

Kristin Timberlake Rodriguez, LPC

Adolescent, Family and Individual Christian Counseling

Last Name _____ First Name _____

Date of Birth _____ Gender _____

Marital status _____ If so how long have you been married? _____

Spouse's Name _____

Do you have any children? _____ If so, what are their names and ages? _____

Why you are seeking treatment? _____

What do you expect from counseling? _____

Have you seen a counselor, psychologist, psychiatrist or other mental health professional before? _____

Average hours of sleep per night _____ Do you take a sleep aid? _____

Are you currently taking prescription medication? _____

Please describe any other factors that you think might contribute to the presenting problem _____

Your signature below indicates that the information you have provided above is truthful.

Signature _____ Date _____

Kristin Timberlake Rodriguez, LPC

Adolescent, Family and Individual Christian Counseling

TREATMENT INFORMATION DISCLOSURE STATEMENT

Treatment is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client, you have certain rights that are important for you to know about because this is your treatment, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a Licensed Professional Counselor, I have corresponding responsibilities to you.

My Responsibilities to You as Your Counselor

I. Confidentiality With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your Counselor. I cannot and will not tell anyone else what you have told me, or even that you are in treatment with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a coaching session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or emailing information), it will be done with with special safeguards to insure confidentiality. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s)of the internet service provider. The following are legal exceptions to your right to confidentiality. (I would inform you of any time when I think I will have to put these into effect.)

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

II. Record-keeping

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended treatment in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the DSM-V; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

IV. Other Rights

You have the right to ask questions about anything that happens in treatment. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right Counselor for you. You are free to leave treatment at any time.

My Training and Approach to Treatment

I have a Master of Arts in Counseling 2001 at Southwestern Baptist Theological Seminary. I am a Licensed Professional Counselor (#18814) My areas of special training and expertise include Adolescent, Family, Individual and Marriage Counseling.

Client Consent to Treatment

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$100.00 per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake treatment with Kristin Timberlake Rodriguez, MA, LPC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made.

Signature _____ Date _____