

agAPE

counseling
associates, inc.

East Side Office
1598 Penfield Rd.
Rochester, N.Y. 14625
Phone: 585-385-6030
Fax: 585-385-6168

West Side Office at
Pearce Memorial Church
4322 Buffalo Rd.
North Chili, N.Y. 14514
Phone/Fax: 585-594-4800



email: agape@agaperoc.org
website: www.agaperoc.org

Welcome to Agape!

Thank you for entrusting us with the opportunity to work with you. We want Agape to be a place of encouragement and effective change. The investment of your time, your energy, and your resources is a valuable thing. We take it seriously that you have taken this first step of beginning the process of counseling. Please take a moment to read the enclosed paperwork and complete the requested information. You will notice that some pages are printed on both sides and request your signature. The entire staff at Agape Counseling Associates is committed to the process of helping you find hope and health. Please do not hesitate to contact the office with questions or concerns. As the clinical director, it is my privilege to welcome you to Agape and to offer my prayer that God will bless you in this work.



Respectfully,

Debbie Williams, MS, LMHC
Agape Counseling Associates
Clinical Director

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Client Agreement

Welcome to Agapé! The following information is designed to help answer any questions/concerns you may have regarding our services. We also need to know that you understand and agree to the terms of our policies. Our goal is to communicate clearly so we can most easily deliver quality service to you. We encourage you to take your time going over this agreement and will be happy to answer any of your questions regarding the terms of this contract.

Our Staff

Agapé Counseling Associates represents a group of professional counselors who are employees or independent contractors. Each staff person has a personal relationship with God through Jesus Christ, although Agapé welcomes all people who seek counseling, regardless of their religious background.

At Agapé we believe that people can make better decisions if they have enough information and understand how something works. The process involves your active involvement as well as personal efforts to understand your thoughts, feelings and behaviors. Many times change will be easy and swift, but often it will be slow and deliberate; effort may need to be repeated. Mutual hard work leads to successful outcomes. With this in mind we encourage you and your therapist to set the goals of therapy, so that the agenda will be clear and effective.

Agapé also recognizes that there are both benefits and risks associated with counseling and therapy. In addition to symptom reduction, potential benefits of psychotherapy include the improved ability to identify problematic areas, evaluate reasonable options, and take action in an honest manner. You may also learn important things about yourself, acquire helpful life management skills, and integrate past and present learning toward higher functioning.

Risks of the process however might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems to be worsening circumstances or even losses (for example counseling will not necessarily keep a marriage intact). While we expect that therapy will be helpful, there is no guarantee of any specific outcome; therefore, it is vital that you discuss any questions or concerns about the treatment process with your therapist at any and all points in the therapy process.

The relationship between you and your counselor is always professional. Although our sessions may be psychologically intimate, it is important for you to realize that you will be best served in counseling if your relationship with your counselor remains professional and if sessions concentrate on your concerns. Also, it is not our policy to serve as a witness or advocate for you in court proceedings.

Appointments/Fees

Sessions are generally 50 minutes long. The fee for each session is \$95, although a sliding fee schedule is available to accommodate varying incomes. It has been our experience that the co-pay of the Blues (which is generally 50% of the fee for covered providers) is comparable to our sliding scale arrangement for fees. In addition, some cafeteria plans will allow you to use that money for counseling services. However, complete confidentiality is assured by not using insurance as insurance companies require reporting a diagnosis to process insurance claims. Our office accepts cash, personal checks, as well as Visa/MasterCard for your convenience. All fees and co-pays are payable to Agape at the time of each session. In the case of children from a divorce or legal separation situation, the parent bringing the child is responsible to pay the fee at the time of the session. The fee will be based on the family income of the parent or parents authorizing the counseling. Please make arrangements for child-care for any child not involved in a counseling session, as the Agape office is not appropriate for unsupervised children.

Group fees vary with the topics and therapist. Each group's rate is delineated at the time of notice and registration. Fees for other services such as written reports and psychological testing are charged at current established rates. You are responsible for payment for any services provided, whether requested by you or necessitated by subpoena or other court process. These may include, but are not limited to, court time, travel time, preparation time and legal consultation fees. Payment is expected at the time of your visit, unless other arrangements are made beforehand.

Cancellation Policy

Because your time is valuable to us, we make every effort to begin and end promptly. We request a 24-hour cancellation notice or a cancellation fee will be charged for the session time. For your convenience we have a 24-hour answering machine. You may call the service with cancellations on evenings and weekends.

Confidentiality

We keep all information shared with us in strict confidence. No one will be informed of your visits without your full knowledge and usually a signed *Consent to Release Information* form. Exceptions to this confidentiality however, include:

1. Our legal obligation to report suspected abuse or neglect of children, elderly persons, or disabled persons.
2. Our legal obligation to protect a client who is at imminent risk of harm to self or others.
3. Our legal obligation to comply with a court order of subpoena of records.

Communication outside Agapé

- **Phone:** Each counselor has voice mail if you choose to call and leave a message. Our staff may also need to contact you by phone regarding scheduling or other matters. If calling you at home or at work and leaving a message for you would present a problem for you with regard to confidentiality, it is important you let us know beforehand, please check below which are appropriate: Phone call at home Leave message at home
 Phone call at work Leave message at work
- **Faxes:** Our office may utilize faxed communication to send and/or receive *Consent to Release Information* forms to and from other providers.
- **Mail:** The counselor who works with you may need to contact you through the mail. If mail from our office presents a confidentiality problem for you, it is your responsibility to make alternative arrangements.
- **Email:** You may contact the Agapé office by email at agape@agaperoc.org, but be advised that your counselor does not have a separate email address.

Complaint Procedures

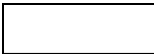
If you are dissatisfied with any aspect of your experience with our office, please inform your therapist immediately. This will make your work together more efficient and effective. If you believe you have been treated unfairly or unethically in the therapy process and cannot resolve the problem with your therapist, you can contact Agapé's Executive Director for a clarification of your rights or to lodge a complaint.

Contractual Agreement

If you have questions about this document, please feel free to ask your therapist. Please sign and date this form below. A copy can be given to you upon request and our office will keep one in your confidential records. I have read and understand the above policies and procedures and agree to abide by them.

Client Signature

Date



Agape Counseling Associates Intake Form

Please complete all of Part I to the best of your ability. If you are the parent/legal guardian, please provide the information as it pertains to your child. All information is kept highly confidential. Please give this form to your counselor at the start of your appointment.

Part 1. To be completed by the Client:

Client Name: _____ DOB: _____ Race: _____
Address: _____ E-mail: _____ M/F: _____

Home Phone: _____ Highest Education/Degree Completed: _____
Office Phone: _____ How did you hear about Agape? (Circle all that apply)
Cell/Pager: _____ Agape Client Friend Medical Doctor Church/Pastor Radio/Print Ad Phone Book Internet Other:

Who else may come to sessions with you?

*If the client is under 18, please provide the name, address and phone number of the parent(s)/legal guardian(s):

Current Employment

Full-Time Part-time Not Currently
Position: _____
Employer: _____
Address: _____
Annual Household Income: \$ _____

Current Marital Status

Single Married Widowed Separated Divorced Remarried
Name Dates of Marriage Reason for End
Current Spouse _____
Previous Spouse _____
Previous Spouse _____

Physical Health

Primary Physician _____ Date/Report of Last Physical _____

If you enter treatment with Agape, may we contact your medical doctor so that we might coordinate treatment? Yes No

Serious Illnesses/Injuries in Past Ten Years _____

Medications Currently Taking _____

Recently, have you experienced a significant change in your...
Weight? Yes No If Yes, explain: _____
Sleep patterns? Yes No If Yes, explain: _____

How often do you exercise per week? 0-1 days 2-3 days 4-5 days More than 5 days

Do you or have you in the past...
Smoke? Yes, now Yes, in the past Never Comments: _____
Drink Alcohol? Yes, now Yes, in the past Never Comments: _____
Use Illegal Drugs? Yes, now Yes, in the past Never Comments: _____

Family History

	<u>Name(s)</u>	<u>Age/Age at Death</u>	<u>Illnesses/Cause of Death</u>	<u>Quality of Relationship</u>
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Step Parent(s)	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____

Are you adopted? Yes No

Family History (con't)

<u>Children's' Names</u>	<u>Age</u>	<u>M/F</u>	<u>Live at Home?</u>	<u>From Previous Marriage?</u>	<u>Stepchild?</u>	<u>Quality of Relationship</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Mental Health

Describe the chief concern that brings you to Agape. How long have you been dealing with this issue? _____

Have you ever received psychological or psychiatric counseling services before? <u>When?</u>	<u>From Whom?</u>	<u>Yes, now For What?</u>	<u>Yes, in the past</u>	<u>Never With What Results?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If necessary, may we contact these professionals? Yes No
 Have you ever taken medications for psychiatric problems? Yes No If Yes, explain: _____
 Have you ever been abused - physically, emotionally, sexually? Yes No If Yes, explain: _____

What are three things you like about yourself or see as your personal strengths? _____

What are three things you would like to change about yourself? _____

Spiritual Health

How often do you attend church / Worship Services? Often Sometimes Rarely Never
 Which church (es), if any, do you attend? _____
 Have you shared your current concerns with your Pastor/Priest? Yes No Comments: _____

Your Commitment

- 1. I understand that because the counselor has reserved time exclusively for me, it is essential that I notify the Agape Office at least 24 hours in advance if it is necessary to cancel my appointment. I understand that I may be charged my regular fee for "no show" or late cancellations, with the exception of illness or emergencies.*
- I have read the introductory letter and have had an opportunity to ask any questions.
- I have received and signed the financial contract.

Signature _____ Date _____

Part 2. To be completed by the Counselor:

Counselor ID _____

PP#s: 1. _____ 2. _____ 3. _____

Follow Up Appt Sched. Yes No Not Yet, but expected Dbse Entry _____
 Revised 2-5-09

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Agape Counseling Associate, Inc. 24 Hour Cancellation Policy

In making appointments our staff has designated time to work specifically with you. We strive to serve our clients scheduling needs therefore if, for any reason, you cannot keep an appointment, kindly call the office (385-6030) at least 24 hours in advance. Otherwise you will be charged your normal fee for the visit.

I have read the above policy and understand that I will be charged for any visits not kept or canceled within 24 hours of the time of my appointment.

Client Signature (Parent if client is under 18)

Date

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Determination of Fee

Agape's rate is \$95.00 a session for individual sessions. An additional \$10.00 fee is added for couple and family sessions. (*Note:* Additional fee not applied to the \$50.00 rate.) A scholarship scale is available to accommodate varying incomes. Rates are determined by annual gross family income.

Agape's Scholarship Scale

Total Family Income	Rate per Session
Above \$75,000	\$95.00
\$51,000 to \$75,000	\$80.00
\$25,000 to \$50,000	\$65.00
Below \$25,000	\$50.00

Payment

Payment is expected at the beginning of each session. Cash, checks, and Visa/Master Card are all accepted for your convenience. For checks returned due to insufficient funds, Agape charges a \$25 fee in addition to any charges you may receive from your banking institution.

Insurance Coverage

Generally, Agape does not accept insurance. However, some insurance companies reimburse for certain types of therapies. Please check with your insurance provider for details of their mental health coverage. You may choose to use your insurance if Agape is covered or you may choose to use the scholarship scale. However, complete confidentiality cannot be maintained if you use your insurance, as insurance companies require you to report your diagnosis to receive reimbursement. Regardless of insurance coverage, full payment will be required at the time of your session. Any insurance reimbursement should be sent directly to you from your insurance company.

You may want to check with the administrator of your cafeteria plan to see if counseling services are reimbursable from your plan.

Cancellation Policy

"No-Shows" or cancellations not made 24 hours in advance (with the exception of emergencies) will be billed a cancellation fee equal to the amount of your session. In addition, no further sessions can be scheduled until payment is made for the late cancellation. The office is available to take your calls from 8:30 to 4:00 weekdays. An answering machine is available to leave messages when the office is closed.

I understand and agree to the above costs and arrangements. I have accurately indicated my total family income by circling the proper amounts. I agree to pay \$_____ a session.

Client Name (please print clearly)_____

Client Signature_____ Date_____

Agape Staff Signature_____ Date_____

Rev. September 2007

Dbse Entry_____