

**Mt. Hope Christian Counseling Center Paperwork for Clients of
Cassidy Robinson**

SAMPLE ONLY

GENERAL INFORMATION

First Name - *required*

Last Name - *required*

Email - *required*

Preferred Name (if different)

Please provide at least one phone number. Your mobile number can be used to look up your Account and receive text message appointment reminders.

Mobile Phone

Work Phone

Street Address

City

State

Country

Zip Code

Date of Birth - *required*

Sex

Guardian

Emergency Contact - *required*

Emergency Contact Phone - *required*

Emergency Contact Relationship - *required*

Family Doctor

Family Doctor Phone (if known)

Family Doctor Email (if known)

Name of referring professional

Referring professional phone (if known)

Referring professional email (if known)

CREDIT CARD INFORMATION

Mt. Hope Christian Counseling Center requests that you put a card on file for contactless payments. This helps keep both you and us safe, as well as spend more time with you, rather than taking a payment after your session.

Card Number

MM / YY

CVC

We accept Visa, MasterCard, American Express, Discover, Diners Club, UnionPay.

Cancellation Policy - required

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee to the card on file.

- I am aware of the Cancellation Policy.

REASON FOR VISIT

- Anxiety
 Depression
 Relationship Issues
 Other

List of Current Medications

CONSENTS

Appointment Notifications and Reminders

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

Email

- I would like email notifications of new, cancelled, and rescheduled appointments
 Email 2 days before appointment

Text Message (SMS)

Standard messaging & data rates may apply, messaging frequency can vary, and you can update your preferences anytime.

- Text Message (SMS) 24 hours before appointment

News and Special Promotions

- Yes, I would like to receive news and special promotions by email

Accuracy of Information - *required*

- I certify that the above medical information is correct to my knowledge.

Privacy and Sharing of Information - *required*

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

- I agree

Cancellation Policy - *required*

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee to the card on file.

- I am aware of the Cancellation Policy.

Permission to Video Tape - *required*

Video taping sessions is a common tool for professional counselors to receive supervision and increase their therapeutic skills. It is like a sports team reviewing tape after a game to assess areas of improvement. All tapes are confidential and HIPAA compliant. Clients will be notified prior to their appointment if their session will be recorded.

- I agree that one or all sessions can be recorded.
- I do not give consent for any sessions to be recorded.

Credit Card Authorization Form - required

I authorize Mt. Hope Christian Counseling Center to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ Initials

Confidentiality - required

I am committed to your privacy. All information is kept confidential in accordance with Missouri State Law and the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics which allow for the following exceptions to confidentiality.

1. Signed Release of Information authorizing your information be shared with a specific party
2. When required by law such as a subpoena
3. When abuse of a child or the elderly is reported or client is a danger to self or other
4. When reviewing cases with counselor's licensed supervisor

_____ Initials

Communication - required

Privacy cannot be guaranteed with e-mail or mobile devices, thus counseling should not be performed via non-HIPAA compliant electronic mediums. If you choose to use electronic devices to inform me you are going to end your life, harm yourself, or harm others, I must call 911 to get you the help you need to keep yourself and others safe.

_____ Initials

Social Media - required

Appropriate professional boundaries are essential for your confidentiality and required by the AAMFT. If we see each other in the community, I will let you ignore me or initiate contact as desired. Additionally, I do not connect with clients via social media.

_____ Initials

Risks - required

Therapy may result in difficult experiences coming forward and feelings such as sadness, guilt, anxiety, anger, frustration, or loneliness. This is a normal part of the greater process of growth. Benefits such as reduced distress, healthier relationships, improved problem-solving, and improved coping skills as well as resolution of specific issues can occur by investing time and effort in therapy.

_____ Initials

Emergency Situations - required

Emergency or 24-hour care cannot be provided by this counselor or Mt. Hope Christian Counseling Center. If a crisis or emergency occurs, please call 911 and/or report to your nearest emergency room. For mental health issues outside office hours, call the Ozark Center Crisis Line at (417) 437-7720 or (800) 247-0661. The National Suicide Hotline number is "988," call or text.

_____ Initials

Signature

Date