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

DX CODE:

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

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 (biological/step/adopted/foster)	Live in your home?

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

DEE JONES ADAMS, PhD, LPC, LMFT, LLC
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 ensure 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 and Rational-Emotive Theory. 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 are deemed 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, only 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 PhD in Marriage and Family from Florida State University in 1982, an MS 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 since 1988 and done more than 23,000 hours of counseling with over 2,000 different clients (a couple or family is counted as one client).

I am a Licensed Professional Counselor (LPC), Louisiana State License #1544, granted from the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Avenue North, Baton Rouge, LA 70816, (225) 295-8444. I am a Licensed Marriage and Family Therapist (LMFT), # 121, granted by the Louisiana LPC Board of Examiners, listed above. I am certified by ICEEFT as an EFT (Emotionally Focused Couple’s Therapist).

3. **Areas of Expertise**: My areas of specialization include marriage and couple counseling, premarital and early marital adjustment, inhibited sexual desire, depression, grief, relational difficulties, couple communication, affair recovery, women's issues, stepfamily adjustment, and cancer survival.

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

4. **<u>Session Fees</u>: Fees are due at the time of service rendered to Dee Adams, PhD, LPC, LMFT, LCC. Fees are $150 and can be paid by check, cash or credit card (Master Card, Visa, and Discover). For the initial session, there is an additional $20 administrative charge. A couple or family is considered one client so the fees are the same. Sessions are 45-50 minutes. Fees are subject to change. There will be a $35 NSF charge on all returned checks and a full charge for the session if the client does not show for the session.**

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

<u>CANCELLATIONS</u>: 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 and encrypted 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 and the time of call is registered. We aim to confirm appointments, but do not always have ample staff to do so. Responsibility for remembering appointments rests with the client.

5. **<u>Explanation of the Types of Services Offered and Clients Served</u>**: Individual, adolescent, marriage and family counseling are available. I do not counsel children. Group counseling is also offered on occasion.

6. **<u>Code of Ethics</u>**: 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. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners.

7. **<u>Privileged Communication / Confidentiality</u>**: 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 line at the Bridge Center for Hope 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.

12. **Telemental Health**: When appropriate, I provide Teletherapy, an alternative form of counseling provided at a distance through confidential technology. I have completed 9 hours of live telehealth care training in addition to my professional qualifications as a clinician. This training covered the law and ethics and clinical skills specifically related to telehealth care. I continue to receive at least three hours of continuing education in the area of telemental health every two years. It is imperative that you sign my Telemental Counseling Consent Form before entering into telemental counseling; it is attached to my Declaration of Practices.

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) ____ Date___________
(if couple)

Dee Adams, PhD, LPC, LMFT, LLC _________________________ Date __________

DEE ADAMS, PhD, LPC, LMFT

Baton Rouge Christian Counseling Center | 763 North Boulevard, Baton Rouge, LA 70802 | (225) 387-2287

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 video-conferencing 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.

Adams Teletherapy Consent Form

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 Busin4ss 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 s 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 BRCCC – 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 0picture 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: _____________
Dee Adams, PhD, LPC, LMFT

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.

- 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

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

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

Policy for Cancellations & "No Shows"

Dee Adams PhD, LPC, LMFT
Baton Rouge Christian Counseling Center
763 North Boulevard, Baton Rouge, LA 70802
(225) 387-2287 *(24 hour voice mail)*

I, ____, agree to have my/our
Print Name(s)
MasterCard or Visa charged the **FEE OF $150 for first appointment and the FULL FEE of $150 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

~~~~~~

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

Confirmation of appointments is provided as a courtesy, when there is ample staff to do so. **Keeping the appointment is the responsibility of the client.**

All new or returning clients will need to have a credit card number on file before scheduling their first or a new appointment.

Credit cards numbers will be securely locked and kept confidentially along with other client data. 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.

PLEASE FILL IN THE INFORMATION BELOW		
CARD TYPE MasterCard ☐ MASTERCARD VISA ☐ VISA DISCOVER NETWORK ☐ DISCOVER		
CARD NUMBER:	SECURITY CODE:	ZIP CODE:
CARDHOLDER NAME:	EXP DATE:	
SIGNATURE:	AMOUNT: Maximum $150.00 for missed appointments or ANY balance due past 30 days	
~~~~~~

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.

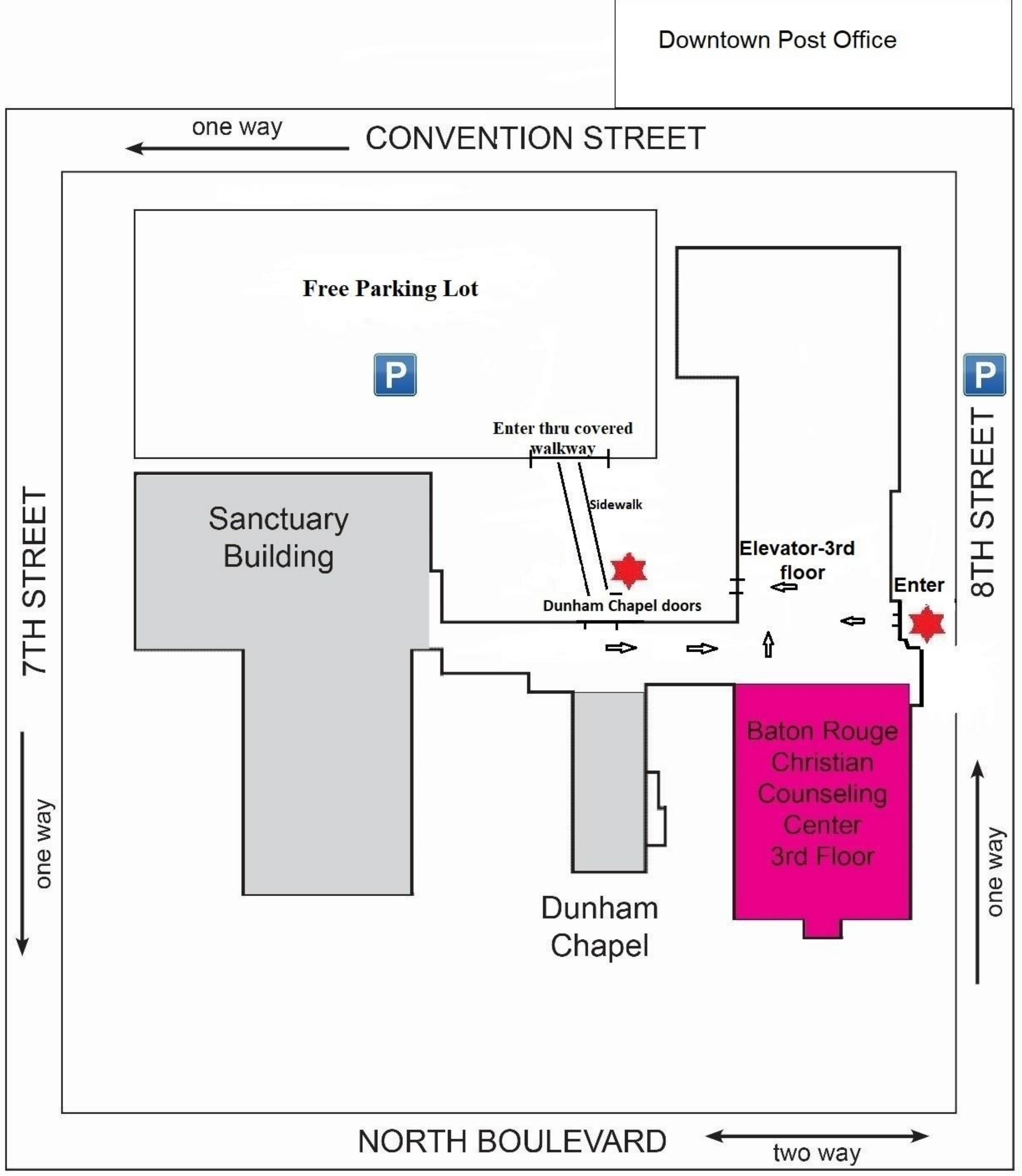
	0 – not at all	1 - Somewhat	2 - Moderately	3 – A Lot	4 - Extremely
Thoughts and Feelings					
1. Feeling sad or down in the dumps					
2. Feeling unhappy or blue					
3. Crying spells or tearfulness					
4. Feeling discouraged					
5. Feeling hopeless					
6. Low self-esteem					
7. Feeling worthless 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.)**

Map of BRCCC



Enter at either the 8th Street entrance or the Convention Street Chapel. Buzz appropriate box.

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