

Kerri S. Overstreet, MA, LPC, NCC

## Baton Rouge Christian Counseling Center

763 North Boulevard Baton Rouge, LA 70802

Phone:225.387.2287|Fax:225.383.2722|Email: [kerri@brchristiancounseling.com](mailto:kerri@brchristiancounseling.com)

# W

## elcome Letter and Information

Thank you for choosing me as your therapist! I am delighted that you have chosen to work with me and excited to begin our journey together. I am committed to helping you reach your goals in counseling. This letter will provide you with logistical information about my policies/procedures and ensure a mutual understand of our counseling relationship. Below is a brief explanation of the things that will be helpful in preparing for your first visit. Please review, sign, and bring all attached paperwork to our first session. If you do not print out the forms prior to our first session, please arrive 20-30 minutes before your session begins to complete them so that you do not lose any of your therapy time.

**Directions:** 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. There are only 2 entrances to the counseling center. Park at the meter on 8<sup>th</sup> street and enter via the 8<sup>th</sup> street door or park in the parking lot on Convention (between 7<sup>th</sup> and 8<sup>th</sup>) and enter via the chapel door. At each of these two doors is a buzzer for the counseling center. Try not to 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](http://www.brchristiancounseling.com)). For additional assistance call 225-387-2287.

**Scheduling:** For your convenience, you can schedule online via [www.therapyappointment.com](http://www.therapyappointment.com) You may 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 future appointments. To access the portal, visit [www.therapyappointment.com](http://www.therapyappointment.com) and select my name. The first time you can only schedule one appointment, after that as many as you wish.

**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.

**Fees:** The fee per 50-minute session is \$100. The first evaluative session is \$120. The fee for 1 ½ session (75 minutes) is \$160 and a double session of 90-100 minutes is \$200.

**Payment:** It is BRCCC policy that payment is made at the time of service. Payments can be made by cash, check or credit card. When paying with cash you must have exact fee or you will be issued credit towards your next session. Please write checks out to Kerri Overstreet,LPC. There will be a \$50.00 NSF charge on all returned checks.

**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 225.387.2287 with a credit card number and we will charge a penny to your account or you can login to your account on [www.therapyappointment.com](http://www.therapyappointment.com) and do it yourself:

- Login and click where it says “view or pay online statement”
- Go to “do you want to make a payment?”
- Go to “Please charge a \_\_\_\_ to a new charge card
- Fill in the name on the card, street address and zip code
- Click “submit payment to charge card”
- Verify by clicking “Yes”
- Put in your credit card number, expiration date and 3-4-digit security CVV code from the back
- Click Process
- Your credit card information is safely stored and encrypted in our system

**Insurance:** I do not file with insurance at this moment. However, I can give you a receipt with appropriate details for you to file 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

**Cancelations:** If you ever need to cancel. I require AT LEAST 24-hour 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. **No shows/canceling with less than 24 hours will result in \$100 charge to your credit card on file.**

**Waitlist:** 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 will call you if something opens earlier.

**Coming as a couple:** 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 is not possible, I can be flexible. For future sessions, if one cannot come, its permissible to come alone.

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

I look forward to meeting you,

*Kerri S. Overstreet*  
Licensed Professional Counselor

Kerri S. Overstreet, MA, LPC, NCC

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### Declaration of Practices and Procedures

**Qualifications:** I earned a Master of Arts Degree in Mental Health Counseling from Southern University A&M College in 2013. I also hold a Bachelor of Arts Degree in English from Southern University A&M College. I am a Licensed Professional Counselor #5921 that is registered with the LPC Board of Examiners, 11410 Lake Sherwood Drive Avenue North, Suite A, Baton Rouge, LA (225)295-8444. Additionally, I am certified as a National Certified Counselor #846860 through the National Board for Certified Counselors, 3 Terrace Way, Greensboro, NC, 27403.

**Counseling Relationship:** I strive to develop a counseling relationship that is person-centered and interactive to use my skills and professional expertise to facilitate growth and development. Engaging in the counseling relationship is an important step toward making life and particular issues more manageable. We will work together to explore and define present problems and set goals to improve your life. My approach to counseling is warm, non-judgmental, and collaborative in nature. I highly value the importance of a strong, trusting relationship and see it as the basis for a successful therapy experience. Through our therapeutic relationship, I can help by providing tools, reflection, support, and unconditional positive regard.

**Areas of Focus:** My area of focus includes adolescents, individuals, couples, and groups. Areas of concern that may be addressed include but are not limited to: career fulfillment, college transition, anxiety, depression, post-traumatic stress, trauma, adjustment, grief, and loss. My goal is to help my clients create a sense of calm, find clarity in their emotions, and gain control in the direction of their lives.

**Session Fees:** Payment can be made by check, cash, 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 your checks out to Kerri Overstreet, LPC. There will be a \$50 NSF charge on all returned checks. The fee per 50-minute session is \$100. The first evaluative session is \$120. The fee for 1 ½ session (75 minutes) is \$150 and a double session of 90-100 minutes is \$200.

**Cancellations:** The time you schedule your appointment is reserved for you. **In the event you are unable to keep an appointment, a 24-hour notice will allow for the scheduling of another person who may benefit from the time. If not canceled, you are responsible for payments 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 registered. You may also email me at [kerri@brchristiancounseling.com](mailto:kerri@brchristiancounseling.com) to cancel an appointment in 24 hours.

**Code of Conduct:** As a Licensed Professional Counselor, I am required by law to adhere to the Code of Conduct for practice as an LPC that has been adopted by the Louisiana LPC Board of Examiners.

**Confidentiality:** Material revealed in counseling will remain strictly confidential except for material shared under the following circumstances, in accordance with state law:

- The client signs a written release of information indicating informed consent of such release.
- The client expresses intent to harm him/herself or someone else.
- There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older) or dependent adult.
- A court order is received directing the disclosure of information
- In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family member with the client's written permission. Any material obtained from a minor client may be shared with the client's parents or guardian.

**Privileged Communication:** It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable. Any material obtained from a minor client may be shared with the client's parent or guardian.

**Emergency Situations:** If an emergency should arise, you may seek help through hospital emergency room facilities or by calling 911.

**Client Responsibilities:** You, the client are a full partner in counseling. Your honesty and efforts are essential to your success. As we work together on your personal journey or discovery, I expect you to share any suggestions or concerns so that we can make the necessary adjustments.

- If you have suggestions or concerns about your counseling sessions, 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 to coordinate your treatment. I may ask you to grant me permission to obtain information from or share information with that professional

**Physical Health:** Physical Health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. Also, please consider to provide me with a list of any medications that you are currently taking.

**Potential Counseling Risk:** The client 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, you should feel free to share these concerns with me.

**Digital Communication and Technology Agreement:** As per the certification requirement of the LPC Board, I have taken the counseling education necessary to utilize telemental health services in my practice. At the beginning of each session, we will assess for safety, security, and comfort in your environment. Online sessions will be conducted through my Zoom business account. The client should be aware that they have the right to refuse digital communications with the therapist.

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Teletherapy: Synchronous (real-time video and audio transmission) sessions may be provided to clients where appropriate. Clients must be in safe and private environments while participating in video-based sessions. Other individuals who have not consented to counseling or signed a release of information may not observe sessions. Teletherapy or in-person sessions cannot be recorded, redistributed, posted, uploaded, etc. All clients who participate in in teletherapy sessions must sign an Informed Consent Agreement. For client's convenience, paperwork may be emailed through an encrypted email service. However, counseling services will not be provided through asynchronous (email, text, chat, blogs, etc.) methods. Communication via video, emails, texts and telephones can compromise the privacy and confidentiality of conversations. Please notify me if you decide to avoid or limit in any way the use of video, telephone, or any other form of electronic communication.

**I have read the Declaration of Practices and Procedures of Kerri S. Overstreet, MA., LPC, NCC. My signature below indicates my full informed consent to services provided.**

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Client Signature

Date

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Kerri S. Overstreet, MA., LPC, NCC

Date

**Parent /Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_, give my permission for Kerri S. Overstreet, MA, LPC, NCC to conduct  
Name of legal parent or guardian

therapy with my \_\_\_\_\_,  
Relationship Name of Minor

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Signature of Parent or Legal Guardian

Date

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Kerri S. Overstreet, MA., LPC, NCC

Date

## Career Counseling Packages Available (October 2020 -January 2021)

### **High School Students**

Answering the question “What are you going to do after high school?” can be and often is hard for a student. I will help you find the answer to that question. My goal is to identify each student’s abilities, interests, personality, and values in order to select a career plan or college major that is best suited. In doing so, I help determine a pathway to a college major or career that is rewarding, fulfilling and just the right fit. I can help you discover your passion and higher purpose!

### **College Students**

When it comes to the job market, a big advantage goes to those who make the right career decision early. The sooner a person learns what he or she has the abilities and passion for, the sooner one can use the school years to acquire the knowledge, skills, and necessary requirements. Many college students use trial and error or the process of elimination approach in determining their major course of study. Others graduate from college and begin their career only to learn that it does not match their personalities or abilities. I provide qualitative and quantitative career assessments, planning and counseling to assist in selecting a college major as well as a career path that best matches a person’s characteristics, skills and abilities

### **Adults who desire change**

All too often, people are unhappy in what they do because they made the wrong decision for the wrong reasons. For others, the job may have been great in the beginning, but over time it has lost its meaning and fulfillment. Regardless of the reasons, working in the wrong career can lead to unnecessary stress, job burn out, low self-efficacy and depression. By assessing a person’s abilities, interest, values, background, lifestyle, and goals we can help to pinpoint the reasons for dissatisfaction and identify the career or work situation that is most suitable.

<b>Career Package 1</b> \$375.00(Sale Price) Original Price: \$475	<b>Career Package 2</b> \$475(Sale Price) Original Price: \$575	<b>Career Package 3 <u>BEST VALUE!!!!!!</u></b> \$550(Sale Price) Original Price: \$675
3 Career Counseling Sessions which includes: <ul style="list-style-type: none"> <li>• Family Genogram</li> <li>• Values assessment</li> <li>• Myers Briggs Assessment Interpretation/Feedback</li> <li>• Strong Interest Inventory Interpretation/Feedback</li> <li>• Academic/Career Planning</li> </ul>	4 Career Counseling Sessions which includes: <ul style="list-style-type: none"> <li>• Family Genogram</li> <li>• Myers Briggs Assessment Interpretation/Feedback</li> <li>• Strong Interest Inventory Interpretation/Feedback</li> <li>• Values assessment</li> <li>• Career Action Plan</li> <li>• Strategy to maximize high school, college or professional settings</li> </ul>	5 Career Counseling Sessions which includes: <ul style="list-style-type: none"> <li>• Family Genogram</li> <li>• Myers Briggs Assessment Interpretation/Feedback</li> <li>• Strong Interest Inventory Interpretation/Feedback</li> <li>• Occupational Card Sorts</li> <li>• Career research/decision making</li> <li>• Career Action Plan</li> <li>• Mock Interview</li> <li>• Resume /College Essay review</li> <li>• College admission/job search strategies</li> </ul>

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## SOCIAL MEDIA POLICY

This document outlines my office policies related to use of social media. Please read it to understand how I conduct myself on the internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

**Friending:** I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, Pinterest, ect.) I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet, and we can talk more about it.

**Following:** I share articles, post and may publish blogs on my social media sites. I have no expectation that you as a client will follow my accounts. However, if you use an easily recognizable name and I happen to notice that you have followed me, we may briefly discuss it and its potential impact on our working relationship.

My primary concern is your privacy. You are welcome to use your own discretion in choosing whether to follow me. Note that I will not follow you back. I do not follow current or former clients on social media. My reasoning is that viewing our online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

**Messaging:** Please do not use messaging/commenting on social networking sites to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use wall postings, @ replies or other means of engaging with me online if we have already established a client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone. Direct email at [kerri@brchristiancounseling.com](mailto:kerri@brchristiancounseling.com) is second best for quick, administrative

issues such as changing appointment times. See the email section below for more information regarding email interactions.

**Search Engines** It is NOT a regular part of my practice to search for clients on Google, Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means(coming to your appointments, phone or email) there might be an instance in which using a search engine (to find you, or to check on your recent status updates) become necessary as part of ensuring your welfare. These are unusual situations and If I ever resort to such means, I will fully document it and discuss it with you when we next meet.

**Location-Based Services:** If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office. Please be aware of this risk if you are intentionally “checking in from my office or if you have a passive LBS app enabled on your phone.

**Email:** I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet services providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

**Conclusion:** Thank you for taking the time to review my social media policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the internet, do bring them to my attention so that we can discuss them.

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Signature

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Date

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Signature

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Date



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POLICY FOR CANCELLATIONS, NO SHOWS AND CREDIT CARD AUTHROZATION

It is my policy and the BRCCC'S policy to securely store the client's credit card number for payment purposes. Credit card numbers will be securely locked and kept confidentially along with other client data. **It will be used for the initial session, subsequent session (if desired) and to bill missed appointments/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 payments and agree to charge a full fee (\$100 per therapy hour) for appointments missed:

1. For any session not canceled with at least 24-hour notice
2. For any appointment I/we neglect to appear (no show)
3. For any balance owed 30 days past due. My card will be charged for the amount of the remaining balance due.

\_\_\_\_\_ I understand that any card on file, whether listed below or encrypted in our software program, can be used.

Mastercard	Visa	Discover	American Express
Card Number	Security Code	Zip Code	
Cardholder Name	Expiration Date:		
Signature:			

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## COMMUNICATION ADDENDUM TO THE INFORMED CONSENT

Because 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. You should also know that any correspondence I receive from you and any responses that I send to you becomes a part of your legal record.

Initial all you permit (If couple, both initial)

\_\_\_\_\_ Voice and text communication to and from client's cell phone  
Initial(s)

\_\_\_\_\_ Voice and 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 email  
Initial(s)

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NOTICE OF PRIVACY PRACTICES CONSENT FORM

Effective April 14, 2003 a federal regulation, commonly known as the HIPPA 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](http://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.

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Signature

Date

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Signature

Date

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Signature

Date

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## INFORMED CONSENT FOR TELETHERAPY (VIDEO) COUNSELING

Prior to starting video-counseling services, we discussed and agreed to the following:

- ✓ There are potential benefits and risks for videoconferencing that differ from in-person sessions.
- ✓ Confidentiality still applies, and no one will record the session without the permission of the other person.
- ✓ You will need a webcam or a smartphone/tablet for the session.
- ✓ It is important to use a secure internet connection rather than public/free Wi-Fi.
- ✓ It is important to be in a quiet, private space that is free of distractions during the session.
- ✓ The same 24-hour cancellation rules apply to video counseling.
- ✓ Session fees are handled in an identical fashion as for teletherapy as in-person counseling.
- ✓ We need a back-up plan (e.g., phone number where you can be reached) in case we have technical difficulties. If we get disconnected, I will continue to try to reach you. If we both initiate, we will miss each other.

**Back-up phone number:** ( \_\_\_\_\_ ) \_\_\_\_\_

- We need a safety plan that includes at least one emergency contact and the closest ER to your location in the event of a crisis situation.

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Closest ER:** \_\_\_\_\_

- **Consultation:** I may deem it appropriate to consult with or coordinate your care with other professionals, but only with your written agreement.
- **Louisiana License:** I can only counsel in the state I am licensed, Louisiana. Except in an emergency, i.e. COVID-19, counseling services cannot be delivered across state lines. I must know where you are when I am performing counseling services.
- **Ethics Code:** I follow the same Louisiana Code of Conduct and adhere to its ethics as outlined in my Declaration of Practices as an LPC.

As your counselor, I may determine that due to certain circumstances, video counseling is no longer appropriate and that we should resume our sessions in-person.

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**PLEASE READ AND SIGN AND RETURN THE TELEMENTAL HEALTH AGREEMENT AS FOLLOWS:**

**Limits of Liability:** As your client in teletherapy, I understand the limits of liability for Digital Communication, Telemental Health and Teletherapy. At the beginning of each session, I agree to disclose my current location and allow my therapist to assess for safety, security, and comfort in my environment. The virtual teletherapy sessions will be conducted through Zoom, a HIPAA compliant teletherapy platform, and provides a Business Associate Agreement and my Patient Health Information (PHI) will be protected within the limitations of Zoom and the environment in which the services are utilized. Your PHI is stored via our EHR system, Therapy Appointment, which is an electronic healthcare system. It is designed specifically for healthcare and provides a Business Associate Agreement for HIPAA compliance. Therapy Appointment uses encryption which is point to point and federally approved. Any paper with your personal information is kept in a locked cabinet behind at least one locked door.

**Records:** In the event that your clinician is no longer available due to untimely death or incapacity, the Senior Receptionist, Lisa Smith, along with one of the remaining counselors at Baton Rouge Christian Counseling Center will be glad to assist you in providing appropriate referrals for further treatment and access to your records. They will also be responsible for destroying records after the legal time frame of storage.

**Verify Identity:** Anyone receiving teletherapy via videoconferencing is required to verify their identity by showing his/her picture ID during the first session. If Teletherapy is being conducted over the phone, a passphrase or number will be chosen which will be used for all future sessions. This process is in place to protect you from another person posing as you.

**Email and Text Messaging:** The client should be aware that they have the right to refuse digital communications with the therapist; however, this could limit communication channels and immediacy of access to reach each other in the counseling relationship. The client understands that the use of digital technology, email, text messages, online video conferencing services, software, and/or platforms may not meet HIPAA compliance standards; therefore, I understand that my therapist will protect my information to the best of their ability within the limitations of the digital and physical environment.

**Risk:** There is confidentiality risk involved for both parties in utilizing digital technology communication. I understand the risk involved in digital communication and I hereby authorize my therapist to communicate with me utilizing digital technology on the internet.

Please initial here if you agree to the teletherapy policy outlined above: \_\_\_\_\_

Client's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To help with your first session, please provide the following information as completely as you can.

PLEASE NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL

DX CODE: _____
----------------

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

Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Counselor \_\_\_\_\_

Address: \_\_\_\_\_ City/St \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Employment/Job Title: \_\_\_\_\_

Person responsible for your bill, if different than above:

Name/Address: \_\_\_\_\_

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 or how did you find us? \_\_\_\_\_

Is it ok to call your home/cell & leave message: Yes \_\_\_ No \_\_\_ At your work: Yes \_\_\_ No \_\_\_

Person to contact in case of an emergency

(name/phone): \_\_\_\_\_

**Please State Your Goals for Therapy:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have children? \_\_\_ Yes \_\_\_ No If yes:

**First Name**      **Age**      **Sex**      **Relationship to you**      **Live in your home?**

(biological/step/adopted/foster)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_ Age: \_\_\_\_\_ or \_\_\_ Deceased

Mother's Name \_\_\_\_\_ Age: \_\_\_\_\_ or \_\_\_ Deceased

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Birth Order: \_\_\_\_\_ of \_\_\_\_\_ # of children

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

\_\_\_\_\_  
\_\_\_\_\_

Any history of drug/alcohol abuse for self, father, mother, siblings? \_\_\_ Yes \_\_\_ No If yes, please

describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Kerri S. Overstreet, MA, LPC, NCC

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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, 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? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt?

---

2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or ever hit you so hard that you had marks or were injured?

---

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or have oral, anal, or vaginal sex with you?

---

4. Did you often feel that ... No one in your family loved you or thought you were important or special? or your family didn't look out for each other, feel close to each other, or support each other?

---

5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

---

6. Were your parents ever separated or divorced?

---

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

---

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

---

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

---

10. Did a household member go to prison?

---

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Please circle any of the following challenges that you are experiencing.

Parent Consulting for Academic Magnet and College Prep Programs	Anger Management	Food Addiction
Parent Consulting for Academic Learning Disabilities	Finances	Life Adjustment
Career /College Major	Job Stress	Perfectionist
Making Decisions	Health Problems	Toxic Relationships
Accomplished and Unfilled	First-Responder	Stressed Bride
Gun Violence Survivor	Domestic Violence	Difficult Childhood
Women Issues	Unforgiveness	Sexual Abuse
Anxiety	Self Esteem	Underachieving
Grief	Depression	Health Problems
Life's Purpose	Peer Relationships	Inferiority
Men's Issues	Women/Men Infertility	Emotional Abuse
Guilt	Coping Skills	Misunderstood
Communication	Fear of Failure	Frustrated
Post-Traumatic Stress	Trauma	Crying often

Additional Information that you want to share

**Baton Rouge Christian Counseling Center • 763 North BLVD • Baton Rouge, LA 70802 • (225) 387-2287**

## **INFORMED CONSENT FOR IN-PERSON THERAPY DURING THE COVID-19 CRISIS**

### **Decision to Meet Face-to-Face**

If we mutually decide to meet in person (Face-to-Face, hereinafter - F2F) for some or all future counseling sessions, precautions must be in place to mitigate the COVID-19 pandemic. This document contains information about those precautions and guidelines to safely meet F2F. Your signature(s) below indicates that you understand and agree to undertake these actions concerning all F2F appointments. Please read this carefully and let me know if you have any questions.

If we mutually decide to meet in person (F2F) and there is a subsequent resurgence of the pandemic, or subsequent changes in local, state, or federal guidelines, or if other health concerns arise, I may require that we meet via teletherapy. If you decide at any time that you would prefer teletherapy, I will respect that decision, provided it is clinically appropriate.

Also be mindful that if your therapist files for reimbursement for any teletherapy services, such reimbursement is determined by insurance companies and applicable law. You are responsible for payment whether services are provided via teletherapy sessions or F2F, and whether insurance companies reimburse or not.

### **Risks of Opting for In-Person F2F Services**

Although there are potential benefits for in-person F2F counseling, there are also risks. You understand that by attending F2F sessions, you would be assuming the risk of exposure to the coronavirus, or other public health risks, and that this risk may increase if you travel by public transportation, cab, or ridesharing service.

In consideration of the services of Baton Rouge Christian Counseling Center (hereinafter BRCCC) and my therapist, I hereby agree to release, indemnify, defend and discharge both BRCCC and my therapist, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I have been offered by BRCCC and my therapist to conduct the therapy session remotely via Zoom or other online means, however, I desire a face to face therapy session. I am aware of the risk of infection with COVID 19 and I understand that such risk simply cannot be eliminated without completely avoiding a face to face therapy session.

I expressly agree and promise to accept and assume the risk of infection with COVID 19 existing in a F2F therapy session. My participation in a F2F therapy session at BRCCC and with my therapist is purely voluntary, and I elect to participate in spite of the risks.

### **Your Responsibility to Minimize Your Exposure**

To obtain counseling in person (F2F), and signing this document, you will take the following precautions which will help keep all of us (you, me, our families, my staff, and other clients) safer from exposure, sickness and possible death. Failure to adhere to these safeguards, may result in our starting or returning to a teletherapy arrangement.

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## Baton Rouge Christian Counseling Center

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- If you reasonably believe that you have recently been exposed to, are infected with, or have symptoms of the coronavirus, you will cancel your F2F appointment or proceed using teletherapy.
- You will wait in your car or outside until no earlier than 5 minutes before your appointment time.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will wear a mask in all areas of the office (I, and my staff will too). Clients agree to:
  - bring their own face mask that covers their nose and mouth,
  - wear the face mask upon entering the building,
  - continue to wear the face mask until entering the counseling session, (face masks are not required during the counseling session, unless your therapist deems them necessary), and
  - wear a face mask after the session while exiting the building.
- You will adhere to the safe distancing precautions we have set up in the waiting areas and offices.
- You will keep a distance of 6 feet from all other persons and there will be no physical contact (i.e. no shaking hands) with me, other clients, or with my staff.
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- You will not bring guests and/or non-client children to BRCCC.
- You will take steps between F2F appointments to minimize your exposure to COVID-19.
- If you have a job, other responsibilities, or activities that put you in close contact with others infected with COVID, you will notify me immediately.
  
- If a resident of your home tests positive for the coronavirus infection, you will notify me immediately. Continuing treatments will be conducted via teletherapy until quarantine is over.
- To minimize contact with support staff, you will do all scheduling of appointments either online through the Therapy Appointment software, or over the phone with support staff.
- To minimize the exchange and handling of payment(s), you will have your credit card information on file with BRCCC at least one day prior to the counseling session.

I reserve the right to change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, you will be notified about any necessary changes.

### **My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

### **If You or I are Sick**

You understand that I am committed to keeping you, me, my staff, all clients, and all of our families safe from the spread of this virus. If you show up for an appointment and I, or my office staff believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by teletherapy as appropriate.

If I, or my staff, test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I am required to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that I may do so without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature(s) below shows that you agree to and will abide with these terms and conditions. By signing this document, I acknowledge that I waive my right to maintain a lawsuit against BRCCC and my therapist on the basis of any claim that I released herein. I also agree to pay BRCCC and my therapist attorneys' fees and costs in enforcing this agreement.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client (if couple, both sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

*Written incorporating sample-informed-consent-form-1 from APA-1  
Dee Adams, PhD, LPC, LMFT; LCC  
Director BRCCC  
May 18, 2020*

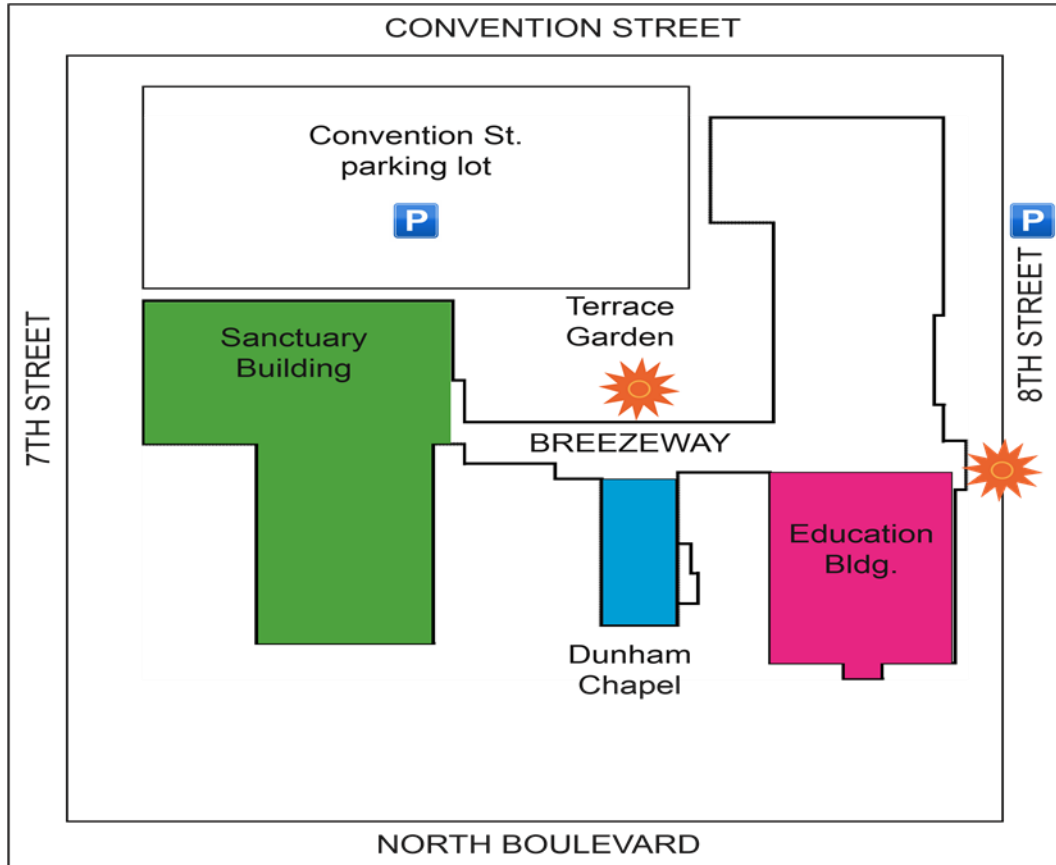
*X\BRCCC Covid CLIENT consent form*

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 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).