



Couple/Family Therapy Participants Consent for Services and Personal History

Shine a Light Counseling Center & New Perspectives Center for Counseling

Please complete this document before you start couple or family therapy. Another family member may have completed similar paperwork, but we would also like your consent for services and some background information about you. If you have any questions, contact your therapist. You can expect an opportunity to discuss these agreements in your first session.

Who is the Client?

If you and your partner or family member(s) are paying for your own therapy, then all participating adults are clients of Shine a Light Counseling Center. If another family member is using Medi-Cal or other insurance to pay for the therapy, then the person accessing their insurance is the official client. If this is not you, then you are filling out this form as a “collateral participant” in your partner or family member’s therapy.

This distinction is due to the insurance industry requirements for reimbursement of health care. This includes the identification of an individual patient, who can be diagnosed as suffering from a diagnosable disorder, which requires medically necessary treatment. A collateral participant is someone who attends the sessions of the designated patient as a participant in the treatment.

Shine a Light Counseling Center practices couple and family therapy from a “systems perspective”. This orientation postulates that social interactions and family structure profoundly affect the mental health of all family members. From this perspective no specific person is believed to be the sole cause or the sole victim of problems in the family. Rather, we seek to improve family communication so that all family members can experience improved mental health. The therapist will take this approach regardless of who in the family is designated as a patient and who is designated as a collateral participant. This form will help you be an informed and fully consenting participant. It will also help the therapist gain important background information about you.

Consent for Services

THE THERAPY PROCESS

Therapy is a collaborative process where you and your therapist will work together to help you achieve your goals, heal emotional pain, become more self-aware, improve your interpersonal relationships, and relieve any symptoms of mental illness. Therapy is a unique and highly individualized experience. Please let your counselor know what you need to feel safe and supported in your growth. Your openness and honesty are important for a healthy therapeutic relationship. You retain the right to end this relationship at any time.

CONFIDENTIALITY

We honor the importance of your confidentiality in the counseling process. We want you to know that any information you share is protected by professional and ethical standards, and will not be released without your written consent. The only exceptions to this are to protect the safety of you and others. We may need to report reasonable suspicion of child abuse; elder abuse; dependent adult abuse; or intervene if you present a danger to yourself or to others; or by court order.

CONSULTATIONS & SUPERVISION

Our counseling services are provided primarily by pre-licensed clinicians, who are training to become licensed therapists. You can ask your therapist about their current status as a trainee, associate or fully licensed therapist. Our licensed clinical supervisors provide supervision to our pre-licensed clinicians on a weekly basis. During group and individual supervision meetings, your information may be discussed. All information shared between clinicians, supervisors and the administration is handled with strict confidentiality within our agency. Our clinical director is Tim Hartnett, LMFT #27228. You can ask your therapist about their direct supervisor(s).

EMERGENCY CONTACT POLICY

Please note that Shine a Light Counseling Center is not a crisis counseling center or an emergency provider. If you experience a mental health crisis, please call the Santa Cruz County Access Team (Santa Cruz county) at [800-952-2335](tel:800-952-2335), Monterey County Mental Health Crisis Line (Monterey county) at [831-755-4111](tel:831-755-4111), San Francisco General Psychiatric Emergency [415-821-8125](tel:415-821-8125) or the Suicide Prevention Hotline at [877-663-5433](tel:877-663-5433), Mental Health Emergency Hotline at 988, or Local Emergency Services at 911.

CONTACTING YOUR COUNSELOR

Please contact your counselor via their direct email or direct phone number. Be sure to get your counselor's contact information from them. Do not call the Shine a Light main phone number to communicate with your counselor or give notice about late arrivals or cancellations. Please discuss with your therapist their policy on communications with them between sessions.

FEES & PAYMENT (Medi-Cal, Medicare & Insurance subscribers only)

As providers for various Insurance plans, we will need to verify coverage in order to bill for services. If you have dual insurance coverage, please disclose this to your therapist. To have your therapy sessions covered by insurance, your symptoms will need to satisfy the criteria for a formal mental health diagnosis. Your therapy record may be audited by your insurance plan, at their discretion. In signing this form you will therefore be authorizing the exchange of information between your insurance plan and Shine a Light Counseling Center for the purpose of billing and possibly auditing your health record. There is no fee for Medi-Cal clients. Fees for other insurance depend upon the plan deductible and copayment amounts. Please also verify that your therapist is an Associate-level therapist, as Trainee counselors cannot bill insurance.

FEES & PAYMENT (Self-pay only)

Your fee is set by your counselor according to agency policies, and will be disclosed to you prior to your first session. Payment of the fee is due at each session. Cash, check, and credit/debit cards are accepted. There will be a \$25.00 fee charged for any returned check. Unfortunately, we are unable to bill for services, or allow a client to "carry" a balance owed. And we do not refund payments for missed appointments or late cancellations. Credit card charges will be submitted automatically with your consent on the separate Payment Authorization form.

FEES & PAYMENT (by other parties)

If you arrange your fees to be paid by another party (parent, family member, friend or employer), please be aware that you are releasing Shine a Light Counseling Center to disclose billing information to the payer. This information is limited to the dates and service codes of your scheduled sessions, and whether you attended the session or not.

IF YOU HAVE “Out-of-Network” PRIVATE INSURANCE or an HSA/FSA

If Shine a Light is not a contracted provider for your insurance, be aware that your costs for therapy may be lower by using an in-network provider with your plan. This depends upon your plan details, including your deductible and co-payment amounts. If you have **out-of-network benefits** with your insurance plan, we can provide you with a Superbill for you to submit to your insurance plan for reimbursement. If you have a **Health Savings Account**, it can most likely be used successfully to pay for your therapy at Shine a Light.

SESSION LENGTH

Your session length is 50 minutes. If you require a longer appointment, your counselor can work with you to determine an appropriate length of time; and the fee will adjust accordingly.

LATE CANCELLATIONS & MISSED APPOINTMENTS

Cancellations must be made 48-hours in advance. If an appointment is canceled (or missed) without 48-hours of notice, you will be charged your usual session fee for that missed session. Our therapists usually reserve the time for your appointment a week beforehand, and they cannot reassign that time on short notice. So when you schedule an appointment, please realize that you are committing to pay the fee for that session. If you arrive late for your appointment, your session will still end at the regular time.

If you are a **Medi-Cal subscriber**, please note that Medi-Cal will not pay your therapist for appointments you miss. Thus, to limit the financial burden to Shine a Light Counseling Center, we will end services to any Medi-Cal subscriber who cancels a total of three appointments with less than 48 hours notice.

CONTAGIOUS ILLNESS

If you are experiencing symptoms of or testing positive for a contagious illness, or have had recent exposure to someone with a contagious illness, please contact your therapist as soon as possible to arrange for your in-person session to be switched to a telehealth session. If you come down with a contagious illness shortly after seeing your therapist, please let them know that they may have been exposed to your illness pre-symptomatically.

TELEHEALTH SERVICES

Shine a Light can provide teletherapy sessions with the agreement of both therapist and client. Effective teletherapy necessitates that you:

- Locate in a comfortable, private and secure environment, free from distractions or interruptions.
- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Use a reliable device, power source and internet connection.
- Do not use video or audio to record your session unless you ask your therapist for their permission in advance.
- Make sure to let your therapist know if you are not in your usual location before starting any telehealth session.

Our teletherapy platforms conform to federal regulations (HIPAA) for data security. However, teletherapy does carry the following risks: Potential interruption of internet connection; Potential data security breaches; Potential decrease in crisis management options your therapist can help you with; and

Potentially reduced impact of the therapeutic relationship. Please discuss any concerns you may have with your therapist.

CHILD CUSTODY, LEGAL PROCEEDINGS & COSTS

It is the policy of Shine a Light Counseling Center not to participate in any litigation, including child custody evaluations/recommendations. We do not voluntarily testify in any court proceeding or disposition. We generally do not write or sign letters, reports, declarations, or affidavits to be used in any legal matter. If any officer or employee of Shine a Light Counseling Center is called to testify or provide disposition in court, proceeding, or other meeting on your behalf, Shine a Light Counseling Center charges \$300.00/hour and reasonable travel and hotel costs for any and all related time spent on the case.

COMPLAINTS

If you feel your therapist has engaged in improper or unethical behavior, you can talk to them directly and/or report the behavior to the clinical director of Shine a Light Counseling Center at info@shinealight.info. In California, The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Your signature when you complete this form indicates your agreement to this entire document.

Signature of client: _____ Date: _____

Personal History Form

Basic Information	
Name:	
Birthdate:	Age:
Phone:	Email:
Home address:	
How do you prefer we contact you? <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email	
Phone messages: Is it ok for us to identify ourselves as from Shine A Light? <input type="checkbox"/> Y <input type="checkbox"/> N	
What race do you identify with:	What gender do you identify with:
Relationship status:	Number of children:

Monthly household income:

Safety Issues

Have you ever attempted suicide? ____ Yes ____ No

Have you had suicidal ideation in the last year? ____ Yes ____ No

Do you currently think about suicide? ____ Yes ____ No

Past Counseling Experiences

Have you ever seen a psychotherapist or psychiatrist before? If so, please provide dates and a brief explanation of the focus of your therapy:

Your Current Concerns

Please briefly explain the reasons you are participating in couple/family therapy:

Family and/or Trauma History

What hardships affected you or your family when you were a child?

What hardships affect you or your family now?

Family Psychiatric History

Please describe any mental health or substance use related issues of family members

Medical Conditions and History

What medical issues are you dealing with, or have been significant in your past?:
What medications are you currently taking (including psychiatric)?:

Substance Use

Have you ever been treated for substance abuse?

In what amount and frequency do you currently use any mind altering substances?

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Family and Social History

Are there any current or past issues with your family relationships?
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Occupation

What is your current employment (if any)?

Legal History

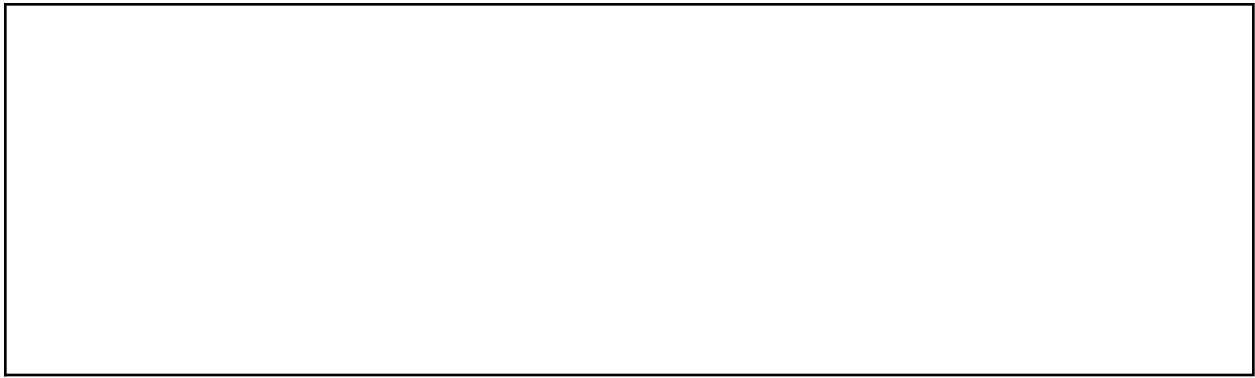
Have you ever been charged with a crime? If so, briefly describe: Are you now, or might soon be, involved in a lawsuit? If so, briefly describe:

Strengths and Limitations

Please identify your top three strengths:

Additional Information

Is there anything else you would like your counselor to know about you?



Thank you for your information. We look forward to working with you!