

Minor Client Information

Today's Date: _____ Date of First Session (if different): _____

About Minor:

Minor's First Name: _____ Middle Name or Initial: _____

Last Name: _____ Nick Name: _____

Minor's Principal Address: _____

City: _____ State: _____ Zip: _____

Minor's Telephone # Contact: _____

Minor's Birth Date: _____ SS#: _____

Minor's Gender: _____ Relationship Status: _____ Ethnicity: _____

Please list Minor's present medications: _____

Physician: _____ Phone: _____ Fax: _____

Minor's Faith Preference: _____

Minor's Previous counseling, if so when and with whom: _____

Please list documentation you will provide to verify your legal right to bring in Minor: _____

About Responsible Party (you):

First Name: _____ Middle Name or Initial: _____

Last Name: _____ Relationship to Minor: _____

Your Address, if different: _____

Home Phone: _____ OK to leave message? _____

Mobile Phone: _____ OK to leave message? _____

Work Phone: _____ Ext.: _____ OK to leave message? _____

Your Birth Date: _____ SS#: _____

Your Employment: _____ Employer: _____

Any other Adults entitled to discuss Minor's progress with Counselor:

Name(s) and Phone: _____

Any Emergency Names in addition to you: _____ Phone: _____

Relationship to Minor: _____

How were you referred to the Counseling Center? _____

Would you give permission for the Counseling Center to contact the person who referred you?

Initial your choice: yes _____ no _____

Pastoral Counseling and Education Center
4525 Lemmon Avenue, Suite 200, Dallas, TX 75219
phone: 214/526-4525 fax: 214/520-6468

Welcome to the counseling and psychotherapeutic services of the Pastoral Counseling and Education Center. We have served the North Texas area since 1968 and are glad that you have chosen us to work with you.

You and your minor's relationship with the Counseling Center is important and confidential. Information cannot be released regarding your minor's counseling without your written permission unless disclosure is required by state law. Some examples are: 1) suspected child or elder abuse; 2) for third party payments such as insurance; 3) if your minor is involved in a legal case, your therapist or the Center may be required by law to release your records to attorneys or judges; 4) if your minor is dangerously close to harming self or others your counselor may notify medical or law enforcement personnel. Minors are entitled to privacy, just like adult clients. **You may expect progress reports and suggestions for parenting from the counselor, but not specific content from sessions.**

To provide the best possible care, your counselor's work is open to the scrutiny of professional supervision, peer review, and the accreditation standards of the American Association of Pastoral Counselors and the Samaritan Institute. The Center follows state and federal laws regarding the electronic transmission of records.

In case of concern for your minor's or your life and safety or the life and safety of others, your counselor may decide to notify the emergency contact person listed on the front of this form. Your initials here indicate your permission and acceptance of this: _____

Sessions are generally scheduled for 45 - 50 minutes. The appointment you schedule is reserved for you. You will be billed for missed appointments and cancellations of less than 24 hours notice. Unforeseen emergency situations may be taken into account.

Fees are discussed during your first session. We ask you to pay at the time service is rendered. This enables us to remain fiscally sound, and therefore provide consistent quality service. Insurance issues can also be discussed with your counselor or with our insurance coordinator. You are responsible for the balance due if your insurance does not pay for our services. **You are also responsible for the balance if the insurance holder is different from yourself.** If you have difficulties with your insurance company, you can file a complaint with the Texas Department of Insurance (800-252-3439 or at www.tdi.state.tx.us). Please initial here that you understand your responsibility : _____

If you have concerns or problems with your counseling relationship, or if you have questions about the Center policies we hope that you will talk directly with your counselor. You may also talk with the Center's Executive Director. The consumer complaint hot line for most Texas licensed/certified counseling professionals is 1-800-942-5540.

The Center has a centralized phone system. You may go directly to the voice mail system by dialing 214-526-4753, then follow the directions for your counselor's extension. The Center also has an answering service for emergencies. Call the Center's main number (214-526-4525 or 800-340-7557) and the front desk or answering service will assist you.

Consent for Video or Audio Taping: I understand that continuing education, consultation, and peer review are important to the counseling process. I give my permission for video or audio taping of any therapy session and the use of that record in the conduct of clinical education enhancement with the staff and students of the Pastoral Counseling and Education Center. I further understand that every effort will be made to protect the confidentiality of the Minor in accordance with the counselor's professional ethics. Initial here if you consent: _____

Your signature here indicates you have read, understand and accept the above policies. Thank you.

Print name _____ Fee _____

Client signature, Parent / Guardian _____ Date _____

Counselor signature _____

Client Copy – PCEC Information Sheet

Pastoral Counseling and Education Center
4525 Lemmon Avenue, Suite 200, Dallas, TX 75219
phone: 214/526-4525 fax: 214/520-6468

Who we are:

An out-patient treatment center ready to help people:

- Change their lives and relationships
- Learn coping skills
- Learn to balance work, family, social and spiritual lives

Qualifications:

This Center is accredited by the American Association of Pastoral Counselors and the Samaritan Institute. All therapists and trainees have master's degrees or higher academic training, as well as hundreds of hours of clinical experience. All therapists pledge to practice by the code of ethics of the American Association of Pastoral Counselors and the code of ethics of any other professional group by which they practice. (TX Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Master Social Worker, Licensed Psychologist, Psychiatrist, etc.)

What we offer:

We offer a variety of programs—individual, couple, family, group psychotherapy, play therapy for children—by staff therapists and therapists-in-training, using different approaches. All therapists have been extensively trained and receive on-going supervision and education. When appropriate, clients have the opportunity of receiving collaborative therapy with several consulting therapists.

Your role in therapy is to:

- Make a commitment for change or growth
- Take responsibility for your own life
- Set goals for therapy
- Give feedback to your therapist
- Work on your own goals between sessions

Your therapist's role is to:

- Decide if his or her skills meet your need
- Facilitate your reaching your goals
- Help identify community and other psychotherapeutic resources

Our limitations:

We are an out-patient treatment center, we cannot provide intense daily client monitoring. Further, we are unable to help clients who:

- Continue to be under the influence of illicit drugs (including alcohol)
- Misuse or refuse to use prescribed medication
- Require intense supervision
- Consistently disturb other clients or staff
- Endanger other clients or self
- Willingly destroy our property