

Standing Ground Counseling, LLC  
New Client's Information – Child/Adolescent

Child/Adolescent's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

**For each of the questions below, please answer for all parents/step-parents/guardians, and specify which information is for which family member.**

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_ DOB(s): \_\_\_\_\_

Who has custody? Please specify if the custody is joint/sole/with visitation and provide custody papers.

Are there any court orders? (Court orders must be provided).

Home Address(es) and Parent of Primary Residence: \_\_\_\_\_

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

Occupation(s) of Parent(s)/Guardian(s): \_\_\_\_\_

School/Grade of Child/Adolescent: \_\_\_\_\_

Pediatrician Name and Phone Number: \_\_\_\_\_

Medical Conditions and Medications: \_\_\_\_\_

Current Psychiatrist and Phone Number: \_\_\_\_\_

Are there firearms in the home? Yes/No

Do you (the child) have access to firearms? Yes/No

Reason(s) for seeking counseling: \_\_\_\_\_

Client's Signature (if 14 or older): \_\_\_\_\_

Date: \_\_\_\_\_

***(Note: Both parents/guardians must sign below in the case of joint custody)***

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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.

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 has/have read and agreed to the above policy and has discussed any concerns with the counselor prior to the beginning of the counseling relationship.

\_\_\_\_\_  
 Child/Adolescent's Initials  
 (age 14 and above)

\_\_\_\_\_  
 Parent(s)/Guardian(s)' Initials  
 (both parents if joint custody)

## 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.

### ***The 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 has/have read and understood the above disclosures and has discussed any concerns with the counselor prior to the beginning of the counseling relationship.

\_\_\_\_\_  
Child/Adolescent's Initials  
(age 14 and above)

\_\_\_\_\_  
Parent(s)/Guardian(s)' Initials  
(both parents if joint custody)

## 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.

In the case of a child/adolescent entering counseling, as a matter of privacy and confidentiality, the counselor will only discuss the counseling content with the parent/guardian when there is a concern of harm or threat (or as required by law above), or when the counselor determines it is otherwise therapeutically appropriate. Please note: Often for children/adolescents to comfortably engage in counseling, the counselor may not share details of the counseling with the parents/guardians, unless where harm is a concern or as required by law. The counselor will discuss with you how this applies specifically to you (and/or to your child/adolescent).

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By providing your initials next to the items below (child/adolescent above age 14 AND parent(s)/guardian(s) must initial), you attest that you, as the client 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.

\_\_\_\_\_ Understand that details of counseling in the case of a child/adolescent may or may not be discussed with the parent(s)/guardian(s), as indicated above.

By signing below, the counselor has reviewed the completion of this document by the client and has addressed any concerns with the child/adolescent and/or parent(s)/guardian(s):

\_\_\_\_\_  
Counselor's Name-Printed

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date