone number where you can be reached, the best times to call, and a short message. Your therapist will attempt to return your call within 24 hours, but usually within that business day.

Life Threatening Emergencies

If you are having life-threatening psychological emergency, you may call the office number and leave a message for your therapist. However, we use a voicemail message system, and it is possible that you may not receive a call back right away. If you need immediate assistance, please go to your nearest emergency room for care, or call 911.



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Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the “Counseling Information and Agreement” document. I understand that I am free to discuss any aspect of my treatment with my therapist at any time.

I consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand the benefits and risks of therapy and that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I understand the provisions and limits of confidentiality established by Federal (HIPAA) and Georgia laws.

I understand that my therapist operates under the professional and ethical standards of the American Counseling Association (ACA), the American Association for Marriage and Family Therapy (AAMFT), and/or the National Association of Social Workers (NASW), as appropriate to my therapist’s specialization, and to the Ethics Standards of the Christian Association for Psychological Studies (CAPS).

I am aware that I may stop my treatment with this therapist at any time. My only remaining responsibility will be to pay for the services I have already received.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, my account will be charged the full session fee for that appointment, and any credit card on file for my account will be used to collect payment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that services rendered by Clinical Interns are not eligible for insurance payments.

I understand that if payment for the services I receive here is not made, my therapist may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

Signature of client (or parent/guardian acting for client)

Date

Printed name

Relationship to client (if necessary)

I, the therapist undersigned below, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent to treatment.

Signature of therapist

Date

Printed name



2985 Cherokee Street
Kennesaw, GA 30144
770-218-9005
fountaingate.com

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Definitions

Protected Health Information (PHI)

Information in your medical record that could identify you.

Treatment

When your therapist provides, coordinates, or manages your healthcare and other service related to your healthcare. This would include consultation with other healthcare providers, such as your family physician or another psychotherapist.

Payment

When we receive reimbursement for your healthcare. An example of payment might be when Fountain Gate discloses your PHI to your health insurer to obtain reimbursement.

Operations

Activities that relate to the performance and operation of Fountain Gate's practice. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management, and care coordination.

Disclosure

This refers to activities outside of Fountain Gate, such as releasing, transferring, or providing access to information about you to other parties.

Psychotherapy notes

These are notes taken by a mental health professional during a conversation with the patient and kept separate from the patient's medical and billing records.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). For more information see “Our Uses and Disclosures”. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you are concerned that your counselor or this counseling center has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the Director of Fountain Gate Counseling Center at (770) 218-9005.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the following cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety of yourself or others.

In the following cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A therapist treating you asks a psychiatrist about your overall health condition.

It is Fountain Gate policy to obtain your consent by your signature on a Release of Information document before discussing your PHI with another mental health provider treating you whenever possible.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

<http://www.hhs.gov/ocr/privacy/index.html>.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions. However, we are required to see that reasonable efforts were made to either: notify the person who is the subject of the information about the request, so the person has a chance to object to the disclosure, or to seek a qualified protective order for the information from the court.

Our Responsibilities

- We are **required** by law to maintain the privacy and security of your protected health information.
- We will let **you** know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We **must** follow the duties and privacy practices described in this notice and give you a copy of it.
- We **will not** use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <http://www.hhs.gov/ocr/privacy/index.html>

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

Georgia and federal law provide additional protection for certain types of medical information, including:

- Alcohol or drug abuse treatment
- AIDS/HIV
- Psychotherapy notes. You do not have access to these notes; additionally the federal HIPAA Privacy Rules also do not permit the provider to make most disclosures of psychotherapy notes about you to others without your authorization.

If you were admitted to a mental health or drug treatment facility your medical record or information in the record may be released to the admitting facility. When you are released from a facility your medical record or information from that medical record may be released to your therapist at Fountain Gate.



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Notice of Privacy Practices Confirmation

The Health Insurance Portability and Accountability Act (HIPAA) has created patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“security rules”). HIPAA applies to all health care providers, including mental health care. Providers and health care agencies throughout the country are now required to provide patients with notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

Please read our Notice of Privacy Practices, as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship, and as such, we make every effort to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification. Please read the following paragraph and sign your agreement below.

I have read and understand Fountain Gate’s Notice of Privacy Practices, which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand that I have the right to review this document and that I may, at any time, now or later, ask any questions about or seek clarification of the matters discussed in this document.

Printed name of client

Printed name of parent/guardian, if applicable

Signature of client,
Or parent/guardian (for clients under 18 years of age)

Date