NEW CLIENT VERY DETAILED INFORMATION: Nov 2024

DEE ADAMS, PhD, LPC, LMFT
Baton Rouge Christian Counseling Center (BRCCC)
Dee@brchristiancounseling.com

NEW CLIENTS? Dr. Adams only accepts new clients for couple's counseling. She regularly accepts new couple clients and the timing of her first available appointment opening varies.

THERAPY APPOINTMENT ACCOUNT: You can set up your own account by going to: SCHEDULING PORTAL (or go to www.therapyappointment.com and search for Dee Adams). Then click on "**Register as a New Client**". Register under ONE of your names but include email and phone numbers for both of you. Set up a Username and Password, you may want to write these down. If you need help setting up at account, call the office at 225 387-2287.

If the first available opening is too far in the future, ask to be on a waiting list and email Dee about your situation.

AFTER YOUR FIRST APPOINTMENT: You can then schedule additional appointments online by going to Dr. Adam's SCHEDULING PORTAL. Use your username and password to access your account and schedule as many sessions as you'd like.

Dee is now working 3 days per week, Monday, Wednesday, and Friday afternoons so appointment spots are limited. Appointments are on a first-come first-served basis, **so after your first session schedule at least 6 sessions to get the dates and times you want.**

CLIENT INTAKE FORMS: Intake forms for your first appointment will be emailed to you the week before, or the week of, your first appointment. Or you could click on "**VIEW CLIENT DOCUMENTS**" in your Therapy Appointment account and download and print the "**Adams NEW CLIENT Intake Forms**". Or call our office and they will email you a set of these forms. Each of you need to fill in a set of intake forms.

Please do not print the intake forms front and back. YOU MUST HAVE THESE FORMS AT THE START OF YOUR FIRST SESSION, you need not send them ahead of time. If you do not want to print out the forms, you may complete them at the office before your first session - please allow at least 30 minutes so you won't lose any of your therapy time.

CONFIRMATION OF APPOINTMENTS: In your online account you should have chosen to have your appointments confirmed through texts, emails. ***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 both you and your partner - up to 2 cell numbers or 2 emails, or 2 phone numbers.

THE WAIT LIST AFTER YOUR FIRST SESSION: If you can't find appointments available at convenient times, or if you want an earlier appointment, either call the office at 387-2287 or email them at **BRCCC@brchristiancounseling.com** and ask to be put on a waiting list for a specific week

or a particular day you prefer, or just anything available. We'll call or email you if something becomes available. Sometimes a notice of last-minute cancellations is emailed out to everyone.

CANCELLATIONS: If you ever need to cancel – you must provide **AT LEAST** 24-hour notice, **PREFERABLY 48 HOURS OR MORE**, **or your credit card will be charged**, even for your first session. Dee really appreciates your understanding so she can schedule other clients in need of therapy. BRCCC has email 24 hours a day, 7 days a week. If you need to cancel within the 24 hours, you will have to call, our scheduling software will not allow you to do this online, but there is still a credit card charge.

FIRST SESSION AS A COUPLE, THEN ALONE FOR ONE SESSION EACH: Dee highly recommends that a couple come together for the first session. After the first joint session Dee sometimes chooses to meet with each person individually, then back together as a couple from then on. Please note that any information revealed in those individual sessions must be open to be shared in joint sessions, no secrets.

INFO ON DR. ADAMS: See Dee's **bio page** and read about EFT- Emotionally Focused Couples Therapy, the counseling modality she uses. Typically, EFT takes at least 12-21 sessions depending on how much distress there is and how much work couples do in and between sessions.

FEES: The cost for couple counseling is the same as individual counseling, no matter if there is one or two people in the session. Starting November 1, 2023 sessions are 50 minutes for a fee of $200. For only the first evaluative session the fee is $220. The fee for 1½ sessions (75 min) is $300 and a double session is $400. You need to email Dee to ask for anything longer than a regular 50-minute session. To get a jumpstart, or because of travel, some people elect to schedule 1½ or double sessions for the first, or later visits. Most couples schedule every-other-week, though weekly meetings are more effective and you get faster results.

PAYMENT: **It is the BRCCC policy that payment must be made at the start of a session.** You can pay with check, cash, Visa or Master Card or Discover (not American Express). Dee does not charge additionally for the use of credit card payments.

CREDIT CARD ON FILE: To secure your appointment, the BRCCC policy states that you MUST have your credit card number on file in your account PRIOR to your arrival for the first session. This officially reserves your appointment spot. You should have shared your credit card number when you registered for your account, but if not, you can call our office at 225 387-2287 with a credit card number. It is safely secured through encryption. If you "no show" or don't cancel with at least 24 hours of notice, you are charged, even for your first session.

INSURANCE: Dee does not file with health insurance companies, but you can request a receipt (or "Superbill") with a diagnosis code for you to file for direct reimbursement using your "out of network" health insurance benefits. You can see if you have mental health benefits by calling your insurance company.

TELETHERAPY: You may elect to come to BRCCC and do your therapy in-person, or you may request teletherapy via the Zoom platform, the cost is the same. Therefore, you must sign the Informed Consent for Teletherapy form (in your initial "Intake Forms") in case you or Dee need to have a teletherapy session. Couples may meet from the same (preferably) or different Louisiana

locations for joint sessions. Licensed therapists cannot counsel across state lines, unless licensed in both states. You may choose to have some sessions in-person and use teletherapy for others. It will be assumed that you are coming in-person, so make it clear if you'd rather do teletherapy for any given session so that a Zoom link can be emailed to you before the session.

DIRECTIONS TO GET THERE: See the attached map. Dr. Adam's 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. The church takes up a whole city block, bordered on 4 sides by **North Boulevard** (which has grass down the middle), **Convention,** and **7th** and **8th Streets**. The building is directly across Convention Street from the downtown Post Office.

PARKING AND DOORS TO ENTER

Door #1 Chapel Door: FREE PARKING, leads to an ELEVATOR only, (elevator up & down)
Park in the big FREE First Presbyterian Church parking lot on Convention Street.
Look for the black iron gate and follow the sidewalk to the Dunham Chapel doors.

Door #2 8th Street Door PAID PARKING, leads to STAIRS only, no elevator, (stairs up & down)
Park on 8th Street (whenever parking kiosks are activated, you will need to pay at the nearest parking kiosk) and enter via the 8th Street door.

BUZZ IN FOR EITHER DOOR: Press the button on the box which says, "Counseling Center", and tell them you are there to see Dee Adams and they will unlock the door. Go up to the third floor, the counseling center is at the far end of the hall. **Check in at the front desk.** Future sessions, always check in at the front desk.

TIMELINESS: If you run late for an appointment, you lose minutes. If Dee runs late, (rarely) you will always get your full session.

Please allow extra time to find us for your first session, especially considering Baton Rouge's traffic and all the one-way streets downtown! It would be helpful to bring a copy of these directions AND bring the attached map. Finding us can be a mental health challenge!

This is a ton of information and forms, but please know that Dee is looking forward to meeting with you and working with you! If you have any questions, please email.

COUPLE'S WEEKEND WORKSHOP: Also, you may be interested in a couple's workshop that Dee & her husband, Pete, offer entitled "**Created for Connection**" www.C4CBR.com for details & dates.

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

WEBSITE FOR BRCCC: http://www.brchristiancounseling.com/
Website for couple's workshop: www.C4CBR.com
EMAIL: dee@brchristiancounseling.com
Dr. Adam's SCHEDULING PORTAL

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 (updated November 2023)

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 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 classes 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 private practice since 1988 and done more than 28,000 hours of counseling with over 2,767 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, and general women's issues.

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. **Session Fees**: **Fees are due at the time of service rendered to Dee Adams, PhD, LPC, LMFT, LCC. For only the initial session, the fee is $220, thereafter the fee is $200 and can be paid by check, cash, or credit card (Master Card, Visa, and Discover). A couple or family is considered one client so the fees are the same no matter the number of clients in the session. Sessions are 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 or if not canceled with AT LEAST 24-hour notice.**

THE FINAL OBLIGATION FOR PAYMENT RESTS WITH THE CLIENT.

CANCELLATIONS: **If you must cancel a session, the office must be notified AT LEAST 24 hours in advance, PREFERABLY MORE, or you will be charged $200. 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 email BRCCC@brchristiancounseling or leave a message at (225) 387-2287, the time of the call will be registered. Responsibility for remembering appointments rests with the client.

5. **Explanation of the Types of Services Offered and Clients Served**: Couple, marriage and family counseling services are available. Dr. Adams specializes in couple counseling and does not counsel children. Group counseling is also offered on occasion.

6. **Code of Ethics**: I am required by state law to adhere to the Louisiana Code of Conduct for Licensed Professional Counselors and to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. Copies of these codes are available upon request. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816.

7. **Privileged Communication / Confidentiality**: I am required to abide by my professional practice standards and Louisiana law. I do not disclose client confidences and information to any third party (except for information shared anonymously during supervision) without a client's written consent or waiver, except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations.

State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when it is reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.

Certain types of litigation (such as a child custody suits) may lead to the court-ordered release of information without your consent. Also note that if you use third party insurers and payers, 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 or payment.

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, or lawsuits) 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 $200 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, or recommended reading.

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 updated telemental health continuing education 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 can request a copy of it. Further my intake forms are available on our website (www.brchristiancounseling.com) and in our scheduling software. 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.

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

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 by 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-mails
initial(s)

_____ Periodic Emails sharing unexpected open appointment times (can unsubscribe)
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 encrypt and 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. Payment is due at the time of the session. Please initial below:

_____ **I/We agree to have our credit card kept on file for payments and agree to be charged the full fee ($200) for appointments missed:**
(initials)

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

PLEASE FILL IN THE INFORMATION BELOW		
CARD TYPE  ☐ **MASTERCARD**  ☐ **VISA**  ☐		
CARD NUMBER:	**SECURITY CODE:**	**ZIP CODE:**
CARDHOLDER NAME:	**EXP DATE:**	
SIGNATURE:	**AMOUNT: Maximum $200.00 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** _____

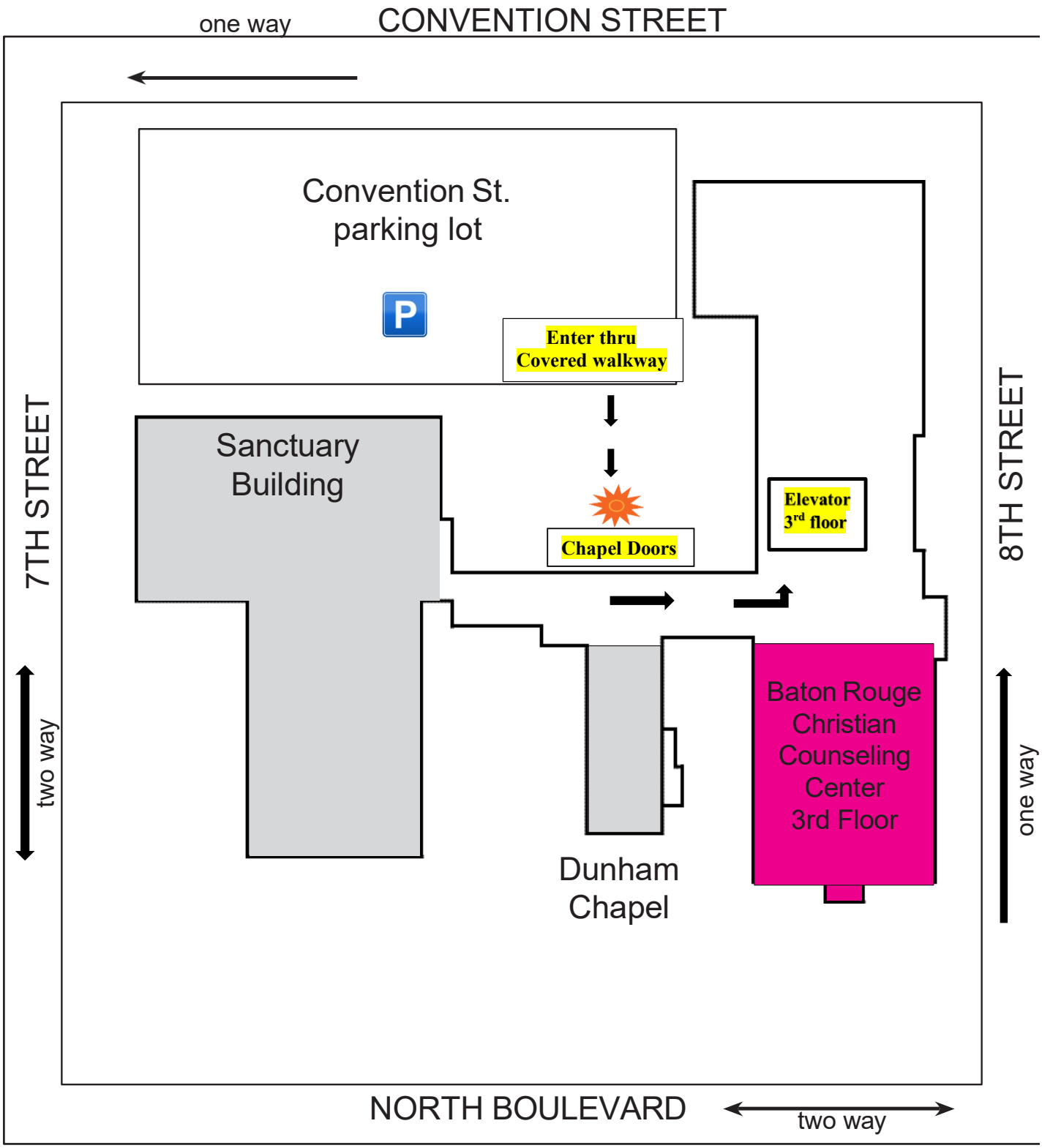
Burns Depression Checklist * (Revised)

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.**



Enter at the Convention Street Dunham Chapel entrance.

Parking available in the Convention St. lot (free).

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BRCCC Parking and Entering Directions

You may park in the free parking lot of First Presbyterian located behind the church off Convention Street between 7th and 8th. It is located directly across from the Post Office.

From that lot, look for the black iron gate and follow the sidewalk to the Dunham Chapel doors. There is a plaque on the wall by the doors.

You then press the box which says, “Counseling Center” and we will answer and unlock the doors for you.

Once you enter, take a left toward the elevator, and ride it to the 3rd floor.
Exit the elevator and go toward the end of the hall to the open door on your right that reads “Check In.”

IF you MUST use stairs to reach the 3rd floor, you will need to park on 8th street. Be advised that the city charges for parking and you will be limited to using the stairs both up and back down.