

**Child Client Information Form (to be completed by parent)**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent completing form: Name: \_\_\_\_\_ DOB \_\_\_\_\_

Other Parent: Name: \_\_\_\_\_ DOB \_\_\_\_\_

Is the other parent aware and in agreement of your child coming to counseling? \_\_\_\_\_

Email: \_\_\_\_\_ May I email you my newsletter? \_\_\_\_\_

Would you like to receive the Resiliency Center's monthly newsletter via email? \_\_\_\_\_

Home phone \_\_\_\_\_ May I leave a message? \_\_\_\_\_

Work/cell phone \_\_\_\_\_ May I leave a message? \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_ May I thank them? \_\_\_\_\_

This form is for information-gathering only. Your answers will be kept confidential. Feel free to add any other information you think might be useful / use the back.

Describe briefly what brings your child to therapy.

What are your goals for therapy/how will you know if it is helping?

Have you or your child ever been in therapy before? How was it?

What are your hopes about therapy?

What are your fears about therapy?

How would you describe your child's circle of friends?

How would you describe your circle of friends?

Are you currently in a primary relationship? If so, for how long? Briefly describe the quality of the relationship.

Who lives in your household (# of people/ages/relationships)? Are you happy with this arrangement?

Please describe the strategies you use most often for coping with stress.

Please describe the strategies your child uses most often for coping with stress.

Do you or your child have any history of addiction or alcohol/substance abuse?

What is your and your child's present use of alcohol or substances?

Do you or your child have any history of sexual or physical abuse? Please describe briefly.

Any history of addiction/alcoholism, sexual or physical abuse, or mental illness in your family?

Has your child ever felt or acted suicidal? Please describe.

Have you ever felt or acted suicidal? Please describe.

Please list any significant (to you) separations your child has had with his or her primary caregivers with date/year.

Please describe briefly your spiritual practices/beliefs, if any.

How is your child's physical health?

How is your physical health?

How is your child's sleep?

How is your sleep?

How is your child's appetite and diet? Caffeine intake?

How is your appetite and diet? Caffeine intake?

What kinds of exercise does your child get, and how often?

What kinds of exercise do you get and how often?

What does your child do for fun?

What do you do for fun?

What else should I know about you or your child at this time?

Please list any other health care practitioners your child is currently working with.

Please list any medications, supplements, homeopathics, herbs, etc. your child is currently taking.

## **Informed Consent**

### Approach to Counseling

Counseling can be a challenging, exciting, scary, and surprising process. My goal is to collaborate with you for your benefit, growth, and wellbeing. Each person is unique, so our work together will unfold in its own particular way, but the ground rules are the same for everybody. Please read through this overview, and ask questions.

My work combines Western psychology techniques and Contemplative and Mindfulness practices. You may find that a friendly curiosity about your habits of thought and patterns of behavior helps you to resolve your problems more easily. In my experience, cultivating self-awareness and compassion is the most radical and helpful approach to healing ourselves that we can take. I acknowledge the intrinsically healthy nature of each person. As we work together, we will develop a range of practical tools that work for you. Counseling is a collaborative effort, and you are the ultimate authority on your life and in charge of any changes you want to make. I offer my training, my support, and assistance to the best of my abilities to help you.

### The Process of Counseling

The process of counseling is – despite decades of clinical study – a mystery. Its success depends as much on the individual, your goals and how you work in counseling as on the clinical skills of the counselor. What is known, and generally agreed upon, is that the relationship between the client and counselor is the most important element in successful therapy. If you do not feel we are a good fit, I will be happy to help you find someone with whom you can work more effectively. How long we work together is determined by many factors - it might be anywhere from a few months to several years. We will evaluate our work together from time to time, to see that your goals are being met, and whether your needs may have changed. Ideally, we will agree on when to complete your work together, but as the client, you may choose to end at any time. It can be quite useful to have at least one session focused on completion. If I do not hear from you for a month, I will consider your case closed. You can reopen it at any time by calling to schedule.

### Appointments and Cancellations

Sessions last fifty minutes. This includes the time it takes to pay for the session and schedule the next one. If you are late, we will still end at our scheduled time. If I am running late starting your session, I will adjust our ending time so you get your full session.

Meeting weekly at the same time, particularly at the early stages of our working together, helps maintain the flow and continuity and lends stability to the process of therapy. Meeting less often, or sporadically, can slow the process and create a sense of frustration or lack of progress. Like learning to play a musical instrument, diligence reaps the quickest rewards. You are in charge of deciding how often to meet. Your needs may vary over time. Counseling can be intensive and frequent, occasional and supportive, a place to return as needed.

If you miss an appointment, or cancel with less than 24 hours notice, you will be charged the full fee. Exceptions may be made for emergencies such as sudden illness or accident, at my discretion. If you need to cancel, please call (215) 292-5056 at any time, day or night and leave a voice message.

### Phone Calls

Please feel free to leave a message on my voicemail (215)292-5056 at any time, day or night. I check messages regularly. I may not be able to get back to you immediately, though I try to return calls within 24 hours. If you have a simple question or concern, or need to discuss appointment times, there is no charge.

Occasionally, we may have a phone or video consultation. This is a mutually agreed upon appointment by phone, in an emergency, due to inclement weather, or when unusual circumstances preclude our meeting face to face. The fee for a phone consultation is \$36 per 15-minute block. It costs a minimum of \$36 whether you speak for 1 minute or 15 minutes of each block. I will not charge you for a phone call without your consent.

### Confidentiality

The work we do together is private (see exceptions below and in the Permission to Treat form). You can, of course, share with whomever you like, but I will not discuss our work with anyone without written permission from you.

If you refer someone to me, I will not confirm or deny to you any contact. If they have become my client, it would be a breach of confidentiality for me to say so.

If we happen to meet outside my office – at a social event or grocery store, for instance – the decision to approach or acknowledge me is up to you. I will not make the first move, in order to protect your privacy. You are welcome to greet me, keeping in mind that confidentiality becomes more complicated if either of us is accompanied. To some people this sounds extreme; for others it barely covers their need for safety. I feel that privacy is a powerful factor in therapy, so I do my best to provide and maintain it.

### Limits of Confidentiality

All counselors are required by law to break confidentiality in certain circumstances. I am required to report knowledge of child abuse or suspected child abuse to the authorities. I have a duty to warn intended victims if there is a threat of physical harm by a client. Also, if a client expresses a serious threat of self-harm I will take the steps necessary to help ensure safety. I also must obey a court-ordered subpoena.

### Electronic Communication Policy

Communication by unsecured email (most traditional email providers, including Gmail, Yahoo and other email service providers) is not considered HIPAA-compliant and is therefore strongly discouraged. While I will do the utmost to protect the information (including email address, name, and content of message) disclosed in unsecured email formats, I cannot guarantee your information will be protected from accidental or malicious interception. Email communication should not be considered a substitute for the therapy session.

### Additional Service Policy

In addition to my counseling services, there may be times you would like my help with other services, including things like report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment

summaries, and time spent performing any other service you may request of me. These services will be billed at \$145 per hour. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.

#### Subpoena/Legal Policy

The purpose of psychotherapy is to ease psychological pain, reduce interpersonal conflict, and remove blocks to aid the fulfillment of mental health goals. In order that this purpose be achieved, the therapy relationship must be a relationship of trust and privacy. Therefore, I expect that my clients will not use or request that I use information discussed in therapy sessions for their own legal purposes or against any other persons in a court or judicial setting. By attending therapy with me, you agree not to attempt to subpoena my testimony or notes for a deposition, court hearing, or for any other purpose or reason.

#### Social Media Policy

Use of social media in context of our counseling relationship presents certain risks to your privacy and well-being. These risks include (but are not limited to):

- Exposing our counselor-client relationship to others.
- Subjecting private conversations to the public if either of our social media profiles are hacked.
- Causing you to feel our relationship has become more personal than you are comfortable with.
- Impacting my ability to provide a “blank slate” for you in our professional relationship.

Because of these risks to you, I’ve implemented the following policies:

I do not accept friend requests from clients on social media. If you send me a friend request, I will ignore it to protect our relationship from being exposed.

I do not follow my clients on social media. By ethical standards that would be considered a violation of your privacy for me to view your social media profiles without express permission. If you feel viewing your social media profiles would be important to our clinical work together, I am happy to do so if you sign a release to allow me to do that.

Since communication via social media is not secure, I will not send or respond to messages via social media. (Facebook messages, DM on Twitter, etc.) If you send me a message via social media, I will try to contact you via phone to follow up.

I do not post my business on review sites like Yelp. If you come across a listing for my business that offers you the opportunity to review or star my business, I request that you do not rate it, even if your review is positive! In essence, your rating my business exposes the fact that you are in counseling to the entire internet, and that is no one’s business but yours. I appreciate any desire to boost my reputation, but request that you tell your friends one-on-one rather than posting it publicly. And of course, if you have any concerns, I’d appreciate the chance to hear about it in person so we can resolve it.

You are free to “follow” me on any social media sites (but not required to do so) as anyone can follow me and it doesn’t identify you as my client.

Thank you for taking the time to read this. Please contact me with any questions or comments.

### Financial Policies

By entering into therapy, we have begun a professional relationship with financial implications. Financial matters are extremely important to all of us. I welcome your questions and comments regarding my financial policies, to reduce the chance of misunderstandings or difficulties.

#### Fees

My fee is currently \$145 per individual session. Group and workshop rates vary. Occasionally, my hourly fees must be raised to cover increased expenses. I will give you sufficient notice prior to any increase.

#### Payment

Payment in full is expected at each session. Payment can be made by check, credit card, or cash. There will be a \$40 charge for every check returned or resubmitted. Payment plans or a reduced, sliding scale fee can be arranged as needed, under certain circumstances and with advance notice. Please don't let financial concerns keep you from getting what you need.

#### Insurance

I do not take or bill insurance. Some insurance plans will reimburse you for out-of-pocket expenses for therapy, so check with your insurance company. In such instances I can provide a superbill for you to submit to your insurance company.

#### Appointments and Cancellations

If you miss an appointment, or cancel with less than 24 hours notice, you will be charged the full fee. Exceptions may be made for emergencies. If you need to cancel, please call the office (215) 292-5056 at any time, day or night, and leave a voicemail.

#### Phone Consults

A phone consultation is a mutually agreed upon appointment by phone, in an emergency, due to inclement weather, or when unusual circumstances preclude our meeting face to face. The fee for a phone consultation is \$36 per 15-minute block. It costs a minimum of \$36 whether you speak for 1 minute or 15 minutes of each block. If you have a simple question or concern, or need to discuss appointment times, there is no charge.

I have read, understand, and agree to the terms stated above.

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

Print Name: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



### **Professional Disclosure Statement**

Philosophy and Approach: In my philosophical view, we all have the wisdom we need to live full, satisfying lives. Painful experiences and habitual ways of relating to ourselves, others, and the world can obscure this innate wisdom. I help people develop self-awareness coupled with compassionate self-and world-view. Knowing and befriending ourselves allows us to utilize our inner wisdom to overcome obstacles such as stress, anxiety, and depression and move towards happiness. I employ mindfulness practices and an acceptance-based approach with cognitive, behavioral, humanistic, and creative elements to help my clients meet their counseling goals.

Formal Education: I hold a Master of Science in Education in Psychological Services degree from University of Pennsylvania's Graduate School of Education (2000) and a Master of Arts degree in Clinical Psychology from LaSalle University (2006). Major coursework included child, adolescent, and adult growth and development, human diversity, health psychology, social psychology, group dynamics and systems, the affective and cognitive aspects of behavior as well as mindfulness and acceptance based treatments. I continue to study meditation with the international Shambhala organization.

As a Licensed Professional Counselor of the state of Pennsylvania, I will abide by its Code of Ethics. State Board of Social Workers, Marriage and Family Therapists and Professional Counselors P.O. Box 2649, Harrisburg, PA 17105-2649 Phone - (717) 783-1389

Fees: My fee is \$145 per individual session. Group and workshop rates vary. Payment is expected at each session. Full fee will be charged for missed appointments and cancellations of less than 24 hours notice. Exceptions may be made in case of emergency or sudden illness.

You have the right to:

- Get respectful treatment that will be helpful to you.
- Have a safe treatment setting, free from sexual, physical, and emotional abuse.
- Report immoral and illegal behavior by a therapist.
- Ask for and get information about the therapist's qualifications, including her license, education, training, experience, membership in professional groups, special areas of practice, and limits on practice.
- Have written information, before entering therapy, about fees, method of payment, insurance coverage, number of sessions the therapist thinks will be needed, substitute therapists (in cases of vacation and emergencies), and cancellation policies.
- Be assured of privacy and confidentiality while receiving services and informed of the limits of confidentiality as required by law: 1) Reporting suspected child abuse; 2) Reporting imminent danger or threat to client or others; 3) Reporting information required in court proceedings
- Refuse audio or video recording of sessions (but you may ask for it if you wish).
- Refuse to answer any question or give any information you choose not to answer or give.
- Know if your therapist will discuss your case with others (ie. supervisors, consultants, or students).
- Ask that the therapist inform you of your progress.

**Permission to Treat**

I authorize Jennifer Perry, MEd, MA, LPC to provide counseling services to me. I understand that I may ask questions at any time. I affirm that my request for services is voluntary and that I may discontinue at any time, but that I am responsible for payment for the services rendered to me.

I understand that there may be periods during the course of counseling when I experience emotional discomfort, changes in my relationships, and temporary worsening of symptoms. I understand I may request, at any time, a review of my treatment progress from my counselor. I can also refuse any treatment with which I am uncomfortable. I am aware that counseling is not an exact science and that predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by my counselor.

I am aware that any cancellations of appointments must be made more than 24 hours in advance of the appointment. If I miss or do not cancel in time, I will be charged the full fee for that appointment.

I understand that my counselor, Jennifer Perry, MEd, MA, LPC is a qualified mental health professional. I understand that she is currently licensed by the state of Pennsylvania and does not accept insurance payments. I understand that I am the holder of privilege within the client-counselor setting. This means that information discussed during counseling is confidential and that no information about my case can be released to anyone without written authorization from me.

I further understand that, by law, the following exceptions exist to the client-counselor privilege of confidentiality: counselors must report knowledge of child abuse or suspected child abuse to the authorities; counselors have a duty to warn intended victims if a threat of physical harm from a client is judged to exist; a client's serious threat of self-harm will also be reported in an effort to take measures for safety. I understand that if my counseling becomes an issue in a court proceeding that the judge may order confidential information disclosed. I understand my counselor will not volunteer such information within a court without my express written permission. I understand that if a judge orders such disclosure within the court, my counselor will obey the order.

I understand that my counselor may discuss elements of our work together in confidential settings with a supervisor for the purposes of learning and better service. I understand that my name will not be used and potentially identifying elements will be changed in these circumstances.

I have received, read, and understand the "Financial Policies," "Informed Consent," and "Professional Disclosure Statement" information sheets, and agree to abide by the policies outlined therein. I certify that I have read, and had explained to me where necessary, fully understand, and agree with the contents of the Permission to Treat.

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

Print Name: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Release of Liability**

The undersigned client (“Client”) is currently a client or consultee of *Jennifer Perry* (“Practitioner”) and/or is attending a program led by *Jennifer Perry*, a Practitioner who operates a business at 1811 Bethlehem Pike, Suite 212-213, Flourtown, Pennsylvania 19031 (“Property”).

Located at the Property are several other practitioners, whose businesses are separate from the Practitioner. Also located at the Property are RC Building Partners, LLC, which owns the Property, and the Resiliency Center, LLC, which provides various business services to all practitioners. Both RC Building Partners and the Resiliency Center are separate businesses from the Practitioner.

Accordingly, Client understands that if a dispute arises between Client and Practitioner for any reason, the Client will not seek to recover any relief, monetary or otherwise, concerning such dispute against RC Building Partners, The Resiliency Center or the Other Practitioners.

Intending to be legally bound, I affix my signature hereto:

CLIENT:

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Print Name

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Date

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Signature