Melissa Bond, MSW, LCSW
763 North Blvd, Baton Rouge, Louisiana 70802
Phone: 225-387-2287 Email: melissa@brchristiancounseling.com

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.

Paperwork (see attached):
Please review, sign, and bring all the attached paperwork to our first visit together. I ask as a new client that you fill out the new client forms in their entirety.

Scheduling Appointments:
Upon scheduling, you will have an account on our scheduling software. The receptionist should give you a username and password when you call to schedule your first appointment. Additionally, you will be asked for a credit card number to secure your 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.

Confirmation of Appointments:
When you schedule, you will be asked if you prefer a text or email reminder. However, regardless of whether you receive a reminder, you are responsible for remembering your appointment.

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 session 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. 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 encrypted credit card number for payment purposes. It can then be used for sessions or for fees from any no shows or cancellations with less than 24 hours notice. At time of service, you may use any form of payment you wish.

Cancellations:
If you need to cancel, you are required to give at least 24 hours notice, preferably 48 hours or more, so that others have an opportunity to schedule. Please cancel via online portal, by leaving a voicemail, or by emailing me. Except in the case of emergencies, no shows or cancelling with less than 24 hours notice will result in a $100 charge to your credit card on file.

Getting Here:
My office is on the third floor in the administration building of the First Presbyterian Church campus at 763 North Blvd (NOT North Street). There are only 2 entrances to the counseling center. Park at a meter on 8th street and enter via the 8th street door OR park in the big parking lot on Convention (between 7th and 8th) and enter via the Chapel door. At each of these two doors is a buzzer for the counseling center. Please do not buzz the church. Once you buzz the counseling center someone will unlock the door. Proceed to the third floor by way of the stairs or elevator. You may want to allow extra time to find the center on your first visit. You will find a map attached to this packet or on our website (www.brchristiancounseling.com). For additional assistance call 387-2287.

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

Melissa

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Declaration of Practices and Procedures

This statement is designed to inform you of my background and to ensure 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 a 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.

2. **Qualifications:**

   I received my Master of Social Work degree from Louisiana State University in 2015. I earned a Bachelor's Degree in Social Work from Southeastern Louisiana State University in 2013. I completed my graduate study internships with Bogalusa Mental Health, Capital Area Human Services District, and Health Centers in Schools. 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 13439.

3. **Areas of Expertise:**

   I have a general counseling practice with a specialization in children, adolescents, and young adults. Additional areas of interest and experience include the treatment of depression, anxiety, grief, anger management, parent/child relationship concerns, child disorders such as ADHD and ODD, and substance abuse. I have also been trained in EMDR therapy.

4. **Session Fees:**

I accept private pay. Payment can be made by cash, check, or credit card. Payment is due 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 Melissa Bond. Fees are subject to change. There will be a $50.00 NSF charge on all returned checks. I charge $120.00 for the first session and $100.00 for all sessions after that.

I also accept BlueCross BlueShield. Please know what your co-pay is at time of arrival. Co-payment must be made on date of service. You are also responsible for knowing what your deductible is and the remaining amount on it. Bring your insurance card with you at the first appointment.

5. **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 cancelled, you are responsible for payment of the unused time, which is the full session fee of $100.00. If you try to call and cannot get an answer it is acceptable to leave a voice message and the time will be registered. You may also email me (melissa@brchristiancounseling.com) to cancel an appointment in 24 hours in advance.

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 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 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. **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 call Melissa Bond to testify in a deposition or in court or any other proceeding, nor will a disclosure of any information contained in the chart, including but not limited to the psychotherapy notes, as defined and protected under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) be requested.

9. **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.

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 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, an/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 professional, 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.

Client Signature_____ Date_____

Melissa Bond, MSW, LCSW_____ Date_____

If client is a minor, parental authorization is needed: I, _____, give permission for Melissa Bond, MSW, LCSW to conduct therapy with my

_____, _____.
(Relationship) (Name of Minor)

Melissa Bond, MSW, LCSW

TO HELP WITH YOUR CHILD'S FIRST SESSION, PLEASE FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS YOU CAN.
PLEASE NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Date_____ Child's Age_____ Child's Date of Birth_____

Name of Child_____

Parent's Name_____ Parent Email: _____

Address_____ Zip Code_____

Contact Number_____

Person responsible for the bill_____ same as above or:

Name_____

Mailing Address_____

Father's Occupation_____ Cell Number_____

Mother's Occupation_____ Cell Number_____

Name of School_____ Grade_____

Religious beliefs_____

Who referred you to me? _____

Pediatrician_____

Person to contact in case of emergency_____

Name_____ Phone Number_____

List all family members who live in the home:

1._____

2._____

3._____

4._____

5._____

6._____

7._____

Has your child or any member of your family ever had counseling before? _____yes _____no

If yes, describe and list counselor _____

_____

What concerns you most about your child? _____

_____

_____

When did the problem first start or when did you notice it? _____

_____

_____

Has your child's sleeping habits changed? _____

_____

_____

What would you like your child to get out of counseling? _____

_____

What have you tried so far? _____

_____

_____

Describe your child's personality-focus on strengths. _____

_____

_____

Have there been any physical and/or psychological stressors in your child's life-moves, separations, deaths, abuses, etc.? _____

_____

_____

At what age did this occur? _____

How does your child react to stress? _____

_____

_____

Has anyone in the extended family had a similar personality and/or problems?

_____

_____

_____

What has been your biggest struggle with this child? _____

_____

_____

Do both parents work outside the home? _____

How is alcohol handled in the home? _____

_____

Does either parent use alcohol or drugs? _____yes _____no

If yes, please describe frequency and type _____

_____

Does your child have speech difficulties? _____yes _____ no

If yes, explain _____

_____

Does your child have any physical handicaps? _____yes _____ no

If yes, explain _____

_____

Does your child have any hearing or vision difficulties? _____yes _____ no

If yes, explain _____

_____

Does your child have special fear? _____yes _____ no

If yes, explain _____

_____

Any difficulties with school? _____

If separated, divorced, or unmarried:

Does your child see the other parent? _____yes _____no

Briefly describe child relationship with other parent? _____

_____

Briefly describe child relationship with step-parent? (if applicable) _____

_____

Is your child taking any prescription drugs at this time? ____yes _____ no

If yes, what type, what purpose, who prescribed it? _____

_____

_____

Any additional information it would be helpful for me to know:

NOTICE OF PRIVACY PRACTIES 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 website: 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 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:_____

Policy for Cancellations and "No Shows"

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(225) 387-2287

I, _____, agree to have my/our credit/debit card
Print Name(s)
charged the **FEE of $50 for first appointment and the FULL FEE of $100 (60 minutes) for all successive appointments:**

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

_____ _____
Signature Date

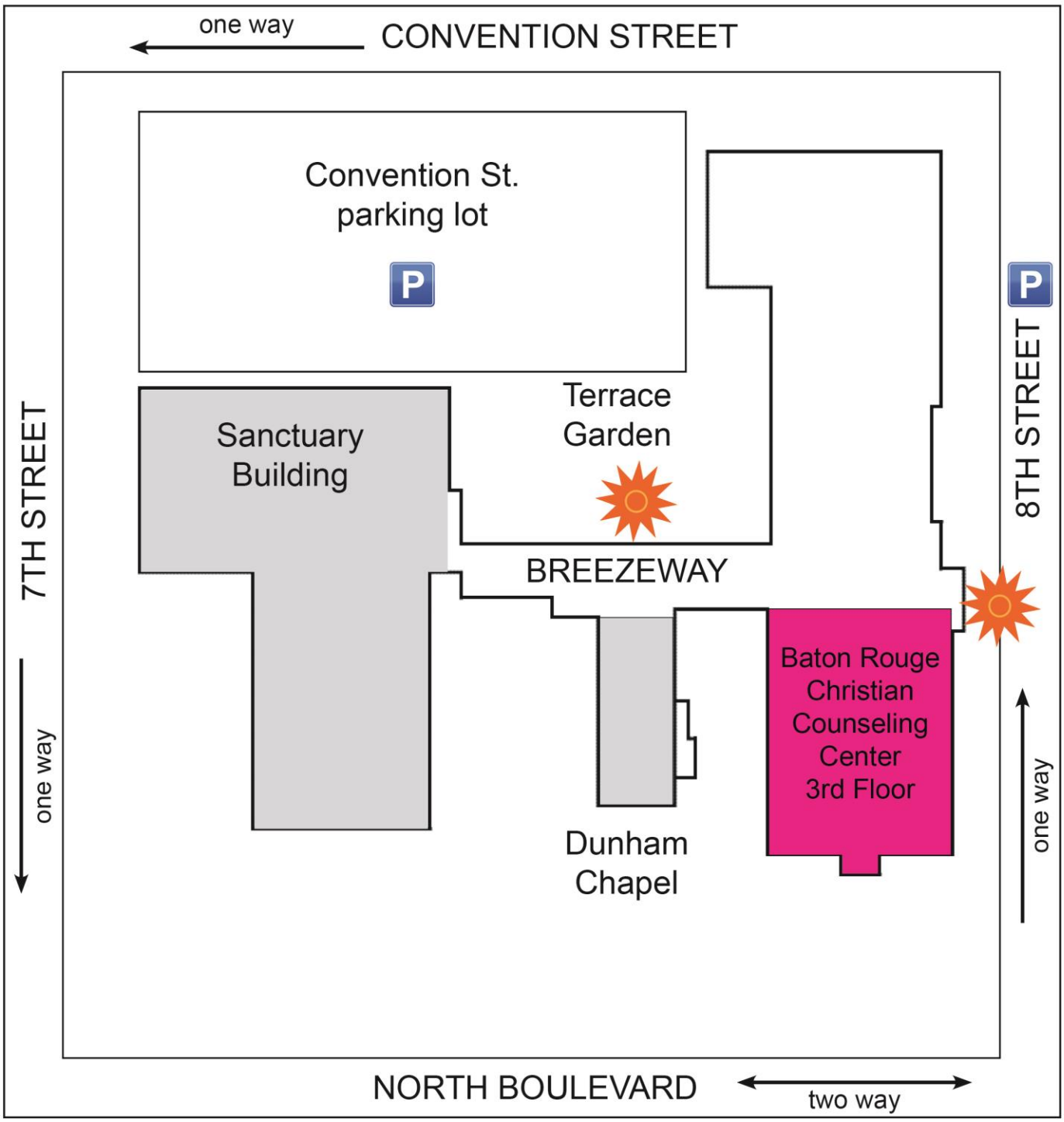
Melissa Bond's policy is that payment is due at the time of the session.

Keeping appointments is the responsibility of the client.

All new or returning clients will need to have a credit card number on file.

Credit card numbers will be securely stored.

PLEASE FILL IN THE INFORMATION BELOW		
Card Type: __Visa __Master Card __American Express __Discover __Other_____		
Card Number:	Security Code:	Zip Code:
Cardholder Name:	Expiration Date:	
Signature:	**AMOUNT: Maximum of $100 for missed appointments or ANY balance due past 30 days.**	



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).