

Anchored 4 Hope INTAKE FORM

- Completing this form will help me help you better as an entire person, all parts that affect the quality of life.
- Leave blank any question you would rather not answer prefer or discuss.
- The information you provide here is held to the same standards of confidentiality as our therapy.

Please print

Name: _____ **Date of Birth** _____

Address: _____ **City** _____

City _____ **State** _____. **Zip code** _____

Phone: _____ **Emergency Contact** _____

Number of Children at home/grown _____

Caretaker of a family member _____

TREATMENT HISTORY

- Are you currently receiving psychiatric services, professional counseling, or psychotherapy elsewhere? ()Yes ()No
- Have you had previous psychotherapy/counseling?
()Yes ()No, with (previous therapist name) _____

PRIMARY CONCERN

- Please share why you're seeking therapy at this time: because

- How long has this been going on?

- Is this concern related to a known mental health diagnosis, like depression or anxiety? ()Yes. ()No. () N/A- no mental health diagnosis
- Are you currently taking prescribed psychiatric medication (antidepressants or others)? ()Yes ()No
If yes, please list: _____
- Prescribed by: _____

HEALTH AND SOCIAL INFORMATION

- Do you currently have a primary physician? ()Yes ()No

If yes, who is it? _____

- Are you seeing more than one medical health specialist? ()Yes ()No

If yes, please list:

-
- When was your last physical? _____

Health & Social Info.

- Please list any persistent physical or health concerns

Hypertension ____ Chronic Disease _____

Chronic Pain ____ Distress _____

Where is the pain located in your body? _____

Head Aches ____ Eyes ____

Arthritis- ____ Hearing ____

Thyroid ____ Mobility ____

Trauma ____ Abuse _____

- Are you currently on medication to manage a physical health concern?

()Yes, ()No If yes, please list:

Sleep

- Are you having any problems with your sleep habits? () Yes () No

If yes, check where applicable:

- () Sleeping too little () Sleeping too much () Poor quality sleep

- () Disturbing dreams () other _____

Exercise

- How many times per week do you exercise? _____

- Approximately how long each time? _____

Eating

- Are you having any difficulty with appetite or eating habits? () Yes () No

If yes, check where applicable:

() Eating less () Eating more () Bingeing () Restricting

- Have you experienced significant weight change in the last 2 months?

() no () yes

Energy Level

High Level (.) Normal Level (.) Low Level (.) Overwhelmed (.)

Substances and Alcohol Consumption

- Do you regularly use alcohol? ()Yes ()No
- In a typical month, how often do you have 4 or more drinks in 24 hours?

- How often do you engage in recreational drug use
() daily () weekly () monthly () rarely () never
- Do you smoke cigarettes or use other tobacco products? ()Yes ()No
- Have you had suicidal thoughts recently?
() frequently () sometimes () rarely () never
- Have you had them in the past?
() frequently () sometimes () rarely () never
- Have you attempted Suicide? () Yes ()No _____

Stress Activities of Daily Living

- Are you currently in a romantic relationship? () Yes () No
- If yes, how long have you been in this relationship? _____
 - On a scale of 1-10 (10 being the highest quality), how would you rate your current relationship? _____
 - In the last year, have you experienced any significant life changes or stressors? If yes, please explain:

Have you ever experienced any of the following?

Extreme depressed mood	Yes / No
Dramatic mood swings	Yes / No
Rapid speech	Yes / No
Extreme anxiety	Yes / No
Panic attacks	Yes / No
Phobias	Yes / No
Sleep disturbances	Yes / No
Hallucinations	Yes / No
Unexplained losses of time	Yes / No
Unexplained memory lapses	Yes / No
Alcohol/substance abuse	Yes / No
Frequent body complaints	Yes / No
Eating disorder	Yes / No
Body image problems	Yes / No
Repetitive thoughts (e.g. obsessions)	Yes / No
Repetitive behaviors (e.g. frequent checking, hand washing)	Yes / No
Homicidal thoughts	Yes / No

OCCUPATIONAL INFORMATION

Are you currently employed? () Yes ()No

If yes, who is your current employer/position? _____

If yes, are you happy with your current position? _____

Please list any work-related stressors, if any _____

Are you currently in school? () Yes ()No

If yes, please share. _____

RELIGIOUS/SPIRITUAL INFORMATION

Do you consider yourself to be religious? () Yes ()No

If yes, what is your faith? _____

If not, do you consider yourself to be spiritual? () Yes ()No

FAMILY MENTAL HEALTH HISTORY

Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (circle any that apply and list family members, e.g. sibling parent, uncle, etc.)

Difficulty	Yes / No	Family member
Depression	Yes / No	
Bipolar disorder	Yes / No	
Anxiety disorder	Yes / No	
Panic attacks	Yes / No	
Schizophrenia	Yes / No	
Alcohol/substance abuse	Yes / No	
Eating disorders	Yes / No	
Learning disabilities	Yes / No	
Trauma history	Yes / No	
Suicide attempts	Yes / No	
Chronic illness	Yes / No	
Emotional Abuse	Yes / No	
Physical Abuse	Yes / No	

OTHER INFORMATION

What do you consider to be your strengths? _____

What do you like most about yourself? _____

What are effective coping strategies that you have learned? _____

What are your goals for therapy?

Anything else I should know or be aware of in being your therapist?

Anchored For Hope

Sherry Aaker

Thomas County, and entire state of GA

Phone: 229.200.3675,

Website:

Email: anchored4hope@gmail.com

INFORMATION, AUTHORIZATION, & CONSENT TO BEING A COLLATERAL PARTICIPANT

Thank you very much for taking the time to read this authorization form carefully. I have given you this form because you have elected to become part of your friend's, family member's, spouse's, or partner's treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your experience here at Anchored For Hope, Sherry Aaker. Specifically, this document is to inform you about your rights, responsibilities, and risks regarding collateral participation. A "collateral participant," means that **you are here to assist another person (the designated client), but you are not the primary focus of treatment.** Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your collateral participation.

Description of Collateral Participation

The role of a collateral participant can vary greatly. For example, a parent or guardian may continuously be involved in the treatment of a minor. Whereas a partner or friend may only come in once or twice to help the designated client. We will discuss what role you shall take in the client's treatment during our first session. As mentioned above, I am committed to providing treatment to the designated client, and your participation is adjunct to this treatment. Therefore, my legal and ethical responsibility resides strictly with the designated client. This means the following:

- (1) What the client tells me is confidential, but what you tell me is not. This isn't to say that I plan to divulge any information that you tell me to the public. However, I will not keep secrets from the client, and your information isn't protected by the same laws that the information given to me by the client is.
- (2) Although your participation as a collateral may help you psychologically; it also may not. My primary concern is for the client, and treatment will focus on the client's needs. However, I will be glad to give you other resources for your own treatment if necessary.
- (3) I will keep a clinical record for the designated client only. Any notes I take regarding your participation will go into the client's chart. The client has the right to access their chart. Whereas, you do not have the right to access this chart without the client's written permission. Parents have a legal right to a minor's chart, but not an ethical right.
- (4) I will give the client a diagnosis for treatment purposes and, if applicable, for insurance filing. However, I will not give a collateral participant any kind of diagnosis.

Parents as Collateral Participants

Due to the sensitive nature of counseling and the fragile stage of development that your child is currently experiencing, forming a therapeutic bond with me, as their therapist, is very critical at this point. It is important that they feel safe and comfortable discussing personal and private topics with me. To respect the privacy and sensitive needs of your child, I will not be discussing the content of therapy sessions with you in detail. It is my hope that through the therapeutic process, new skills and insights will be gained by your child, so they can discuss these sensitive topics with you in their own time. If your child is too young to do this, we will definitely have family meetings to assist in this process. However, if at any time I make the assessment that your child is in danger or

might be dangerous to others, if abuse/neglect is suspected or reported, or if there are any other concerns related to the health and welfare of your child, you will be notified immediately so that the necessary actions and precautions can be taken.

Background Information

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

*[Licensed Professional Counselor Masers from Liberty University, EdD from Tennessee State in Leadership
40 years of work experience with education and educational programs, including counseling.]*

Theoretical Views

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower the designated client in their growth process to the degree that they are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct the client to other resources that will be of assistance to them. I am a person of faith and rely upon Christian values, purpose, and passion when directed by God to show others His Glory in everything I do.

Confidentiality & Records

As mentioned above, your communications with me will become part of a clinical record of treatment for the designated client, and it is referred to as the client's Protected Health Information (PHI), protected by both federal and state law. ***The PHI will be kept in a file stored in a locked cabinet in my locked office.*** The PHI will be stored electronically, Dropbox, a secure storage company who has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of the PHI in a HIPAA compatible secure format using point-to-point, Federally approved encryption. **The PHI will be kept on a password protected computer in an encrypted file format.** Additionally, the PHI of the client is confidential, with the following exceptions:

- (1) the client directs me to tell someone else and signs a “**Release of Information**” (ROI) form;
- (2) I determine that the client or you are a danger to yourself or to others;
- (3) the client or you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection;
- (4) the sessions are being billed to an insurance company, and the client's insurance company requires me to submit information about treatment for claims processing or utilization review; or
- (5) I am ordered by a judge to disclose information. Regarding an order by a judge, my license does provide me with the ability to uphold what is legally termed “privileged communication.” **Privileged communication is the client's right to have a confidential relationship with a therapist.** This state has a very good track record in respecting this legal right. If, for some unusual reason, a judge were to order the disclosure of the client's private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what the client says confidential. However, you should be aware that if a judge orders the disclosure of your information, I do not have the legal authority to maintain your confidentiality. ***I only maintain that authority with the designated client.*** Additionally, it is expected that you will maintain the confidentiality of the client in your role as a collateral participant.

If we, at any point, determine that family or couples therapy is more appropriate than collateral participation, then you will be afforded all the rights to confidentiality that currently reside with the designated client. Please feel free to discuss this with me if you have concerns.

Structure and Cost of Sessions

Sessions are typically 50 minutes in duration. Occasionally, if we feel more time is needed, they may be 75 minutes in duration, which we will discuss prior to the appointment. Unless you elect to do so, or you are financially responsible for the client, you are not responsible for paying any of my professional fees.

Cancellation Policy

In the event that you are unable to keep an appointment, ***you must notify me at least 24 hours in advance.*** If such advance notice is **not received**, the client or you will be financially responsible for the session you missed unless the client decides to attend the session alone. Please note that insurance companies do not reimburse+ missed sessions.

In Case of an Emergency

My practice, **Anchored For Hope**, is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. ***I do not carry a beeper nor am I available at all times.*** If at any time this does not feel like sufficient support for the person you are here to support, please feel free to inform me, and we can discuss additional resources for the designated client or transfer the case to a therapist or clinic with 24-hour availability. However, if you feel that I'm not giving *you* enough support, this is a good indication that you might need to seek individual therapy for your own needs, which is discussed in the next section. Generally, ***I will return phone calls within 24-48 hours. If you or the designated client has a mental health emergency, I encourage you not to wait for a callback, but to do one or more of the following:***

- **Call Behavioral Health Link/GCAL: 800-715-4225**
- **Crisis hotline 988**
- **Call 911.**
- **Go to your nearest emergency room or Local hospital**

Professional Relationship

Psychotherapy is a professional service that I provide. Because of the nature of therapy, the designated client and your active relationship with me must be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only a professional relationship. If you or the client and I were to interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to the client or you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the collateral's or client's interests, and then the collateral's or client's interests might not be put first. To offer all of my clients and their collateral participant's the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Another **example of** a dual relationship is when a therapist attempts to treat close friends or multiple family members as separate individual clients. It's nearly impossible to focus on the needs of one individual without affecting the needs of others involved. Therefore, it is not advised in our profession, and I cannot also become your individual therapist. If you determine that you would like your own therapist, I'll be glad to help you find another therapist to be of assistance.

One question you may have is if a collateral participant ever becomes a formal client of mine. The only time this might occur is if we collectively decide that couples or family therapy is more appropriate and beneficial to all parties. However, if I've had multiple sessions with the designated client and already developed a strong alliance, I will most likely refer couples or family therapy out to another professional. This will prevent a dual relationship as described above and allow for unbiased service to the couple or family.

Legal disclaimer - *There is another dual relationship that therapists are ethically required to avoid.*

This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. My passion is not in forensic work but in providing you with the best therapeutic care possible. Therefore, by signing this document, you acknowledge that I will be providing therapy only and not forensic services. You also understand that this means I will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities.

You should also know that therapists are required to keep the identity of their clients and collaterals confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when this relationship is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for the client's and your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the ***affiliation(s): American Psychological Association (APC), the American Association Christian Counselor AACC, and LPC of GA.*** If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If I am unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your participation or the therapeutic goals of the designated client, I am unable to do so. However, with your participation, we will work to achieve the best possible results for the client as well as your relationship with them.

Additionally, as a support person for the client, it is important for you to know that at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as the client begins discussing certain sensitive areas of their life while in a session. However, once we can target the specific treatment needs for the client and the particular modalities that work the best, help is generally on the way.

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure or confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. I realize that many people prefer to text and/or email because it is a quick way to convey information. **However, please know that it is my policy to utilize these means of communication strictly for appointment confirmations (nothing that could be inferred as therapy).** Please do not bring up any therapeutic content via text or email to prevent compromising confidentiality. If you do, please know that I will not respond. **You also need to know that I am required to keep a summary or a copy of all emails and texts as part of your clinical record that address anything related to therapy.**

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: It is my policy ***not to accept requests*** from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. I have a professional Facebook page. You are welcome to follow me on any of these pages. However, please do so only if you are comfortable with the general public knowing your name is attached to mine/**Anchored 4 Hope**. Please **refrain** from contacting me using social media messaging

systems such as Facebook Messenger or Twitter Direct Message. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

Google, Bing, etc.: *It is my policy not to search for my clients on Google* or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself to me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material, and bring it to your session.

Blog: I may post psychology information/counseling information/therapeutic content on my professional blog. If you have an interest in following my blog, you are welcome to. However, please do so only if you are comfortable with the general public knowing your name is attached to mine.

Faxing Medical Records:

If you authorize me (in writing) via a "Release of Information" *(ROI) form* to send your medical records or any form of protected health information (PHI) to another entity for any reason, I may need to fax that information to the authorized entity. *It is my responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of my fax machine.* However, my fax machine is kept behind two locks in my office. And, when my fax machine needs to be replaced, I will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

Recommendations to Websites or Applications (Apps):

While during treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide and communicate to me if you would like this information as adjunct to treatment or if you prefer that I do not make these recommendations.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

Our Agreement to Enter into a Collateral Relationship with Anchored For Hope

I sincerely hope this document has been helpful to explain your role in the client's treatment, your rights, risks, and my procedures. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this document and you agree to the policies stated above.

Collateral Participant's Name (Please Print)

Date

Collateral Participant's Signature

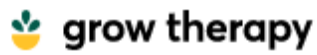
My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Dr Sherry L Aaker, LPC

Therapist's Signature

Date

Return just this page to me. 229.200.3675



NAME OF THE PROVIDER:

PRACTICE ADDRESS:

PHONE:

FAX:

EMAIL:

Release of Information

I hereby authorize:

To: Release information to: Name: _____

Obtain information from: Address: _____

Exchange information with: _____

Telephone: _____

The information requested or authorized for release or exchange pertains to:

Mental Health

Mental Health Counseling / Psychotherapy

Education

HIV/AIDS

Sexually transmitted diseases

Drug or alcohol abuse

This authorization is valid until **January 1, 2025**. I may cancel this authorization by signing, dating, and writing "CANCEL" on this original form or by sending a written, signed and dated request to the provider above indicating my desire to cancel. I understand that once my information has been released, the recipient might re-disclose it, my provider has no control over it and privacy laws may no longer protect it. The purpose of this authorization is to improve the quality of my mental health evaluation or treatment.

Patients Name

Date of Birth

Patients Signature

Date

Guardian's Signature (if patient is a minor)

Date