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Belaire
Counseling Services

Phone: (225)291-1335
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5536 Superior Dr., Ste B.
Baton Rouge, LA 70816

Adult Counseling Forms

Pages 2-6: **Adult Information Form**

To be completed by **all** adults attending counseling

Pages 7-11: **Declaration of Practices and Procedures**

To be signed and initialed by **all** adults attending counseling

Page 12: **HIPAA Acknowledgement of Receipt of Notice of Privacy Practices**

To be signed by **all** adults attending counseling

Pages 13-16: **HIPAA Notice of Privacy Practices**

To be reviewed by **all** adults attending counseling. **NOTE: This is to be kept for your records and does not need to be brought to the counseling session**

Adult Information Form

Name: _____ DOB: _____ Age: _____ Sex: _____

Phone: _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Marital Status: _____

Years of Education/Degree: _____

Occupation: _____ Employer: _____

SSN: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Spouse Information (if applicable)

Name: _____ DOB: _____ Age: _____ Sex: _____

Phone: _____ Email: _____

SSN: _____

Insurance Company: _____

Policy Holder's Name: _____ Relationship: _____

DOB: _____ Employer: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

For each issue below, mark each number to indicate how much each issue has distresses, worried, or bothered you in the past TWO weeks.

1-Not at all 2-Slightly 3-Moderately 4-Considerably 5-Extremely

1	Feeling angry	1	2	3	4	5
2	Feeling timid or shy	1	2	3	4	5
3	Feeling depressed	1	2	3	4	5
4	Being easily embarrassed	1	2	3	4	5
5	Feeling like a failure	1	2	3	4	5
6	Feeling on the verge of tears	1	2	3	4	5
7	Being ill at ease with others	1	2	3	4	5
8	Feeling discouraged	1	2	3	4	5
9	Not feeling like eating	1	2	3	4	5
10	Lacking friends	1	2	3	4	5
11	Feeling shy with the opposite sex	1	2	3	4	5
12	Blaming, criticizing, or condemning others	1	2	3	4	5
13	Difficulty holding conversations	1	2	3	4	5
14	Feeling hopeless	1	2	3	4	5
15	Difficulty sleeping	1	2	3	4	5
16	Staying by yourself a lot	1	2	3	4	5
17	Feeling tense and nervous	1	2	3	4	5
18	Upset stomach	1	2	3	4	5
19	Sexual problems	1	2	3	4	5
20	Suicidal thoughts	1	2	3	4	5
21	Problems with family	1	2	3	4	5
22	Upset by academic concerns	1	2	3	4	5
23	Problems with spouse or significant other	1	2	3	4	5
24	Having headaches	1	2	3	4	5
25	Stress related to work	1	2	3	4	5
26	Stress related to school	1	2	3	4	5
27	Being overweight	1	2	3	4	5
28	Problems with anxiety	1	2	3	4	5
29	Unhappy with living arrangements	1	2	3	4	5

The following are common concerns of individuals. Please check all that apply to you.

1. **My family has a history of:**

__ Poor communication
__ Depression
__ Eating disorders
__ Counseling
__ Hospitalization
__ Drug or gambling addiction
__ Abuse
__ Alcoholism

2. **I use alcohol:**

__ Less than once per week
__ More than once per week
__ Never

3. **I use drugs**

__ Less than once per week
__ More than once per week
__ Never

4. **The following have resulted from my use of alcohol/drugs:**

__ Traffic violation
__ Ruined relationship
__ Blackouts
__ Health problems
__ Financial problems
__ Work or academic problems

5. **I have been in trouble with the legal system.** **Y** **N**
6. **I have had an unwanted sexual experience.** **Y** **N**
7. **I have experienced:**

__ Emotional abuse
__ Sexual abuse
__ Physical abuse

8. **I've tried to control my weight with:**

__ Vomiting
__ Laxatives
__ Diet pills
__ Excessive Exercise
__ Not eating
__ Other

9. **I have thought of or tried to:**

__ Harm myself
__ Harm another person

10. **At times, I have acted in a violent manner.** **Y** **N**

11. I have recently had problems with the following:

__ Sleeping	__ Weight loss/gain	__Mood shifts
__ Concentration	__ Anxiety	__ Medical problems
__ Headaches		
__ Appetite	__ Fatigue	

12. I have difficulty:

__ Expressing my emotions	__ Controlling my anger
__ accepting myself	__ Accepting compliments
	__ Handling stress

13. I have experienced a recent:

__ Death	__ Relationship that ended	__ Major move

14. Sometimes I hear unwanted voices in my head. **Y** **N**

List all current medications, including dosage, reason for taking the medication, and the physician who prescribed it: _____

_____

_____

List all people living in your home:

Name: _____ Age: _____ Sex: _____ Relationship: _____

Name: _____ Age: _____ Sex: _____ Relationship: _____

Name: _____ Age: _____ Sex: _____ Relationship: _____

Name: _____ Age: _____ Sex: _____ Relationship: _____

Name: _____ Age: _____ Sex: _____ Relationship: _____

Please indicate how important spiritual and religious issues are in your life:

_____

_____

_____

How much do spiritual and religious concerns affect your daily decision making?

_____

_____

_____

In order of importance, what goals do you have for counselling? Please be as specific as possible.

_____

_____

_____

How many total sessions do you anticipate you will need to accomplish these goals?

1 __ 2-4 __ 5-8 __ 13-15 __ 16+ __

Circle the number that best describes how much your concerns are interfering with your personal functioning.

(Not at all) 0 1 2 3 4 5 6 7 8 9 10 (A great deal)

Responsible Party/Guarantor Name: _____

RELEASE/PAYMENT AUTHORIZATION: I agree to provide payment in full at the time of service to Belaire Counseling Services, LLC. I authorize he release of medical information necessary to process an insurance claim on my behalf. I acknowledge that all the above information has been filled out to the best of my ability. I acknowledge that I received a copy of the HIPAA Privacy Notice.

Print Name: _____ Signature: _____

Date: _____

Declaration of Practices and Procedures

Christine Belaire, Ph.D.

LPC-S[1] #2770, LMFT[2] #534

National Certified Counselor (NCC)

5536 Superior Dr., Ste. B

Baton Rouge, LA 70816

Phone: 225-291-1335

Fax: 225-291-1336

DrBelaire@BelaireCounseling.com

www.BelaireCounseling.com

Education:

Ph.D., Mississippi State University, 2001

Major: Counselor Education, Community Counseling

MA, Louisiana State University, 1998

Major: Counselor Education, Agency Counseling

Areas of Expertise:

Marriage and Family, Depression/Anxiety, Play Therapy, Custody Evaluations, Parenting Disputes, Parenting Education, Women's issues, and Spirituality.

[1]Licensed Professional Counselor Board of Examiners

14410 Lake Sherwood Ave. N., Ste. A
Baton Rouge, LA 70816
Phone: 225-295-8444

[2]Licensed Professional Counselor Board of Examiner (licensing board for Marriage and Family Therapists)

14410 Lake Sherwood Ave. N., Ste. A
Baton Rouge, LA 70816
Phone: 225-295-8444

Counseling Relationship

I view counseling as a collaborative relationship in which the client and counselor work together to explore the current problematic issues and develop goals to address these issues. Within the counseling relationship, I may focus on patterns of thoughts, behaviors, moods, and relationships that cause you concern.

Fee Scales

- The fee for "non-legal" counseling is $125.00 per fifty-minute session. "Non-legal" counseling Is defined as counseling that is not affiliated with the court system or an attorney in any form.
- The fee for "legal" services is $150.00 per fifty-minute session. "Legal" services include, but are not limited to, child custody evaluations, post-judgement monitoring, court mandated counseling, court mandated parenting or anger management courses, or any other services requested by the court or an attorney.
- If during the course of "non-legal' counseling you request that I submit a verbal or written report to an attorney or court, or if you request that I testify in court pertaining to your (or minor child's) case, the fee for services will be $150.00 per fifty-minute session and will not be reduced back to the $125.00 fee for any subsequent sessions.
- Payment is due at the time of service.
- Returned checks or denied charges are subject to a $35 fee. _____*INT*.
- A balance on an account that is more than 90 days old is subject to being reported to the credit bureau along with pertinent personal information and turned over to a collection agency.
- I am a provider for Blue Cross Blue Shield PPO and Humana. If you hold a policy that covers outpatient mental health benefits with any of these companies, I will file the insurance claim on your behalf. You are responsible for paying the co-pay and/or deductible according to your insurance plan. If a claim is rejected, you are responsible for paying the full fee.
- If you want to file with another insurance company for out of network services, I will file the claim on your behalf. You ae responsible for paying the percentage of the fee that the insurance does not cover. If a claim is rejected, you are responsible for paying the full fee.
- Prepayment discounts for multiple sessions are available-cash or check payments only. _____*INT*.
- If a deposition is requested, the fee is $200.00 per hour with a minimum of four hours for court appearance and a minimum of 2 hours for a deposition. Payment in full is due at least one week prior to an appearance in court or deposition, and any payment exceeding the minimum is due at the deposition appearance.
- If an appearance in court is requested, the fee is $500.00 per ½-day. If the court appearance lasts into the second ½ of the day, the fee will increase to $1,000.00 to be paid by the end of the court day.
- Charges apply for all emergency contact and phone sessions.
- Any <u>no show</u> or <u>cancelation</u> with less than 24-hour's notice will incur the full charge for the scheduled session. Any reminder calls, texts, or emails are a courtesy and not a requirement of this office. Any no show or cancelation isis the sole responsibility of the client. <u>NOTE</u>: Insurance companies will not reimburse for missed sessions; therefore, you will incur the full responsibility for payment of missed sessions. _____*INT*.
- All payments are made directly to Belaire Counseling Services, LLC.

Services Offered and Clients Served

I approach counseling from an integrative approach based on the client's needs and the nature of the presenting issues. The approaches that I frequently use based on the most common presenting issues are cognitive behavioral, interpersonal, and family systems. I believe that change occurs through the development of a collaborative working relationship and through changing negative thoughts and behaviors that affect changes in mood. I work with clients in a variety of formats, including individually, as couples and families, and groups. In addition, I conduct play therapy with children. I work with clients of all ages and backgrounds.

Code of Conduct

I am required by law to adhere to the codes of conduct for practice that have been adopted by the Licensed Professional Counseling Board and the Licensed Marriage and Family Therapist Board. Copies of the codes of conduct are available to you upon request.

Privileged Communication

I am required to abide by the professional practice standards for Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Louisiana law. Information revealed in counseling will remain strictly confidential except under the following circumstanced in accordance with state law:

1) The client signs a written release of information indicating informed consent of such release
2) The client expresses intent to harm themselves or someone else
3) There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (65 or older), or a dependent adult
4) A court order is received directing the disclosure of the information

It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

In the event of marriage or family counseling, all parties involved in counseling share the responsibilities as a client and enter into a joint counseling relationship. All contact with the counselor (inside or outside of the scheduled counseling session) is considered part of the therapeutic session. Therefore, all information and material obtained individually from an adult client becomes a permanent component of the joint record. Any information in the joint record is the legal property of all parties involved and subsequently may be shared with the respective parties. Every effort will be made to protect an individual's confidentiality unless it is detrimental to treatment or meets the exceptions noted above. Any material obtained from a minor client may be

shared with the client's parent or guardian at the counselor's discretion. In order for material in a joint record to be released to a third party, all adult members must sign a release of information form.

Emergency Situations

If an emergency situation should arise, you may seek help through hospital emergency room facilities. The emergency services number at Baton Rouge General Medical Center-Bluebonnet is 225-763-4400. If you have after hours critical needs that do not require the emergency room, leave a message on our primary office telephone number at 225-291-1335, and a staff member will respond as soon as possible.

Client Responsibilities

You are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with us so that we can make the necessary adjustments. You, as the client, are responsible for making all final decisions regarding your treatment. If it develops that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional I expect you to inform me of this and grand me permission to share information with this professional so that we may coordinate our services for you or make a decision about which mental health professional may serve you best.

Physical Health

Physical health can be an important factor in the emotional wellbeing of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. As a routine part of the initial session, you will be asked the name of your physician and to list any medications that you are currently taking. In addition, a medical referral may be suggested if a medical problem is suspected.

Potential Counseling Risk

You should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, please feel free to share these new concerns with me so that I can help you work through the issues.

I have read, understand, and agree to the information contained in the Declaration of Practices and Procedures for Belaire Counseling Services.

Client #1 Print Name: _____

Client #1 Signature: _____

Date: _____

Client #2 Print Name: _____

Client #2 Signature: _____

Date: _____

Counselor Signature: _____ Date: _____

HIPAA
Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices for Belaire Counseling Services, LLC. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. Our Notice of Privacy Practices is subject to change.

_____ _____

Signature — Date

Patient #1 or Patient Representative

_____ _____

Full Name — Relationship (If Representative)

Patient #1 or Patient Representative

_____ _____

Signature — Date

Patient #2 or Patient Representative

_____ _____

Full Name — Relationship (If Representative)

Patient #2 or Patient Representative

COMPANY USE ONLY:

We attempted to obtain written acknowledgement of patients' receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained from the patient for the following reason:

- ☐ Patient or Representative Refused to Sign
- ☐ Emergency Situation Prevented Signature
- ☐ Other (Please Specify): _____

HIPAA Privacy Policy Overview

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**.

Contents

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. You have the right to:

Get a copy of your paper or electronic 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.

Correct your paper or electronic 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 communication

- 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 the information we 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 as 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 have shared your 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, with whom we have shared it, and why.
- We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). 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 believe your privacy rights have been violated

- You can complain if you feel we have violated your rights. By contacting us using the information on page 1.
- 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 Ave., 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 w3hat you want us to do, and we will follow your instructions.

In these 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.

In these 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 doctor treating you for an injury asks another doctor about your overall health condition.

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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/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
We can share health information about you in response to a court or administrative order or in response to a subpoena.

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: www.jjs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.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 website.

Other Instructions for Notice

- Effective 01/01/2014
- We never market or sell personal information. We do not keep or give information for any hospital's directory. We do not use personal information for the raising of funds.
- We may not comply with a subpoena unless it is accompanied by a separate written order issued by a judge authorizing disclosure of information or issuance of the subpoena. The patient/client has the right to take legal action to restrain the release of records.