



# CHRISTIAN COUNSELING ASSOCIATES

*Over 30 Years of Serving the Capital Region*

***Welcome to Christian Counseling Associates.***

***CCA provides quality professional services that are distinctively Christian in orientation, and we believe that upon beginning to work with us, you will experience the benefits of our commitment to excellence.***

In an effort to be clear about the process you are undertaking, the following is an outline of the policies and procedures that will impact our work together. If you have any questions after reading this, please discuss these when you meet with your consultant. Otherwise, **please sign this sheet and return it along with the Personal Information Sheet.** You may wish to keep a copy for future reference.

## ***Confidentiality***

We are committed to keeping everything you share confidential. The law, professional ethics, and common sense prohibit anything you say or do from being shared with anyone else without your written permission. There are, however, some exceptions which you should know about:

- If you have been referred by the court or an agency of the court, we may be required to furnish information to them.
- If you are involved in certain kinds of litigation and inform the court of services you have received from us, you may be waiving your right to have your records remain confidential.
- If you threaten to harm yourself or someone else, we are obligated to inform potential helpers or victims.
- If there is reason to suspect child abuse or neglect, we are obligated to report this to the appropriate state agency.
- If you are a minor, your parents or guardians will be informed of your progress in treatment.
- If you are a member of a managed care group, we may be required to exchange information with your primary care physician or care manager.

## ***Appointments: Scheduling and Canceling***

Please note: To protect your privacy when we call you for an appointment, we will only reveal our first name and not the name of the counseling center.

- Appointments are normally 45 minutes in duration—scheduled in advance on a weekly basis.
- Scheduling an appointment represents your counselor's commitment to reserve time for you—any cancellations must be made at least 24 hours in advance or you will be charged for the time. Our 24-hour answering service number is (518) 439-0033. Insurance or managed care agencies cannot be billed for late cancellations or missed appointments; this charge will be the responsibility of the client.

## ***Parents***

- We are not equipped to supervise children; please do not leave your children unattended in the waiting room.

## ***Fees***

- An explanation of our usual and customary fees is available in advance from the Client Care Coordinator.
- If you are utilizing health insurance, you are responsible to inform CCA of any changes prior to an insurance billable visit. Charges denied because of policy termination or changes are the patient's responsibility.

## ***Crisis Services***

- Although we do not offer crisis intervention services, a listing of such is provided under "Crisis Intervention Services" in the yellow pages. In the event of a life-threatening emergency, we recommend you go to an Emergency Room or call 911.

- If you want to reach your counselor between scheduled sessions to arrange for an additional appointment or for a phone consultation, you may do so by calling our 24-hour answering service. If the matter is urgent, please clearly indicate this to the service.
- For current patients, the fee for a phone consultation is twenty-five dollars (\$25) per each 15-minute increment. Payment for this service should be made at the time of the next scheduled session.

***What to Expect***

Be assured that a certain amount of anxiety before and during the first one or two sessions is normal. You should also expect that you may feel worse before you begin to feel better. The process of counseling is often painful and will involve speaking about circumstances and feelings which are very difficult to face. Although few people find the process pleasurable, most people find counseling helpful and ultimately very rewarding.

Many people have pre-formed ideas about what a counselor would want them to talk about or how they "should be" during a session. Please be assured that you are not on stage and need not feel compelled to act in any particular way. Honesty about your thoughts and feelings is the most important contribution you can make to the process. You can expect that your counselor will provide you with attention and respect along with the application of his or her expertise in an effort to help you resolve the difficulties that brought you here. Our goal is to help you enjoy the fullness of all you were made to be.

***I have read and understand the above information.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (*for marital counseling only*)

\_\_\_\_\_  
Date

**Christian Counseling Associates**  
**PERSONAL INFORMATION**

Date completed \_\_\_\_\_  
CCA received \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ M  F  Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

At what number can you be reached between 9 a.m. and 3 p.m.? \_\_\_\_\_

May we leave a confidential message at home? Yes  No  At work? Yes  No  On cell? Yes  No

E-mail address \_\_\_\_\_

Employed by (Name of school, if student) \_\_\_\_\_

Occupation \_\_\_\_\_

How long? \_\_\_\_\_ Your Social Security # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone: \_\_\_\_\_

**Policy Holder's Name** \_\_\_\_\_ **Policy Holder's ID#** \_\_\_\_\_

**Policy Holder's Employer\*** \_\_\_\_\_ **Policy Holder's Date of Birth\*** \_\_\_\_\_

**Policy Holder's Social Security #\*** \_\_\_\_\_ *\*Required by many insurance plans*

Education (highest grade completed) \_\_\_\_\_

Are you affiliated with a local church? Yes  No  Name of Church: \_\_\_\_\_

If yes, how regularly do you attend? \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Name of nearest relative, parent of minor, or friend \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Referred by: Physician  Minister  Therapist  Attorney  Teacher  Friend  Court

Family member  Other  Name of person making referral \_\_\_\_\_

Describe briefly the reason you are seeking counseling \_\_\_\_\_

Approximately when did you first begin to experience these difficulties? \_\_\_\_\_

Describe any current or recent medical treatment, including medications \_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of most recent physical examination \_\_\_\_\_ Current Height\*\*\*: \_\_\_\_\_ Weight\*\*\*: \_\_\_\_\_

Recent Weight Change in pounds\*: \_\_\_\_\_ Gain  Loss  *\*\*Required by Capital District Physician's Health Plan*

Previous psychological treatment or counseling? Yes  No

Focus of Treatment \_\_\_\_\_

Therapist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Length of Treatment \_\_\_\_\_ Ending Date \_\_\_\_\_

List any prescribed psychiatric medications \_\_\_\_\_

# FAMILY DATA

1. Please provide the following information concerning your family.

	First Name	Age	City of Residence	If deceased, Year & Cause	Occupation	Marital Status D =Divorced M =Married W =Widowed S =Single	Rate Rapport: Good/Fair/Poor
Father							
Mother							
Brothers	1. 2. 3. 4.						
Sisters	1. 2. 3. 4.						

2. Your Place of Birth (City, State or Country) \_\_\_\_\_

3. Your Marital Status \_\_\_\_\_ If married, how long? \_\_\_\_\_

Name of spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation of spouse \_\_\_\_\_ Living with spouse now? Yes  No

Please rate current marital adjustment: Excellent  Good  Fair  Poor

If separated or divorced, when? \_\_\_\_\_

List date(s) and duration of previous marriage(s): \_\_\_\_\_

4. List all your children from your present, or any previous marriages, giving the following information on each child. (Please list any deceased children and indicate age at death.):

Name	Age	Living with whom?	Child of:				Highest Grade	Occupation	Rate Rapport: Good/Fair/Poor
			Previous marriage	Present marriage	Spouse's Previous marriage	Other			