

I am very pleased that you have chosen me as your counselor and are allowing me to be a tool in reaching your personal goals. I appreciate your confidence in contacting me for assistance. Below is a brief explanation of the things that will be helpful in preparing for your first visit. Please read through and complete all paperwork.

Online Account:

- ✓ Upon receiving this packet you should have an account on our scheduling software. If not, see the scheduling appointment section below to register. Please fill out as much information as possible on your account. Should you forget your username or password please email me. I ask as a new client that you fill out the biographical information in addition to the demographic information. Unfortunately, the system requires each individual person seen to have an account; therefore if I am to see multiple children in the family, each must have their own account. If you are coming as a couple, please pick one person to have the account under.

Paperwork (see attached):

- ✓ Please review, sign, and bring all the attached paperwork to our first visit together – Declaration of Practice and Procedures, Notice of Privacy Practices Consent Form, and Policy for Cancellations/No Shows. If you don't print out the forms, you'll need to allow 20 minutes to fill them in when you arrive so you won't lose any of your therapy time.

Scheduling Appointments:

- ✓ Upon receiving this packet you should have an account on our scheduling software. If not, utilize the directions below and register as a new client. Please access this portal to schedule or cancel any future appointments. Here is the best way to get back to the portal should you need it - go to www.brchristiancounseling.com and click on counselors then my name. There is a link on my bio page that leads you back to the scheduling portal. This portal can be utilized at any time to schedule or cancel appointments. You may also go directly to www.therapyappointment.com and search for me by last name.

Confirmation of Appointments:

- ✓ When creating your online account in the scheduling portal you can elect to have your appointments confirmed through text, email, or automated phone call. However, whether an appointment is confirmed or not, you are still responsible for remembering your appointments and will be charged if you miss per my cancellation policy.

Therapy Fees:

- ✓ Please review the attached Declaration of Practices and Procedures for my fee schedule. If utilizing insurance it is your responsibility to find out the following information prior to using health insurance: determine that I am on the "provider" list for your insurance, the number of sessions authorized, your co-payment, and the amount remaining on your deductible. If your deductible is not met, I will bill your insurance accordingly however, you are responsible for payment in FULL per the contracted rate until your deductible is met. Fees/co-payments are due at the time of service. Payment can be made by cash, check, or credit card (Master Card or Visa Only). If paying with cash you must have exact fee or you will be issued a credit toward your next visit. *My policy, and the policy of BRCCC, is to securely store the client's credit card number for payment purposes. It is used for the initial session, for subsequent sessions, for any "no shows", and for appointments not cancelled with at least 24 hours of notice.* If at the time of service you wish to use another form of payment, you may do so.

Cancellations:

- ✓ If you ever need to cancel - I need at least 24 hours notice, preferably 48 hours, or I have to charge your credit card. See Policy for Cancellations/No Shows for more information. I really appreciate your understanding so I can schedule other clients in need of counseling. We have voicemail 24 hours a day, 7 days a week or emailing me is acceptable.

Getting Here:

- ✓ My office is in the First Presbyterian Church campus at 763 North Boulevard in downtown Baton Rouge. The church takes up a whole city block and is bordered by North Boulevard (grass down the middle) & Convention and 7th & 8th Streets. We are in the red brick building closest to the Interstate. Either park at a meter on 8th Street and enter via the 8th Street door OR park in the big parking lot on Convention and enter via the Chapel door. Buzz the Counseling Center for someone to unlock the door. When the door is unlocked a light will go off. Go on up to the third floor via the stairs or elevator. You may want to allow extra time to find for your first session, especially given Baton Rouge's traffic. A map is located on our website (www.brchristiancounseling.com) for additional assistance.

If you have any questions, or want to give me some background information before the first session, please feel free to email me.

I am looking forward to meeting with you and beginning your counseling journey!

Kyndal

Kyndal C. Jacoby, MSW, LCSW
Baton Rouge Christian Counseling Center
763 North Boulevard, Baton Rouge, Louisiana 70802
Phone: 225-387-2287 Fax: 225-383-2722

Declaration of Practices and Procedures

This statement is designed to inform you of my background and to insure that you understand our professional relationship. **After reading, please sign and date.**

1. Counseling Relationship:

In an effort to promote a positive therapeutic environment, it is my desire to provide a safe, warm, and open atmosphere in which you feel free to examine your thoughts, emotions, and patterns of behavior which are of concern to you. It is my desire to establish a counseling relationship based on mutual respect, trust, and honesty.

My approach to counseling is multi-theoretical and utilizes a diverse array of techniques and strategies that will allow me to best meet your needs while addressing areas of concern, patterns of behavior, thought patterns, and mood. Through this approach it is my hope that we will work together to accomplish your goals in counseling.

After gathering information, addressing any concerns or hesitations you may have, and becoming acquainted, goals are established through collaboration of the counselor and client. The ultimate goal of therapy is the successful resolution of the problems that are deemed most important by the client. Oftentimes I may ask you to complete assignments outside of session. These are used for you to get the most out of your counseling experience.

It is my goal to assist you in the problem solving process; however, my code of ethics does not allow me to advise you to make a specific decision. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation.

As a Christian counselor, I believe God is able and eager to help facilitate emotional and spiritual growth. I seek God's guidance through the Holy Spirit and may use Scripture and prayer when appropriate and only at the comfort of the client. It is not at all necessary that you share my view. I will respect your spiritual beliefs and am willing to explore your personal belief system as you give direction.

2. Qualifications:

I received my Master of Social Work degree from Louisiana State University in 2009. I earned a Bachelor's Degree in Family, Child, and Consumer Sciences from Louisiana State University in 2006. During my graduate studies I completed internships with Youth Oasis, Capital Area Human Services District, and Louisiana State University Mental Health Center. I am a Licensed Clinical Social Worker (LCSW) granted by the Louisiana State Board of Social Work Examiners, 18550 Highland Road, Suite B, Baton Rouge, LA 70809, (225) 756-3470. My license number is 10546.

3. Areas of Expertise:

I have a general counseling practice with a specialization and interest in adolescents, young adults, and women's issues. Additional areas of interest and experience include the treatment of depression, anxiety, grief, anger management, self-esteem, relationship difficulties, parent/child relationship concerns, family and couples counseling, and substance abuse.

4. Session Fees:

I accept private pay or a few of the major health insurances. It is your responsibility to find out the following information prior to using health insurance: determine that I am on the "provider" list for your insurance, the number sessions authorized, your co-payment, and the amount remaining on your deductible. If your deductible is not met, I will bill your insurance accordingly; however, you are responsible for payment in FULL until your deductible is met. *My policy, and the policy of BRCCC, is to securely store the client's credit*

card number for payment purposes. It is used for the initial session, for subsequent sessions, for any “no shows”, and for appointments not cancelled with at least 24 hours of notice. If at the time of service you wish to use another form of payment, you may do so.

Fees/co-payments are due at the time of service. Payment can be made by cash, check, or credit card (Master Card, Discover or Visa Only). Payment is due at the time of service. Clients using insurance are required to make the co-pay at the time of service. When paying with cash you must have exact fee or you will be issued a credit toward your next visit. Please write checks out to Kyndal Jacoby. The final obligation for payment lies with you, the client, not the insurance or managed care companies. Fees are subject to change. There will be a \$50.00 NSF charge on all returned checks.

Service	Charge
Initial Evaluation (1 st session) – <u>60 mins</u>	\$135
Individual, Family, Couples Session – <u>60 mins</u>	\$100
Individual, Family, Couples Session – <u>50 mins</u>	\$90
NSF Charge (Returned Checks)	\$50

CANCELLATIONS

THE TIME YOU SCHEDULE FOR APPOINTMENTS IS RESERVED FOR YOU. In the event you are unable to keep an appointment, a 24 hour advance notice will allow for the scheduling of another person who may benefit from the time. **IF NOT CANCELED, YOU ARE RESPONSIBLE FOR PAYMENT OF THE UNUSED TIME, which is the full session fee of \$90.00/100.00.** If the office is not open and you need to cancel, you can leave a voice message in our voice mail at **(225) 387-2287** and the time will be registered. You may also email me (kyndal@brchristiancounseling.com) to cancel an appointment 24 hours in advance.

5. Explanation of the types of services and client population:

Individual counseling (ages 5 & up), Family counseling, and Couples counseling are available. Group counseling is available based on need. Please let me know if you are interested in group counseling.

6. Code of Ethics:

I am required by state law to adhere to the Louisiana Code of Conduct for Louisiana Licensed Clinical Social Workers. Copies of this code is available upon request.

7. Privileged Communication/Confidentiality:

I am required to abide by the professional practice standards and Louisiana law. I do not disclose client confidences and information to any third party except for materials shared during supervision without clients written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Certain types of litigation may lead to the court-ordered release of information without your consent.

When working with couples, families, or groups I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. When working with a family or couple, information shared by individuals in sessions, when other family members are not present, must be held in confidence (except for the mandated exceptions

already noted) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

8. Physical Health:

Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical within the last year, it is recommended that you do so. Also, you agree to list any medications that you are taking on the intake form and who your primary care physician is.

9. Telephone Consultations:

Telephone consultations are rarely recommended, but are available as scheduled on a fee basis.

10. Potential Counseling Risks:

As a result of mental health or individual/couples/family counseling, the client may realize that he/she has additional issues; which may not have surfaced prior to the onset of the counseling relationship. Specifically these issues may present possible risks in couple or family in counseling. If one partner changes, additional strain may be placed on the relationship if the others involved refuse to change. Marital or family conflicts may initially intensify as feelings are expressed. If any of the aforementioned concerns occur, the client(s) should feel free to share these new concerns with me.

11. Emergency Situations:

In case of emergency, call 911, The Crisis Intervention Center (The Phone) at (225) 924-3900, a psychiatric hospital, and/or go to the nearest emergency room, if warranted.

12. Client Responsibilities:

You, the client, are a full partner in counseling. Your honesty and effort are essential to your success. The client is expected to follow billing, scheduling and office procedures. If you have suggestions or concerns about your counseling, I invite you to share these with me so that we can make the necessary adjustments. If you or I come to believe that you would be better served by another mental health provider, I am happy to help you with the referral process. If you are currently receiving services from another mental health professional, I need you to inform me of this in order to coordinate your treatment. I may ask you to grant me permission to obtain information from or share information with that professional.

I have read, or have had read to me, and understand the above information. I hereby sign in agreement and authorize this provider to release information to my primary care physician as needed. I also hereby sign in agreement and authorize this provider to release any information necessary to obtain assignment/payment of health care benefits from third party insurers, such as health insurance companies, HMO or PPO plans, or EAP programs, for the above services.

Client Signature _____ Date _____

Kyndal C. Jacoby, MSW, LCSW _____ Date _____

If client is a minor, parental authorization is needed: I, _____, give

permission for Kyndal C. Jacoby, MSW, LCSW to conduct therapy with my

_____, _____.

(Relationship)

(Name of Minor)

BATON ROUGE CHRISTIAN COUNSELING CENTER

...a ministry of First Presbyterian Church

Counselor: _____

DX CODE: _____

TO HELP WITH YOUR FIRST SESSION, PLEASE FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS YOU CAN.

PLEASE NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Date: _____

Birth Date: _____

Name: _____ (if a couple, please each fill out forms)

Address: _____ City/St _____ Zip: _____

Your Phone #'s: (Home) _____, (Work) _____

(Cell): _____

Email Address: _____

Your Employment/Job Title: _____

Person responsible for your bill, if different than above:

Name/Address: _____

If using Insurance, **(you also need to fill out the Insurance Questions Form)**

Name of Ins. Co.: _____

ANY CHURCH MEMBERSHIP: _____

Briefly describe your **spiritual life:** _____

Last year of school completed: _____ or **GED** College: 1 2 3 4 Degree: _____ Other: _____

Single _____ Married _____ Separated _____ Divorced _____ Remarried _____ Widowed _____

Total number of prior marriages for you _____ for your spouse/partner _____

Spouse's name: _____ Age of spouse: _____ #of yrs. married _____

Spouse's employment: _____

WHO REFERRED YOU TO US? _____

Is it ok to call your home & leave message: Yes _____ No _____; At your work: Yes _____ No _____

Person to contact in case of an **emergency (name/phone):** _____

BRIEFLY describe your reason for seeking counseling: _____

Do you have children? _____ Yes _____ No

If yes:

First Name

Age

Sex

Relationship to you

Live in your home?

(biological/step/adopted/foster)

Your Parents':(Father) Age:____ or ____ Deceased (Mother) Age:____ or ____ Deceased

Number of **Brothers**:_____

Number of **Sisters**:_____

Has anyone in your family ever had **counseling** before? If so, for what?_____

Any history of **drug/alcohol abuse** for self, father, mother, siblings? _____ Yes _____ No

If yes, please describe:_____

Any history of **physical** or **sexual abuse** to you or your brothers / sisters? _____Yes _____No

If yes, please describe:_____

Do you use **alcohol** or **nonprescription drugs**? _____Yes _____No

If yes, describe frequency and type:

Have you ever experienced any **sexual difficulties**: _____Yes _____No If yes, describe:

Have you ever had **counseling** before? _____Yes _____No

If yes, describe and list counselor, rough number of sessions, any psychiatric hospitalizations:

Describe any **major changes** that have occurred to you or your family in the last few years?
 (moves, changes in number of family members, marital status, situation or income)

List any **major health problems** for which you have received treatment for in the last 24 months:

Primary Care Physician: _____

Phone: _____

Are you taking any **prescription drugs** at this time? ____Yes ____No

If yes, what type, for what purpose, and who prescribed?

PLEASE CIRCLE or CHECK ANY OF THE FOLLOWING PROBLEMS WHICH PERTAIN TO YOU:

Nervousness	Depression	Fear
Shyness	Sexual Problems	Suicidal Thoughts
Separation	Divorce	Finances
Drug Use	Alcohol Use	Friends
Anger	Self-Control	Unhappiness
Sleep	Stress	Work
Relaxation	Headaches	Tiredness
Legal Matters	Memory	Ambition
Energy	Insomnia	Making Decisions
Loneliness	Inferiority Feelings	Concentration
Education	Career Choices	Health Problems
Temper	Nightmares	Marriage
Children	Appetite	Stomach Problems

Baton Rouge Christian Counseling Center

Phone (225) 387-2287
Fax (225) 383-2722

763 North Boulevard
Baton Rouge, LA 70802

NOTICE OF PRIVACY PRACTICES CONSENT FORM

Effective April 14, 2003 a federal regulation, commonly known as the “HIPAA Privacy Rule”, requires that we must provide all of our clients with a detailed notice, in writing, of our privacy practices. We have this lengthy “*Notice of Privacy Practices*” available in our waiting room and it is also on our web site: www.brchristiancounseling.com. A written copy of this policy is available upon request.

I understand that as a condition to my receiving treatment, Baton Rouge Christian Counseling Center may use or disclose my personally identified health information for treatment, to obtain payment for the treatment provided, and as necessary for the operations of this office. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me and which I have had the opportunity to review.

I understand that the privacy practices described in the “*Notice of Privacy Practices*” may change over time, and that I have a right to obtain any revised Privacy Notices, if requested.

I also understand that I have the right to request BRCCC to restrict how my health information is used or disclosed. BRCCC does not have to agree to my request for the restriction, but if BRCCC does agree, BRCCC is bound to abide by the restriction as agreed.

Finally, I understand that I have the right to revoke/withdraw this consent in writing, at any time. My revocation/withdrawal will be effective except to the extent that BRCCC has taken action in reliance on my consent for use or disclosure of my health information. Provision of future treatment may be withdrawn if I withdraw my consent.

Signature

Date

Signature

Date

Signature

Date