

FOR OFFICE USE ONLY \$ ___ Deductible \$ ___ Co-pay ___ sessions per calendar year
 Preauthorization required ___ Yes ___ No EAP ___ Yes ___ No Family ___ Group ___
 Insurance contact person and date: _____ Authorization # _____



Counseling and Human Resources Consulting, PC

MICHAEL H. BROWN, ED.S.
 LICENSED PROFESSIONAL COUNSELOR
 LICENSED MARRIAGE AND FAMILY THERAPIST
 DIPLOMATE IN CLINICAL HYPNOTHERAPY
 E-Mail: Internet: MBROWNLPC@aol.com
 Website: HTTP://www.MichaelBrown.org

4889 A FINLAY STREET
 RICHMOND, VA 23231
 (804) 222-0483
 FAX: (804) 222-8823

INDIVIDUAL CLIENT INTAKE AND INFORMATION QUESTIONNAIRE

Please fill out all sections

Your cooperation in completing this questionnaire will be helpful in planning your services. Please answer each item carefully or ask me for help if you do not understand an item. Thank you.

Full name: _____ Today's date: _____
 Address: _____ Social Security #: _____ - _____ - _____
 City, State, zip: _____
 Phone: H) _____ W) (or parent's) _____ Pager) _____ Cell) _____
 Email _____
 Age: _____ Date of birth: _____ Marital status: _____
 Occupation: _____ Employer: _____
 Work hours: _____
 Employer's address: _____
 Health insurance: ___ yes ___ no In the name of: ___ spouse ___ self ___ parent
 Insurance company: _____ Phone for mental health: _____
 Policy number: _____ Group number: _____
 Address: _____
 Name of policy holder: _____ Is this EAP? ___ YES ___ NO
 Another policy? ___ yes ___ no In the name of: ___ spouse ___ self ___ parent
 Name of policy holder: _____
 Policy number: _____ Group number: _____
 Briefly describe your reason(s) for seeking counseling:

Where or from whom did you find out about me: _____
 Have you ever received counseling, psychiatric or psychological help before? ___ yes ___ no

If yes, please state when, where, with whom, and for how many sessions or for how long:

Who is your primary care physician? _____
 Address: _____
 Phone: _____

I agree to allow Michael Brown to communicate with my primary care physician:

Signature

When and where were you last examined by a physician: _____

For what purpose: _____

Current medications, dosage and when prescribed: _____

List any major health problems for which you currently receive treatment: _____

Has any family member or relative received treatment for, or been diagnosed as having, a mental disease or disorder, or an alcohol or drug problem? If so, give details.

Note major illnesses, hospitalizations, surgeries and injuries: _____

Note significant problems/issues in educational history. Give dates of graduation from High School or college and degrees conferred: _____

Are you a member of a church? If so, what church? _____

Are you an active member? _____

What function does this affiliation serve for you if you are an active member? _____

List everyone living in your home, even if they are not members of your family:

Name	Age/birth date	relationship	occupation
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In case of emergencies please call:

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

SYMPTOMS Please circle any of the following problems which pertain to you:

- | | |
|-----------------|-----------------|
| nervousness | procrastination |
| sexual problems | loneliness |
| finances | career choices |
| anger | marriage |
| stress | stomach trouble |
| tiredness | depression |

suicidal thoughts
drug use
anxiety
self-control
work
legal matters
energy
health problems
education
children
bowel trouble
fears
separation
alcohol use
unhappiness
relaxation
memory
insomnia

concentration
temper
being a parent
appetite
shyness
divorce
friends
sleep
headaches
ambition
making decisions
inferiority feelings
nightmares
other relations
my thoughts

What other symptoms do you have that are not listed here? Please add any further information which you feel may be useful to us.

CONFIDENTIALITY

The information I share with Michael in counseling will remain confidential unless: 1) I authorize release of information with a signature; 2) I am judged to be a physical danger to myself or others; 3) in the case of child abuse/neglect, elder abuse/neglect, or dependent adult abuse/neglect is suspected; 4) a court order for records is issued; 5) where legally permitted or required bylaw to disclose the applicable data, and then only to the extent necessary. At any time I can request and will be given a complete document called Notice of Privacy Practices.

FINANCIAL AGREEMENT

I understand that I am ultimately responsible for all charges for services rendered. **(Please check one)**

_____ I will pay the full amount due each session and file my own insurance claim for reimbursement.

OR

_____ I will authorize my insurance company to make reimbursement payments directly to you and I will pay the full amount of deductibles and co-payments that are due at each session unless satisfactory alternative arrangements have been agreed upon. I hereby authorize Counseling and Human Resources Consulting, P.C., (C&HRC) to release any necessary information requested by my insurance carrier with respect to services rendered, claims or bills, etc.

Counseling takes place at \$90.00 for a 50 minute hour. I acknowledge that, except in emergencies, **I will be charged the full fee for any appointments which are canceled or broken without at least 24 hours' advance notice.** I understand that missed appointments are not covered under insurance and the full fee must be paid by me. Phone consultations are possible and I can call Michael whenever necessary. I will pay for the time I spend with him on the phone, for time he needs to spend consulting with other health care providers, writing special reports, say, for insurance purposes to request further sessions, disability documentation, court reports or appearances, , the time it takes Michael to respond to complaints about his work made by me that are dismissed by the Board of Counseling or other entities, etc. at the \$90.00 per hour fee. These fees must be paid out-of-pocket as well since insurance companies only reimburse for direct contact with me in my office.

I acknowledge responsibility for this account and guarantee payment of all charges to the account. Payment is expected at the time of service, either payment in full, if I am paying out-of-pocket, or my co-payment if I have chosen to use health insurance to pay for some portion of my counseling cost. C&HRC will charge 1.5% interest per month on any unpaid balance that is older than 30 days, whether that be my co-payment or the insurance payment. If any portion of the account balance becomes more than 60 days old, my

account may be considered in default unless alternative payment arrangements have been made and agreed upon in writing. In the event of default, I agree to be responsible for an additional 33% of the outstanding account to cover the costs associated with collection along with all court costs to the extent permitted by law.

Signature of responsible party

date

Signature of witness

date



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COUNSELING INFORMATION, CONTRACT, AND INFORMED CONSENT AGREEMENT

Thank you for choosing to work with me in counseling. I have asked you to read this letter for three reasons. One, so you will understand my background and approach to counseling. Two, to describe some of the "Techniques for Better Living" I will teach you how to use in our work together. Three, to clarify the financial and professional nature of our relationship. Both law and ethics require me to inform you of the information in this informed consent agreement.

TRAINING AND BACKGROUND

I hold a B.A. in Psychology from the University of Maryland (1973); an M.A. in Psychology from Sonoma State College in California (1978); and an Ed.S. degree in Professional Counseling from the College of William and Mary in Virginia (1990). In addition, I have more than 3000 hours of professional training and supervision in a variety of disciplines and innovative approaches to counseling and consulting with specialties in Transpersonal Psychology and Psychosynthesis. I was licensed in Virginia as a Professional Counselor in 1992, as a Marriage and Family Therapist in 1998, and as a Diplomate in Clinical Hypnotherapy in 2000.

FACILITATING THE DEVELOPMENTAL PROCESS

A distinctive feature of the services I offer is my understanding and facilitation of the developmental process. Change is a necessary and inevitable part of the human experience, for only through change can we grow. We all pass through a series of developmental stages and life crises in time and change, growth and development are often frightening, disorienting and painful. In my counseling practice, I help individuals, couples, families and organizations face these realities in positive, creative and productive ways. I teach people how to develop the human resources necessary to continue growing personally, professionally, and spiritually throughout life. And I facilitate the developmental process in careful and

appropriate ways, adapted to fit the unique needs of the clients with whom I work.

I help people understand and work through three distinct phases of the developmental process: resolving issues, conflicts, and pain from the past; developing new talents, potentials and resources to live more powerfully in the present; and envisioning a more meaningful future toward which to grow.

My logo encapsulates this philosophy and commitment in a symbolic way. It depicts the human spirit as an eagle, rising up from the earth below--free from the bonds of the past; with outstretched wings--strong and powerful in the present; heading toward the heights--the full realization of our personal and collective potential.

BASIC ASSUMPTIONS

I assume you are in crisis, that is why you have come to me for counseling. I assume you have the capacity and the inner resources to face your crisis and resolve your problems but that you need help in learning how to do this. The most important first step, then, is to see and accept the situation as it is so you can move into a process to address and resolve it. Self-awareness, self-acceptance, and self-development are goals that often take a long time to achieve. You may only need a few counseling sessions to 'get the job done', whatever it may be. Or, it may require months, even years, of counseling depending on the challenges which confront you.

As my client, you are in complete control of the frequency and duration of our work together. You may end your counseling relationship with me at any point and I will support your decision in the best way possible. I do suggest, however, that at least one full session be spent terminating our work together when that inevitably occurs. If counseling is successful, you will experience renewed energy, feel more able to face life's challenges in the future without my support or intervention, and you will be

equipped with new tools to facilitate your ongoing growth and development.

TECHNIQUES FOR BETTER LIVING

I will introduce and use a variety of methods and techniques to help you achieve these goals, some of which include:

RELAXATION TRAINING: to help you learn how to release your stress and tension so that you can be more calm, centered, present and effective at home and work, and to prepare you for the task of developing new inner resources.

REFLECTIVE SKILLS: to increase your ability to focus and concentrate, set priorities, and make sound decisions. **You will need to get a journal in which to write and draw (preferably a hard back book of 11" x 14" blank pages) in which to do homework assignments and in which to document your work with me in writing.**

HYPNOSIS, VISUALIZATION AND IMAGERY TECHNIQUES: to train your imagination through the use of images, symbols and mental pictures to see your issues, goals and priorities from many creative points of view.

SYMBOLIC DRAWING AND MANDALA ART: to capture symbols, images and mental pictures on paper so they can be studied and understood; to help you remember and remain focused on the issues on which you are working; to improve your capacity for pattern recognition, creative self-expression and interpersonal communication skills. **You will need to get a set of at least 24 colored pencils or felt tip pens and a compass or protractor with which to draw circles for mandala art.**

ROLE PLAYING, PSYCHODRAMA, AND MOVEMENT WORK: to learn how to be more spontaneous and trust yourself in action, and to be able to communicate in powerfully non-verbal ways;

ACTION PLANS AND HOMEWORK: to help you fully utilize the insights and inspiration of the counseling process in grounded and specific ways to improve your personal, professional, social and spiritual life.

SCOPE OF WORK AND PROFESSIONAL RELATIONSHIP

In my counseling practice I work with children, adolescents and adults. My work includes career counseling; personal, couples, marriage, family group counseling; specialized workshops, training

programs, retreats, and intensive quests.

Although our sessions will be very intimate, it is important for you to realize that we have a professional, not personal, relationship. Both law and ethics require that our contact be limited to the paid sessions you have with me in face-to-face counseling; to training programs, workshops, retreats or therapy groups; or to phone contacts if you should ever need to speak with me outside the counseling office.

Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way outside our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that our relationship is a professional one.

VARIABLES OF SUCCESS

It is impossible to guarantee any specific results from your counseling experience. Success in counseling is determined by a number of interlocking factors:

- the quality of the relationship we can develop;
- the nature of your problems, issues or concerns;
- the goals you set;
- the depth of your commitment to achieve them in sessions and through homework;
- your ability to ground, integrate and make use of the discoveries, energies and resources you acquire in our work together.

I assure you that my services will be rendered in a professional manner to the best of my ability and consistent with the accepted ethical standards for Professional Counselors. In the event you are dissatisfied with my services, however, for any reason, please let me know. If I am unable to resolve your concerns you can report your complaints directly to the Department of Health Professions, Board of Counseling, 6603 West Broad Street 5th Floor, in Richmond, VA 23230, at (804) 367-4610.

OPTIONS, FEES AND BILLING POLICIES

I have a very creative practice and provide many services and opportunities for how you might work with me. The standard counseling model is one fifty-minute session per week underwritten by insurance with a co-pay due from you. Some clients

want to work more intensely or more quickly than this on their issues. I also offer the opportunity for more frequent or longer individual, couples, or family counseling sessions paid for out-of-pocket.

To gain the most from your counseling experience, I suggest you attend the periodic seminars I conduct. Through these programs I explain the counseling process in great detail and can help you strengthen your understanding of and commitment to the use of the techniques I employ. Occasionally I conduct day-long or weekend retreats you may wish to attend which can help you deepen your self-awareness and develop even further your personal, professional or spiritual resources.

The fee for counseling is \$90.00 per fifty-minute session. If a session needs to go longer, you will be billed for the additional time out-of-pocket. In emergencies, phone contact is possible but if the conversation lasts longer than 10 minutes, the charge for the time must also be paid by you, out-of-pocket. \$90.00 per hour (or a fraction thereof) is also charged for time I need to spend in consultation with other health care providers, writing special reports, say, for insurance purposes to request further sessions, disability documentation, court reports or appearances, the time it takes Michael to respond to complaints about his work made by me that are dismissed by the Board of Counseling or other entities, etc. These fees must be paid out-of-pocket as well since insurance companies only reimburse for direct contact with me in my office.

Unless otherwise directed, you will pay a co-pay and we will bill your insurance company for the remainder. The fee for each service is ultimately your responsibility. Cash, personal check, or credit card are acceptable forms of payment. If you request, I will provide you with a monthly account of fees paid. Except in case of emergency, in the event you cannot keep an appointment, you must notify me 24 hours in advance. If you do not cancel in advance you will be charged \$90.00 out-of-pocket for the missed appointment. Your insurance company will not pay for missed appointments.

I am on most but not all insurance provider panels. You should contact your company and determine whether they will reimburse you for outpatient mental health counseling with a Licensed Professional Counselor and/or a Licensed Marriage and Family Therapist in Virginia. Find out, as well, what your co-pay is and how many visits you can have each year.

Insurance companies require that I diagnose my clients' mental condition because reimbursement is

provided on the basis of "medical necessity." I will determine the diagnosis with your collaboration before I submit it to the insurance company. Any diagnosis made will become part of your permanent insurance record.

The co-pay is expected at the time of the counseling session. 1.5% interest per month will be charged on any unpaid balance older than 30 days. If you have an outstanding account and fail to pay toward its reduction, 60 days after your last payment your account will be considered in default and will be turned over to collection. In the event of default, you will be responsible for an additional 33% of your outstanding account to cover the costs associated with collection as permitted by law.

EMERGENCIES

If you need to contact me after hours, call my office, leave a message, and I will call you back. I am on a 24-hour-a-day pager system. Unless it is an emergency, do not leave a message for me after 10:00 p.m. If I am out of town when you call, press "O" after my voice mail message and speak to an operator. She will refer you to a colleague of mine who serves as my back-up. If he is not available, call the appropriate local crisis intervention number. This service is available 24 hours a day. The numbers are for the City of Richmond, 780-8003; Chesterfield County, 748-1227; Hanover County, 752-4222, #1; Henrico County, Charles City or New Kent, 727-8515

If you have any questions about any part of this counseling information and contract agreement, feel free to ask them at any time. I will give you two copies of this document. Please sign and date both copies. You will keep one for your own records and I keep one in your file.

Again, thank you for choosing me as your Counselor. I look forward to getting to know you and to the opportunity of working with you.

Michael H. Brown, Ed. S.

Date

Client

Date

Client or Guardian

Date

DIRECTIONS

My office is two miles from the Richmond International Airport. From Interstate 64, take exit 195, Laburnum Avenue south toward Varina. Go one mile. Pass the Wyndham Hotel on your right. Take a right at the next light onto Finlay Street. Take the second left into a parking lot at 4889 Finlay Street–Laburnum Square Office Park. My office is in the A building.