

WELCOME LETTER and INFORMATION

DEE ADAMS, PhD, LPC, LMFT

I'm looking forward to meeting with you. Meanwhile, here is some hopefully helpful information:

DIRECTIONS: See the attached map. My office is in on the third floor of the red brick administrative building on the First Presbyterian Church campus at 763 North BOULEVARD (not Street) in downtown Baton Rouge. We are across Convention Street from the downtown Post Office. The church takes up a whole city block, bordered on 4 sides by **North Boulevard** (grass down the middle), **Convention**, and **7th** and **8th** Streets.

In that block, 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 free parking lot on Convention and enter via the Chapel door. **WE CAN ONLY BUZZ YOU IN AT 2 DOORS – THE CHAPEL DOOR AND THE 8TH STREET DOOR, see the map attached.** Buzz the Counseling Center and someone will ask who you are here to see and then unlock the door. Go on up to the third floor via the stairs or elevator.

You may want to allow extra time to find us for your first session, especially given Baton Rouge's traffic! Printing out these directions and/or bringing the map that is attached will help.

SCHEDULING: For your convenience, you can schedule online via www.therapyappointment.com. You may have set up your own account or the receptionist can give you a username and password when you call to schedule your first appointment. After your first visit, please access this portal to schedule or cancel and future appointments. To access the portal, visit www.therapyappointment.com and select my name. The first time you can only schedule one appointment, after that as many as you wish.

To get a jumpstart, or because of travel, some people elect to schedule 1 ½ or 2 sessions for the first visit, or later visits. This is particularly helpful for couple counseling.

PAPERWORK: Please review, sign, and bring all the attached paperwork to your first appointment. Please do not print back to back. If you do not print out the forms, please allow 20 minutes before your session begins to complete them so you won't lose any of your therapy time. If you run late, you lose minutes. If I run late, you will always get all of your time. If you're coming as a couple then I need BOTH of you to fill out all of the forms.

FEES: The fee per 45-50 minute session is \$150. The first evaluative session is \$170. The fee for 1 ½ sessions (75 minutes) is \$225 and a double session of 90-100 minutes is \$300.

PAYMENT: It is the BRCCC policy that payment must be made at the time of service. You can pay with check, cash, Visa/Master Card, or Discover -- whichever is best for you.

CREDIT CARD ON FILE: To secure your appointment, we MUST have your credit card number on file PRIOR to your arrival for the first session. It is safely secured through encryption. You can call our office at 387-2287 with a credit card number, and we will charge a penny to your account, or you can login to your account on TherapyAppointment.com and do it yourself:

1. Login and click where it says "View or pay online statement"
2. Go to "Do you want to make a payment?"
3. Go to: "Please charge a _____ to a new charge card". On the blank fill in \$.01
4. Fill in the name on the card, street address, and zip code
5. Click "Submit payment to charge card"
6. Verify by clicking "Yes"
7. Put in your credit card number, expiration date and 3-4 digit security CVV code from the back
8. Then click on "Process"

DONE ! Your credit card information is safely stored and encrypted in our system

INSURANCE: I do not file with insurance, but we can give you a receipt with a diagnosis for you to file for reimbursement via "out of network" benefits. You can see if you have mental health benefits by calling your insurance company and asking some questions that we have listed on a form on our website, under FORMS: QUESTIONS FOR INSURANCE COMPANY.

CONFIRMATION OF APPOINTMENT: On the Registration Form in your account online 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.** Reminders can be sent to up to 2 cell numbers or 2 email addresses – but not to texts AND emails.

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**, which we keep on file even for your first session. 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. If you need to cancel within the 24 hours, you can't do that online – you have to call – but there is still a charge.

WAIT LIST: If you now, or ever, want an earlier appointment and nothing is available – email, message through the online scheduler, or call and ask to be put on my waiting list. We'll call you if something opens up earlier. I sometimes email out notice of last minute cancellations. **If you think you'll need more sessions, you may want to NOT wait until your first appointment to schedule more sessions so that you can get the times you want.** The system only lets you schedule your first appointment – if you want more, call.

COMING AS A COUPLE? On my bio page, please read about the EFT I'm doing: [Emotionally Focused Couples Therapy](#). EFT has an astounding 70 - 75% success rate and results have been shown to last, even in the face of significant stress. **Research shows approximately 90% of couples show significant improvements with EFT.** In comparison, historically, couples counseling has only been proven to be about 20-35% effective.

I generally meet with a couple together first, then one session with each person individually, then back together as a couple from then on. If this isn't possible, I can be flexible. And for future sessions if one can't come it's OK to come alone.

If you have any questions, please email me or give me a call.

Please know that I'm looking forward to meeting with you and helping you!

Dee Adams, PhD, LPC, LMFT
763 North Blvd, Baton Rouge, LA 70802
(225) 387-2287 * (225) 383-2722 fax

WEB: www.brchristiancounseling.com

EMAIL: dee@brchristiancounseling.com

BATON ROUGE CHRISTIAN COUNSELING CENTER

...a ministry of First Presbyterian Church

Counselor: **Dee Adams, PhD, LPC , LMFT**

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

DEE JONES ADAMS, PhD, LPC, LMFT
Baton Rouge Christian Counseling Center
763 North Boulevard, Baton Rouge, LA 70802
225-387-2287 (FAX 225-383-2722) Email: Dee@brchristiancounseling.com

DECLARATION OF PRACTICES AND PROCEDURES

I am pleased that you have chosen me to be your counselor. This statement is designed to inform you about my background and to insure that you understand our professional relationship.

PLEASE READ AND REVIEW, THEN SIGN AND DATE THE LAST PAGE.

1. **Counseling Relationship:** It is my desire to promote a warm and trusting atmosphere in which you feel free to examine patterns of relating to others and behaviors, thoughts or moods that are causing you concern.

I am multi-theoretical in my counseling approach using techniques based in Systems, Cognitive-Behavioral, Rational-Emotive Theory, and Emotionally Focused Therapy. I utilize brief solution-oriented and goal-driven strategies. Goals are established through collaboration with the client. The ultimate goal of therapy is the successful resolution of the problems that the client deems are most important.

Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. I will help you think through the possibilities and consequences of decisions, but my code of ethics does not allow me to advise you to make a specific decision.

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 use Scripture and prayer, when appropriate. It is not at all necessary that you share my views. I will respect your spiritual beliefs and am willing to explore your personal belief system as you give direction.

2. **Qualifications:** I earned a Ph.D. in Marriage and Family from Florida State University in 1982, an M.S. from Michigan State in 1976, and a B.S. from Ohio State in 1975. My Masters and undergraduate degrees were in Family and Child Development. I've taught marriage, family and child development as a full-time Instructor/Assistant Professor at LSU and at Louisiana Tech. Further, I have completed a post doctorate counseling internship at LSU and a 2 year supervised practicum. I've been in full-time private practice for approximately 30 years, since 1988, and have completed more than 23,000 hours of counseling with over 2,400 different clients (a couple or family is counted as one client).

I am a Licensed Professional Counselor (LPC), Louisiana State License #1544, a Licensed Marriage and Family Therapist (LMFT), # 121 both granted from the LPC Board of Examiners, 8631 Summa Avenue, Ste A, Baton Rouge, LA 70809, (225) 765-2515. Additionally, in 2011 I was the first therapist in Louisiana to become certified by ICEEFT as an EFT Certified Therapist – Emotionally Focused Therapy.

3. **Areas of Expertise:** My areas of specialization include marriage and couple counseling, premarital and early marital adjustment, depression, grief, relational difficulties, couple communication, affair recovery, women's issues, and coping with cancer. Additionally I counsel birth mothers and perform Pre-adoption Home Studies.

I'm a member of the American Association of Christian Counselors (AACC), the Louisiana Counseling Association (LCA) and have been certified as a P.E.T. (Parent Effectiveness Training) and a PAIRS (Practical Application of Intimate Relationship Skills) Instructor.

4. **Session Fees:** Fees are due at the time of service rendered. Fees are \$150 per 45-50 minute session and can be paid by check, cash or credit card (Master Card, Visa, and Discover). For the initial evaluative session, the fee is \$170. A couple or family is considered one client so the fees are the same. Fees are subject to change. There will be a \$35 NSF charge on all returned checks. 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.

THE FINAL OBLIGATION FOR PAYMENT RESTS WITH THE CLIENT, NOT THE INSURANCE OR MANAGED CARE COMPANY.

CANCELLATIONS: If you must cancel a session, the office must be notified AT LEAST 24 hours in advance, PREFERABLY MORE, or you will be charged \$150. Your credit card number will be securely stored onsite to charge for this purpose.

If the office is not open, and you need to cancel, you can leave a message in our voice mail at (225) 387-2287 or via email and the time will be noted. We aim to confirm appointments, but do not always have ample staff to do so. Responsibility for remembering appointments rests with the client.

5. **Explanation of the Types of Services Offered and Clients Served:** Individual, couples, and marriage counseling is available. I do not counsel children. Group counseling is also offered on occasion.

6. **Code of Ethics:** I am required by state law to adhere to the Louisiana Code of Conduct for Licensed Professional Counselors and to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. Copies of these codes are available upon request.

7. **Privileged Communication / Confidentiality:** I am required to abide by my professional practice standards and Louisiana law. I do not disclose client confidences and information to any third party (except for information shared anonymously during supervision) without a client's 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 it is reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.

Certain types of litigation (such as a child custody suits) may lead to the court-ordered release of information without your consent. Also note that if you use third party insurers, such as health insurance policies, HMO or PPO plans, or EAP programs, your signature at the bottom of this form allows the provider to release only the information necessary to obtain assignment of health care benefits.

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. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses.

When working with a family or couple, information shared by individuals in sessions, where 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. 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.

Litigation Limitation: Given that certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent, it is expressly agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc) neither you or any attorney, or anyone else acting on your behalf, will ask me to testify in a deposition or in court or any other proceeding, nor will a disclosure of the medical record and/or psychotherapy notes be requested.

8. **Potential Counseling Risks:** As a result of mental health or 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. Also there are possible risks in couple or family counseling. If one partner changes, additional strain may be placed on the relationship(s) if the other(s) involved refuse to change. Marital or family conflicts may intensify as feelings are expressed.

9. **Emergency Situations:** In case of emergency, call 911, the Crisis Intervention Center (The Phone) at 924-3900, a psychiatric hospital, and/or go to the closest emergency room, if warranted.

10. **Telephone and Email Consultations:** are available on a fee basis, at \$150 per hour. It is expected that you will respect my privacy in this matter.

11. **Client Responsibilities:** The client is expected to follow billing, scheduling and office procedures. It is expected that he or she will terminate any previous counseling relationship or get permission from the first therapist. It is suggested that the client have a complete physical examination if he/she has not had one within the past year. Also the client agrees to list on the intake form any medications he/she is taking. Further if clients want to get the most from the therapeutic experience, they are expected to follow through with any clinical "homework" assignments.

I have read and understand the above information and have received a copy of it. I hereby sign in agreement and authorize the provider to release any information necessary to obtain assignment of health care benefits for the above services and to release information to my primary care physician, as needed.

Client Signature(s) _____

Date _____

Client Signature(s) _____
(if couple)

Date _____

Dee Adams, PhD, LPC, LMFT _____

Date _____

Communication Addendum to the Informed Consent Agreement

In light of the fact that cell phone or regular e-mail technologies cannot be fully assured, it is your right to determine whether communication by non-secure technologies may be permitted, whether initiated by you or your clinician.

Initial all you permit **(if couple, both initial)**:

_____ Voice & Text communication to and from client's cell phone
initial(s)

_____ Voice & Text communication to and from clinician's cell phone
initial(s)

_____ Messages left on client's cell or home land lines
initial(s)

_____ Communication to and from client's e-mail
initial(s)

In accordance with BRCCC office policies for Dee Adams, PhD, LPC, there is a charge for missed appointments that are not cancelled with 24 hours notice, (whether appointments are confirmed or not).

*****Keeping the appointment is the responsibility of the client.*****



Policy for Cancellations & "No Shows" and Credit Card Authorization

It is my policy, and the BRCCC's policy, to securely store the client's credit card number for payment purposes. It will be used for the initial session, subsequent sessions (if desired) and to bill Missed Appointment/Late Cancellation fees. A \$0.01 fee will be charged to store the card and credited back to you at the first session. Payment is due at the time of the session. Please initial below:

_____ **I/We agree to have my/our credit card charged for \$.01 and kept on file for
initial(s) payments and agree to a charge of full fee (\$150) for appointments missed:**

- 1) for any session not cancelled with **at least** 24 hour notice,
- 2) for any appointment I/we neglect to appear ("no show"), and /or
- 3) for any balance owed 30 days past due

Burns Anxiety Inventory * (Revised)

Instructions: Put a check (✓) to indicate how much you have experienced each symptom during the past week, including today. Please answer all 25 items.

| | 0 – not at all | 1 - Somewhat | 2 - Moderately | 3 – A Lot | 4 - Extremely |
|--|----------------|-----------------|-------------------|-----------|---------------|
| Anxious Thoughts and Feelings | | | | | |
| 1. Feeling anxious | | | | | |
| 2. Feeling nervous | | | | | |
| 3. Feeling frightened | | | | | |
| 4. Feeling scared | | | | | |
| 5. Worrying about things | | | | | |
| 6. Feeling that you can't stop worrying | | | | | |
| 7. Feeling tense, agitated or on edge | | | | | |
| 8. Feeling stressed | | | | | |
| 9. Feeling "uptight" | | | | | |
| 10. Thoughts that something frightening will happen | | | | | |
| 11. Feeling alarmed or in danger | | | | | |
| 12. Feeling insecure | | | | | |
| Anxious Physical Symptoms | | | | | |
| 13. Feeling dizzy, lightheaded or off balance | | | | | |
| 14. Rubbery, or "jelly" legs | | | | | |
| 15. Feeling like you are choking | | | | | |
| 16. A lump in the throat | | | | | |
| 17. Feeling short of breath or difficulty breathing | | | | | |
| 18. Skipping, racing or pounding of the heart | | | | | |
| 19. Pain or tightness in the chest | | | | | |
| 20. Restlessness or jumpiness | | | | | |
| 21. Tight, tense muscles | | | | | |
| 22. Trembling or shaking | | | | | |
| 23. Numbness or tingling | | | | | |
| 24. Butterflies or discomfort in the stomach | | | | | |
| 25. Sweating or hot flashes | | | | | |
| Please total your score on items 1 to 25 here → | | | | | |

NAME _____

DATE _____

Burns Depression Checklist * (Revised)

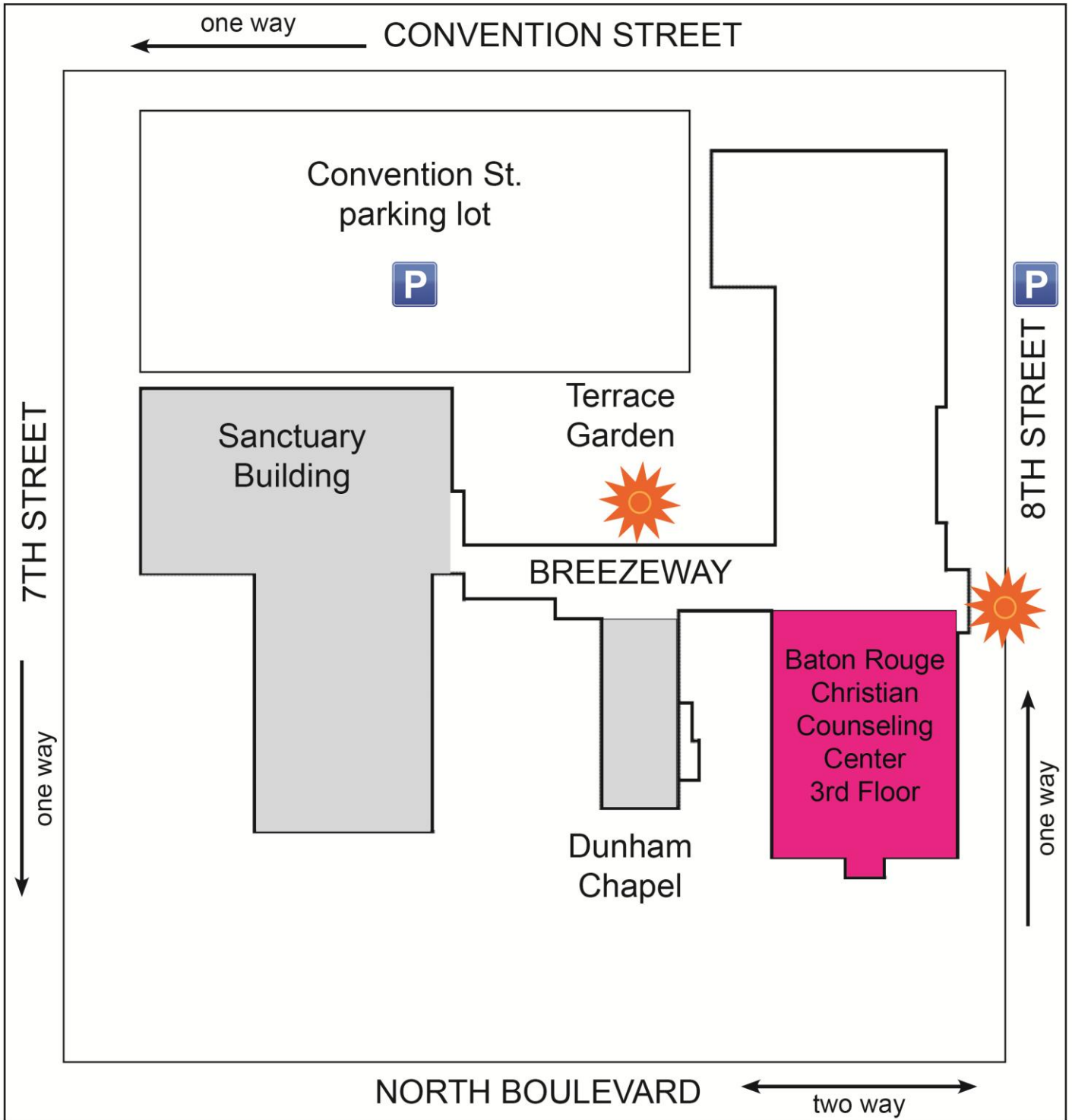
Instructions: Put a check (✓) to indicate how much you have experienced each symptom during the past week, including today. Please answer all 25 items.

| | 0 – not at all | 1 - Somewhat | 2 - Moderately | 3 – A Lot | 4 - Extremely |
|--|----------------|--------------|----------------|-----------|---------------|
| Thoughts and Feelings | | | | | |
| 1. Feeling sad or down in the dumps | | | | | |
| 2. Feeling unhappy or blue | | | | | |
| 3. Crying spells or tearfulness | | | | | |
| 4. Feeling discouraged | | | | | |
| 5. Feeling hopeless | | | | | |
| 6. Low self-esteem | | | | | |
| 7. Feeling worthless or inadequate | | | | | |
| 8. Guilt or shame | | | | | |
| 9. Criticizing yourself or blaming yourself | | | | | |
| 10. Difficulty making decisions | | | | | |
| Activities or Personal Relationships | | | | | |
| 11. Loss of interest in family, friends or colleagues | | | | | |
| 12. Loneliness | | | | | |
| 13. Spending less time with family or friends | | | | | |
| 14. Loss of motivation | | | | | |
| 15. Loss of interest in work or other activities | | | | | |
| 16. Avoiding work or other activities | | | | | |
| 17. Loss of pleasure or satisfaction in life | | | | | |
| Physical Symptoms | | | | | |
| 18. Feeling tired | | | | | |
| 19. Difficulty sleeping or sleeping too much | | | | | |
| 20. Decreased or increased appetite | | | | | |
| 21. Loss of interest in sex | | | | | |
| 22. Worrying about your health | | | | | |
| Physical Symptoms** | | | | | |
| 23. Do you have any suicidal thoughts? | | | | | |
| 24. Would you like to end your life? | | | | | |
| 25. Do you have a plan for harming yourself? | | | | | |
| Please total your score on items 1 to 25 here → | | | | | |

NAME _____

DATE _____

****Anyone with suicidal urges should seek help from a mental health professional.*Copyright © 1984 by David D. Burns, M.D. (Revised, 1996.)**



 Enter at either the 8th Street entrance or the Convention Street Chapel Breezeway entrance.

 Parking available in the Convention St. lot (free) or on 8th Street (metered).