

**CLIENT SERVICE AGREEMENT**

This agreement for clinical therapy services between Canyon Counseling and Creativity LLC., a for profit business of Oregon, and counselee(s) NAME \_\_\_\_\_ shall govern all professional relations between the parties. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator, considering first either the Executive Director, or Associate Director, of the practice. In the event of a lawsuit, the client may assume all the costs of litigation including adjunct costs and fees, and all attorney fees.

**THE Clinical Pastoral Pounselor** is Jennifer Sanders, who is operating under the auspices of Canyon Counseling and Creativity LLC. . Clinical pastoral therapy is confidential, faith-based counseling by one trained pastoral and counseling minister. Therapy shall be terminated, or referral for auxiliary treatment may be made at any time, whichever is in the client’s best interest.

**FEES AND INSURANCE POLICY.** Client fees are to be determined at the first session. Full payment shall be made at the end of each session by the client. Clients are responsible to bill their own insurance if applicable. We will not extend credit, will not bill in lieu of payment, and will not schedule appointments beyond an unpaid session. Clients are fully responsible for the payment of all fees, and assume all reimbursements and costs related to NSF checks, or the collection of any debts the client owes to Jennifer Sanders operating as Canyon Counseling and Creativity LLC. .

**FEE AGREEMENT.** The agreed fee per 50-minute session is \_\_\$100.00\_\_ for the base fee rate. If this fee is reduced or changed it will be done so in writing by Jennifer Sanders operating as Canyon Counseling and Creativity LLC.

**CANCELLATION POLICY.** Clients will maintain responsible relations regarding appointment times. Any appointment canceled without MANDATORY 24 hr. cancellation notice, barring extreme emergency, or any appointment that is

disregarded by the client's non-appearance without proper 24-hr, notice, will be charged to the client at the full fee rate plus any damages or costs incurred while waiting for client to keep the appointment, or income loss due to the client's lack of regard for proper conduct, and is payable in full prior to booking any other appointments.

**CONFIDENTIAL POLICY.** All communications, records, information, and contacts with professional and support staff, will be held in strict confidence. Information may be released, in accordance with state law, only when:

- 1. the client signs a written release of information indicating informed consent to such release;**
- 2. the client expresses serious intent to harm himself/herself or someone else, or there is evidence or reasonable suspicion of abuse against a minor child, elder person (65 yrs or older), or dependent adult; or,**
- 3. a subpoena or other court order is received directing the disclosure of information.**

**It is our policy to assert either (a) privileged clergy/client communication in the event of #3 or (b) the right to consult with clients, if possible barring emergency, before mandated disclosure in the event of #2. Although we cannot guarantee it, we will endeavor to inform clients of all mandated disclosures. Clients with any concerns or questions about any policies connected to receiving Pastoral Counseling with Canyon Counseling and Creativity LLC agree to raise them with their counselor at the earliest possible time to resolve them in the client's best interest.**

**WORK AGREEMENT.** It is agreed that the client shall make a good faith effort to engage in the counseling process. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling, or for any unresolved conflict or impasse between counselor and client.

**MEDIA AGREEMENT** Audio and video recordings, photographs are not permitted unless written consent is given to Counselee or agency by Canyon

## Canyon Counseling and Creativity LLC

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Counseling and Creativity LLC., even for personal use. Any publications to print, quotes, production or duplicate would be given via writing as per a case by case basis by Jennifer Sanders. Limited service rights are dated and expire. This protects the confidentiality of the counsees, and counselors and protected by State and Federal law, and all copyright law.

**SERVICE AGREEMENT:** We, the clinical therapist and counselee(s), have read, and agree to honor these policies, including the commitment to negotiate and mediate as stated above.

### CONFIDENTIAL CLIENT INTAKE FORM

I understand this is a Faith-based, Christian counseling service, operating under the auspices of Jennifer Sanders and Canyon Counseling and Creativity LLC., a Clinical Christian Therapist, (hereby known as “the counselor”) not a secular psychologist, and as such, will not testify in any litigation. In the unlikely event of a subpoena, “the counselor” will exercise his/her right to fully invoke the clergy/client confidentiality privilege for the sole purpose of protecting his/her position as clergy and the sacred Trust of those he/she counsels.

I understand no guarantees of any kind have been represented to me by “the counselor”, or any member of Canyon Counseling and Creativity LLC., as to my personal experiences, or the possible results of this counseling. I agree and understand payment for professional services is required at time of visit/scheduling, and that this office will not bill in lieu of payment.

I will pay any legal or collection fees related to nonpayment of dependent children, or “Client” named above.\*\* I understand any threats of imminent harm to self, or others, including but not limited to, child molestation/ abuse, and or elder molestation/abuse, must be reported by Canyon Counseling and Creativity LLC., to the proper authorities.

I understand Canyon Counseling and Creativity LLC. has a MANDATORY 24 hr. cancellation policy states I am liable for reserved appointment time fees/costs in

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full, prior to the next appointment. I release all liability, in any form, that may be charged against “the counselor”, by myself, or my estate, for actions concerning this counseling that I may or may not have taken, or that may have been taken on my behalf.

I understand my personal responsibility to maintain confidentiality, and I waive confidentiality protocols, if any other party, including family members, participates by my request, my personal counseling sessions. I enter into this agreement with a sound mind, without the influence of drugs, alcohol, or duress.

My signature below testifies that I have read, and do understand, the entire contents of this form, and have reviewed the same with the Pastoral Counselor, or a member of Canyon Counseling and Creativity LLC..

**Signature of Client:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness (Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIDENTIAL CLIENT INTAKE FORM**  
**Part I**

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_ D.O.B. \_\_\_\_\_

Check Marital Status:

\_\_\_ single \_\_\_ engaged \_\_\_ married (how long \_\_\_) \_\_\_ separated (how long \_\_\_)  
\_\_\_ divorced (how long \_\_\_) \_\_\_ live-in mate \_\_\_ room mate/roommates

Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_ D.O.B. \_\_\_\_\_ Occupation: \_\_\_\_\_

**If Minor under the age of 18:**

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:  
\_\_\_\_\_

**If these court ordered roles apply please fill in, if not, skip:**

Guardian Ad Litem (court appointed): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If Applicable, if not, SKIP.**

Court/HRS Case Worker/Parole Officer Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Ex. \_\_\_\_\_ Case # \_\_\_\_\_ County:

\_\_\_\_\_

Arresting Officer: \_\_\_\_\_

Offense: \_\_\_\_\_

Sentence:

\_\_\_\_\_

Check how referred to this office: \_\_\_ local church \_\_\_ friend \_\_\_ Internet service  
\_\_\_ phone bk.  
\_\_\_ court \_\_\_ other

Name of church, or friend who referred you: \_\_\_\_\_

Please list all drug, alcohol, or other treatment programs/facilities you have  
attended and dates, use back of form if necessary:

\_\_\_\_\_

\_\_\_\_\_

Please attach all pertinent documentation at the end of this form that requires a  
signature or recording for court and any other agency.

Are you presently taking any medication? \_\_\_ Yes \_\_\_ No

List medication and reason:

\_\_\_\_\_

\_\_\_\_\_

Any problems with: \_\_\_ eating \_\_\_ sleeping \_\_\_ pain \_\_\_ recent weight changes  
Any other medical problems?

Have you or a family member ever been hospitalized for mental or emotional illness? \_\_\_ Yes or No \_\_\_\_\_

If yes, please explain:

Common problem/symptom checklist: 0 = none, 1 = mild, 2 = moderate, 3 = severe.

- |                |                        |                   |                       |
|----------------|------------------------|-------------------|-----------------------|
| ___ marriage   | ___ divorce/separation | ___ alcohol/drugs | ___ God/faith         |
| ___ premarital | ___ child custody      | ___ addiction     | ___ church/ministry   |
| ___ singleness | ___ disabled           | ___ grief/loss    | ___ past hurts        |
| ___ depression | ___ codependency       | ___ work/career   | ___ sexual issues     |
| ___ family     | ___ school/learning    | ___ fear/anxiety  | ___ intimacy          |
| ___ children   | ___ money/budgeting    | ___ anger/control | ___ communication     |
| ___ parents    | ___ loneliness         | ___ self-esteem   | ___ aging/dependency  |
| ___ in-laws    | ___ weight control     | ___ mood swings   | ___ stress management |

Other (specify): \_\_\_\_\_

If you were referred to this office, may we send them a thank-you, noting your contact? \_\_\_ Yes or No \_\_\_\_\_ Who May we Thank: \_\_\_\_\_

**If yes, we will only send a thank-you for the referral.**

Canyon Counseling and Creativity LLC. **maintains strict confidence regarding this information, subject to the exceptions noted above.**

These forms are for CONFIDENTIAL use in Pastoral Counseling provided by Canyon Counseling and Creativity LLC..

**Thank You** for taking the time to fill out this information sheet. A counselor will review this with you, and use it to best assist you, or your child, in the counseling work.

**Signature of Client:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness (Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIDENTIAL CLIENT INTAKE FORM**

**Part II**

**Legal Policies Concerning Pastoral Counseling with  
Canyon Counseling and Creativity LLC.**

**The following statements document some of the client responsibilities in the Pastoral Counseling setting. In order to enter into a contractual agreement for services with Canyon Counseling and Creativity LLC The client must read the following statements and avail themselves of the opportunity to discuss and ask questions regarding policies and procedures of this service with the Pastoral Counselor of record, Jennifer Sanders.**

**The client must also review, and acknowledge these steps, by reading the Intake Forms, Disclosure Statements, and any other documentation provided to the client by Canyon Counseling and Creativity LLC. in a deliberated, thoughtful, timely and responsible manner.**

**Client must then sign these forms in the presence of a witness in person who is to be Canyon Counseling and Creativity LLC., or agreeing to electronic consent via the website. The client's signature indicates his/her agreement of Policy Compliance and everything listed.**



**The Client's signature also indicates his/her understanding of form content, and Client's responsibilities to the Counseling Process. Client also agrees that Canyon Counseling and Creativity LLC. has provided explanations to him/her regarding Counseling goals, for the positive, personal growth of the client.**

**Any other party whom the Client may indicate in writing they choose to add to their counseling arena, will be requested to comply with Canyon Counseling and Creativity LLC. policies and sign the necessary forms and releases, before being allowed to participate in Client's sessions. THERE IS NO EXCEPTION TO THIS RULE.**

**Signature of Client:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness (Guardian):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIDENTIAL CLIENT INTAKE FORM**

**Part III – Personal Information**

List name, birth date, sex, relationship of all children, and/or siblings, including foster children, and/or children of mate, or room-mate, and whether they live at home with you.

Use the back of the paper if necessary.

<u>Name</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Relationship</u>	<u>At Home?</u>
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____

Who in the family is coming for counseling? \_\_\_ self \_\_\_ other name:

Was there prior counseling? \_\_\_\_ Yes \_\_\_ No

If yes, when, where, and with whom:

What was the purpose?

Person to contact in an emergency (name, address, relationship, phone):

In your own words, briefly state the nature of your concern:

What is your most difficult relationship right now?

What is your most difficult emotion right now?

**CRISIS INFORMATION:**

Are there any current suicidal thoughts, feelings, or actions? \_\_\_\_\_

If yes, explain:

Are there any current homicidal or assaultive thoughts or feelings, or anger-control problems? \_\_\_\_\_

If yes, explain:

Are there any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)? If yes, explain:

Medical Information: Primary care Physician's name, address, and phone:

Use this space to expand if necessary.

Please list any requested documentation or list any other information you find important to counseling. If you have an attachment, please email to the email listed on the website.