

Standing Ground Counseling, LLC
New Clients' Information – Couple/Family

Name(s): _____ DOBs/Ages: _____

For each of the questions below, please specify which information is for which family member.

Home Address(es): _____

How were you referred? _____

Home Phone(s): _____ May we call you or leave a message at this number? Yes/No

Work Phone(s): _____ May we call you or leave a message at this number? Yes/No

Cell Phone(s): _____ May we call you or leave a message at this number? Yes/No

May we text message you on your cell phone? _____ Yes/No

E-Mail Address(es): _____ May we E-Mail you? Yes/No

Current Relationship Status(es): single – partnered - married - separated - divorced - widowed – other
Previous Significant Relationships/Marriages (First Names and Dates): _____

Occupation(s): _____

Primary Care Physician(s) Name(s) and Phone Number(s): _____

Medical Conditions and Medications: _____

Current Psychiatrist(s) and Phone Number(s): _____

Are there firearms in the home? Yes/No _____ Do you have access to firearms? Yes/No _____

Who else lives in your home (besides those participating in counseling)? _____

Children's Names and Ages: _____

Reason(s) for seeking counseling: _____

(Note: All family members participating must sign)

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Special Policies for Couple/Family Counseling

Limitations on Confidentiality for Couple/Family Counseling: This written policy is to inform you, the participants in counseling, of the limitations in couple or family counseling. When a couple or family enters counseling, they are considered one unit or one entity. This has several very important implications, noted below.

The first issue is regarding the release of your counseling records. Because a couple or family is viewed as a single file/case, progress notes/clinical case notes will not be released unless authorization is provided by each of the participants within the counseling relationship (and any participant who attended a session). The counselor also has discretion whether release of the progress notes/clinical notes is in the best interests of the couple, family or individual members.

The second issue involves the occasion during the counseling process where one of the individual members of the couple or family may be seen for an individual counseling session with the same therapist. In this case, the individual session is still considered as part of the couple or family counseling relationship. By entering counseling as a couple or family, the participants understand and consent that information disclosed during individual sessions may be brought into the couple or family session, either from the decision of the individual and/or upon the decision of the counselor, based upon clinical relevance for the counseling relationship of the couple or family entity. The counselor will offer the individual the opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose clinically relevant information, the counselor may determine that it is necessary to discontinue the counseling relationship with the couple or family. This policy is called the ***“NO SECRETS POLICY.”*** It is intended to maintain the integrity of the counseling. It is also to maintain loyalty and balance to all members of the counseling relationship. If there is information a participant desires to address within a context of individual confidentiality, the member of the couple or family may request to seek a counselor for individual therapy. The current counselor would be happy to assist with appropriate referrals.

Couple/Family-No Release of Records Agreement: Couples and/or family members who seek counseling to address issues important to their relationship must agree to do so with a willingness to disclose and discuss, as part of the counseling process, issues that can be extremely private, embarrassing and perhaps damaging, if disclosed outside the safety and boundaries of the counseling relationship. This willingness to risk participation in such intimate therapeutic discussion must be protected and respected. Therefore, the below signatures affirm the participants’ agreement not to request, subpoena or attempt to acquire the progress/clinical case notes from their couple/family counselor for purposes related to any subsequent actions of divorce, child custody, etc. in which there is an adversarial legal action between the participants/clients. Release of records may still be mandated by law as per the ***“Informed Consent”*** page of this packet.

Initialing this agreement implies that the undersigned have read and agreed to the above policies, their intents and have discussed any concerns with the counselor prior to the beginning of the counseling relationship.

Client’s Initials

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Policy Regarding Fees and Communication

All fees are paid directly to Standing Ground Counseling, LLC at the time of service. We accept cash, check or credit card.

We have a 24-hour cancellation policy. This is simply a business policy as making an appointment is reserving a time slot that cannot be filled in short notice. The entire fee is rendered for all cancellations without notice of at least 24 hours. Please note: If all members are not present for the scheduled session, the session may not be held, at the counselor’s discretion.

As a matter of ethics, counselors cannot connect personally with clients on social media. Please know that your counselor cannot accept personal requests or contact via any form of social media.

If, at any time, you (or someone you know), is a danger to self, others or property, call 911 or proceed to the local emergency room or crisis center immediately. Clients should not wait for their counselor to return calls in emergency situations.

Although Standing Ground Counseling, LLC takes measures to secure technology and remain compliant with privacy and security standards, please know that all means of technological communication is not secure and cannot be guaranteed by SGC. As such, please do not email or text clinical information. Email, voice mail and text may be used, at your counselor’s discretion, for appointment scheduling only. Your counselor has the right to not accept text messages. In addition, any clinical or personal concerns should be addressed in-person with your counselor, and not via technology, to ensure proper care.

Initialing this agreement implies that the undersigned have read and agreed to the above policy and has discussed any concerns with the counselor prior to the beginning of the counseling relationship.

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Risks and Benefits of Counseling/Client Rights

Benefits of Counseling: Research indicates that most people who engage in counseling benefit from the experience. Counseling provides the person(s) with the opportunity to talk and learn about themselves and their problems in a safe, non-judgmental, caring environment. Counseling can impact and improve relationships with significant others. The benefits from counseling may be an improved ability to relate with others; a clearer understanding of self, values and goals; an increase in productivity in work, school and relationships; and an improved ability to deal with everyday stressors. Counseling may help relieve the stress and impaired functioning associated with trauma, grief and mental disorders.

Risks of Counseling: The risks associated with the counseling process may include remembering unpleasant events that may arouse strong feelings, and, as an outcome, may result in ill-advised or risk-taking choices or behaviors. The risks also include continuation of the presenting problems, increased feelings of loneliness, sadness, depression, anxiety, feelings of hopelessness or suicide. Counseling for relational issues may result in the growth of only one partner and/or the decision to end the relationship. There may be other risks as well.

Each client has the right:

- A) To be treated with dignity, consideration and respect;
- B) To expect quality service provided by concerned, trained, professional and competent staff and to discuss concerns about the risks associated with counseling with the counselor at any time;
- C) To expect complete confidentiality, within the limits of the law, to be informed about the legal exceptions to confidentiality and to expect that no information will be released without the client's knowledge and written consent, except when required by mandated reporting law or in the case of legal proceedings;
- D) To a clear working contract in which business items, such as time of sessions, payment plans/fees, missed sessions, access, emergency procedures and third-party reimbursement procedures are discussed;
- E) To a clear statement of the purposes, goals, techniques, rules of procedures and limitations, as well as of the potential dangers of the services to be performed, and all other information related to the ongoing mental health counseling relationship;
- F) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate;
- G) To full, knowledgeable and responsible participation in the ongoing treatment plan to the maximum extent feasible;
- H) To obtain information about obtaining case records and to have this information explained clearly and directly;
- I) To request information and/or consultation regarding the conduct and progress of therapy;

- J) To refuse any recommended services and to be advised of the consequences of this action;
- K) To a safe environment free of emotional, physical and sexual abuse;

Risks and Benefits of Counseling/Client Rights (Continued)

- L) To a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the mental health counselor's supervisor, and/or the appropriate credentialing body; and
- M) To a clearly defined therapeutic process and to discontinue therapy, at any time, with appropriate referrals, when indicated.

Initialing this agreement implies that the undersigned have read and understood the above disclosures and has discussed any concerns with the counselor prior to the beginning of the counseling relationship.

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Informed Consent and Confidentiality for Mental Health Counseling

Prior to receiving mental health treatment and/or counseling you, as the client, have the following rights to be fully informed as to:

1. the nature of the proposed treatment and any reasonable treatment alternatives
2. the training, credentials, and licensure of your counselor
3. truthful disclosure of reasonably foreseeable benefits, risks and hazards of the proposed treatment, alternative treatments and of not doing anything
4. the right to fully withdraw consent for treatment at any time

You also have the right to the confidential treatment of information about you and/or a minor child (New Jersey Mental Health Law allows for children 14 and older to consent to treatment without a parent/guardian), with a few exceptions. Information maintained in your client record will not be released to anyone outside the direct therapeutic relationship (and Standing Ground Counseling, LLC supervisors and staff) without your approval under the [Federal HIPPA guidelines](#) unless required by law. These exceptions include, but are not limited to: 1) the mandatory reporting of suspected child/elderly abuse or neglect, 2) the duty to warn to prevent harm to others, 3) concern from the counselor of the dangerousness of the client(s) to self, others or property due to a mental disorder etc., 4) disclosure in the event of legal proceedings against the counselor/practitioner, 5) disclosure as mandated by Third Party payment requirements, 6) release of information with signed consent (highly recommended to discuss with your counselor the implications or releasing confidential information, or, 7) under specific circumstances, a court subpoena.

By providing your initials next to the items below you attest that you, as the client(s) and/or parent(s)/guardian(s):

_____ Have discussed all policies in this packet with your counselor and, without reservation, provide your consent for treatment.

_____ Understand the legal right to provide voluntary consent for mental health treatment and are competent to make decisions regarding the course and/or discontinuation of treatment.

_____ Understand that the counselor is bound by confidentiality laws, with the exceptions listed above, and that your treatment will only be discussed with Standing Ground Counseling, LLC supervisors and staff who are also bound by these laws.

_____ Received the link (above) for Federal HIPPA guidelines.

_____ Received a copy of the Mental Health Bill of Rights and read (and understood) the risks and benefits of counseling.

_____ Read and agree to the policies regarding fees and communication and understand that notice of at least 24 hours is required for cancellations or the full fee for the appointment is rendered.

_____ Read and agree to the policies regarding couple and family counseling.

By signing below, the counselor has reviewed the completion of this document by the client(s) and has addressed any concerns with the clients.

Counselor's Name-Printed

Counselor's Signature

Date