**Intake Information for a Minor**

*The following information will be kept confidential by your counselor.*

**General Information**

Child's Name: _____ Birthdate: _____ Age:_____ Gender:_____

Mother's Name: _____ Phone Number : _____

Address: _____

Father's Name: _____ Phone Number: _____

Address #2 (if needed for two households): _____

**Reason for referral and interest in starting therapy? Define the presenting problem in your own words:**

_____

_____

_____

Has your child ever been evaluated, or received therapy services from any other professionals? If YES, with whom, or which therapy practice? And when?

Mental Health Therapy: _____

Occupational Therapy: _____

Speech Therapy: _____

Physical Therapy: _____

Other: _____

Does your child's/adolescent's teacher(s) or pediatrician have any concerns? Please describe: _____

_____

When did the presenting problems first start: _____

Why are you seeking therapy help now for your child? What do you hope or expect to receive or have changed from this therapy experience? _____

_____

How have you tried to cope with the presenting problem: _____

_____

Have child protective services or DCBS ever been involved with your family currently, or in the past? _____

If YES, what occurred to issue a report? And what year did DCBS get involved? _____

_____

**Health Information**

Please rate your child's physical health: ☐ Very good ☐ Good ☐ Average ☐ Declining

Any recent weight changes? Please describe: _____

List important present or past illnesses or injuries: _____

Physician's name _____

Is the child on any medication at this time? ☐ Yes ☐ No

If yes, please list the medication(s): _____

For what reason (diagnosis) is your child taking the medication? _____

Has your child been treated by a psychiatrist? ☐ Yes ☐ No

If yes, when? _____

Does your child see or hear things that don't exist? _____

Does your child have problems sleeping? _____

Has your child talked about or attempted suicide? _____

Has your child talked about or attempted non-suicidal self-injury? _____

**Current Family Information**

Mother's Name: _____ Age: _____ Occupation: _____

Highest Level of Education: _____

List all others currently living in the household:

| Name | Relationship to Child | Age |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Father's Name: _____ Age: _____ Occupation: _____

Highest Level of Education: _____

List all others currently living in the household: (if mother and father live in same household, please skip)

| Name | Relationship to Child | Age |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Please describe any shared custody arrangements (as needed): _____

**Mother's History**

What was it like growing up in your family? _____

_____

What was your role within your family of origin? _____

_____

How did your parents handle discipline? _____

_____

What were your parents' expectations for you? _____

_____

How supportive are your parents and siblings now? _____

_____

When you where a child, did you experience any of the same problems that your child is currently experiencing?

_____

_____

Do you have any history of learning, emotional, or behavioral problems? ☐ Yes ☐ No (If yes, please explain):

_____

_____

Do you have any history of alcohol/drug/substance abuse? ☐ Yes ☐ No (If yes, please explain):

_____

Is there any history of family violence: ☐ Yes ☐ No (If yes, please explain): _____

_____

Is there any history of criminal activity: ☐ Yes ☐ No (If yes, please explain): _____

_____

**Father's History**

What was it like growing up in your family? _____

_____

What was your role within your family of origin? _____

_____

How did your parents handle discipline? _____

_____

What were your parents' expectations for you? _____

_____

How supportive are your parents and siblings now? _____

_____

When you where a child, did you experience any of the same problems that your child is currently experiencing?

_____

_____

Do you have any history of learning, emotional, or behavioral problems? ☐ Yes ☐ No (If yes, please explain):

_____

_____

Do you have any history of alcohol/drug/substance abuse? ☐ Yes ☐ No (If yes, please explain):

_____

Is there any history of family violence: ☐ Yes ☐ No (If yes, please explain): _____

_____

Is there any history of criminal activity: ☐ Yes ☐ No (If yes, please explain): _____

_____

**Attachment History**

When your child needed help, or when they were in distress (i.e., sad, upset, angry) did they ever turn to anyone to ask for this help? ☐ Yes ☐ No

If yes, Who? _____

Who does this child or teen remind you of? Please explain or give examples of this. _____

_____

If they asked for help, ***HOW did the child*** go about seeking or asking for this help? How did they try to obtain this help? _____

_____

When they sought this help for their distress, ***HOW did mom/dad, or another adult*** typically *respond back, or attempt to respond* to the child in providing this help? _____

_____

Was the child turned away and ignored? _____

Was the child angrily/anxiously reacted to or criticized/shamed? _____

Was the child attempted to be soothed and comforted? _____

***HOW OFTEN*** did the child receive this attempt to be soothed and comforted by a parent or another adult? _____

How did the child respond after they tried to seek comfort? _____

**Child/Adolescent Psychiatry Screen (CAPS)**

Child's Name: _____ Birthdate: _____ Age: _____ Gender:_____

Form Completed By: _____ Relationship to Child: _____

*For each item below, check the one category that best describes your child during the past 6 months. None = the child never or very rarely exhibits this behavior. Mild = the child exhibits this behavior approximately once per week, and few others notice or complain about this behavior. Moderate = the child exhibits this behavior at least three times per week, and others notice or comment on this behavior. Severe = the child exhibits this behavior almost daily, and multiple others complain about this behavior. Past = the child used to have significant problems with this behavior, but not during the past 6 months.*

| # | Item | None | Mild | Moderate | Severe | Past |
|---|---|---|---|---|---|---|
| 1 | Has difficulty separating from parents* (* = or major caregiver/guardian) | | | | | |
| 2 | Worries excessively about losing or harm occurring to parents* | | | | | |
| 3 | Worries about being separated from parent* (getting lost or kidnapped) | | | | | |
| 4 | Resists going to school or elsewhere because of fears of separation | | | | | |
| 5 | Resists being alone or without parents* | | | | | |
| 6 | Has difficulty going to sleep without parent nearby | | | | | |
| 7 | Physical complaints (headache, stomach ache, nausea) when anticipating separation | | | | | |
| 8 | Has discrete periods of intense fear that peak within 10 minutes | | | | | |
| 9 | Has excessive, unreasonable fear of a specific object or situation | | | | | |
| 10 | Has recurrent thoughts that cause marked distress (e.g., fears germs) | | | | | |
| 11 | Driven to perform repetitive behaviors (e.g., handwashing, doing things 3 times) | | | | | |
| 12 | Has recurrent, distressing recollections of past difficult or painful events | | | | | |
| 13 | Worries excessively about multiple things (e.g., school, family, health, etc.) | | | | | |
| 14 | Goes to the bathroom at inappropriate times or places | | | | | |
| 15 | Makes noises, and is often unaware of them | | | | | |
| 16 | Makes repetitive, sudden, nonrhythmic movements | | | | | |
| 17 | Fails to pay close attention to details or makes careless mistakes | | | | | |
| 18 | Has difficulty sustaining attention during play or school activities | | | | | |
| 19 | Does not seem to listen when spoken to directly | | | | | |
| 20 | Does not follow through on instructions; fails to finish schoolwork/chores | | | | | |
| 21 | Has difficulty organizing tasks and activities | | | | | |
| 22 | Loses things necessary for tasks or activities (toys, pencils, etc.) | | | | | |
| 23 | Is easily distracted by irrelevant stimuli | | | | | |
| 24 | Is forgetful in daily activities | | | | | |
| 25 | Is fidgety or squirms in seat | | | | | |
| 26 | Has difficulty remaining seated | | | | | |

| # | Item | None | Mild | Moderate | Severe | Past |
|---|---|---|---|---|---|---|
| 27 | Runs or climbs excessively; is restless | | | | | |
| 28 | Talks excessively | | | | | |
| 29 | Blurts out answers before questions have been completed | | | | | |
| 30 | Has difficulty waiting turn | | | | | |
| 31 | Interrupts or intrudes on others | | | | | |
| 32 | Episodes of unusually elevated or irritable mood | | | | | |
| 33 | During this episode, grandiosity or markedly inflated self-esteem (Superhero) | | | | | |
| 34 | During this episode, is more talkative than usual/seems pressured to keep talking | | | | | |
| 35 | During this episode, races from thought to thought | | | | | |
| 36 | During this episode, is very distractible | | | | | |
| 37 | During this episode, excessively involved in things (too religious, hypersexual) | | | | | |
| 38 | During this episode, dangerous involvement in pleasurable activity (spending, sex) | | | | | |
| 39 | Depressed or irritable mood most of the day, most days for at least 1 week | | | | | |
| 40 | Loss of interest in previously enjoyable activities | | | | | |
| 41 | Notable change in appetite (not when dieting or trying to gain weight) | | | | | |
| 42 | Difficulty falling or staying asleep, or sleeping excessively through the day | | | | | |
| 43 | Others notice child is sluggish or agitated most of the time | | | | | |
| 44 | Loss of energy nearly every day | | | | | |
| 45 | Feelings of worthlessness or inappropriate guilt nearly every day | | | | | |
| 46 | Thinks about dying or wouldn't care if died | | | | | |
| 47 | Smokes cigarettes, drinks alcohol, OR abuses drugs (circle all that apply) | | | | | |
| 48 | Has bad things happen when under the influence of substances | | | | | |
| 49 | Has made unsuccessful efforts to stop using a substance | | | | | |
| 50 | Is excessively worried about gaining weight, even though underweight | | | | | |
| 51 | If female, has stopped having menstrual cycles (after regularly having) | | | | | |
| 52 | Thinks he/she is fat, even though not overweight (pulls skin and claims is fat, etc.) | | | | | |
| 53 | Engages in binging and purging (eats excessively, then vomits or uses laxatives) | | | | | |
| 54 | Bullies, threatens, or intimidates others | | | | | |
| 55 | Initiates physical fights | | | | | |
| 56 | Uses weapons that could harm others | | | | | |
| 57 | Has been physically cruel to animals | | | | | |
| 58 | Has shoplifted or stolen items | | | | | |
| 59 | Has deliberately set fires | | | | | |
| 60 | Has deliberately destroyed others' property | | | | | |
| 61 | Lies to obtain goods or to avoid obligations | | | | | |
| 62 | Stays out at night despite parental prohibitions | | | | | |

| # | Item | None | Mild | Moderate | Severe | Past |
|---|---|---|---|---|---|---|
| 63 | Has run away from home overnight on at least two occasions | | | | | |
| 64 | Is truant from school | | | | | |
| 65 | Loses temper | | | | | |
| 66 | Actively defies or refuses to comply with adult rules | | | | | |
| 67 | Deliberately annoys others | | | | | |
| 68 | Blames others for his/her mistakes or misbehavior | | | | | |
| 69 | Easily annoyed by others | | | | | |
| 70 | Is spiteful or vindictive | | | | | |
| 71 | Has unusual thoughts that others cannot understand or believe | | | | | |
| 72 | Hears voices speaking to him/her that others don't hear | | | | | |
| 73 | Does poorly at sports or games requiring physical coordination skills | | | | | |
| 74 | Has difficulty at school with: reading, writing, math, spelling (circle all that apply) | | | | | |
| 75 | Had delayed speech or has limited language now | | | | | |
| 76 | Avoids eye contact during conversations | | | | | |
| 77 | Does not follow when others point to objects | | | | | |
| 78 | Shows little interest in others; emotionally out of sync with others | | | | | |
| 79 | Difficulty starting, stopping conversation; continues talking after others lose interest | | | | | |
| 80 | Uses unusual phrases, possibly over and over (speaks Disney or movie lines) | | | | | |
| 81 | Does not engage in make-believe play; plays more alone than with others | | | | | |
| 82 | Unusual preoccupations with objects or unusual routines (lines up 100's of cars, etc.) | | | | | |
| 83 | Difficulty with transitions; may be inflexible about adhering to routines or rules | | | | | |
| 84 | Shows unusual physical mannerisms (hand-flapping, shrieks, objects in mouth, etc.) | | | | | |
| 85 | Unusual preoccupations (schedules, own alphabet, weather reports, etc.) | | | | | |

**Thank you for answering each of these items. Please list any other symptoms that concern you:**

_____

_____

_____

**Adverse Childhood Experience (ACE) Questionnaire**

*Finding your ACE Score*

While you were growing up, during your first 18 years of life: for each question below, please answer once from your child's perspective and once for yourself.

| # | Question | Parent answering for child's perspective | Parent #1 - answering for yourself | Parent #2 - answering for yourself |
|---|---|---|---|---|
| 1 | **Question 1**<br>Did a parent or other adult in the household often …<br>Swear at you, insult you, put you down, or humiliate you?<br>*or*<br>Act in a way that made you afraid that you might be physically hurt? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| 2 | **Question 2**<br>Did a parent or other adult in the household often …<br>Push, grab, slap, or throw something at you?<br>*or*<br>Ever hit you so hard that you had marks or were injured? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| 3 | **Question 3**<br>Did an adult or person at least 5 years older than you ever…<br>Touch or fondle you or have you touch their body in a sexual way?<br>*or*<br>Try to or actually have oral, anal, or vaginal sex with you? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| 4 | **Question 4**<br>Did you often feel that …<br>No one in your family loved you or thought you were important or special?<br>*or*<br>Your family didn't look out for each other, feel close to each other, or support each other? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| 5 | **Question 5**<br>Did you often feel that …<br>You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?<br>*or*<br>Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| 6 | **Question 6**<br>Were your parents ever separated or divorced? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| 7 | **Question 7**<br>Was your mother or stepmother:<br>Often pushed, grabbed, slapped, or had something thrown at her?<br>*or*<br>Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?<br>*or*<br>Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |

| # | Question | Parent answering for child's perspective | Parent #1 - answering for yourself | Parent #2 - answering for yourself |
|---|---|---|---|---|
| **8** | **Question 8**<br>Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| **9** | **Question 9**<br>Was a household member depressed or mentally ill or did a household member attempt suicide? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |
| **10** | **Question 10**<br>Did a household member go to prison? | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ | ☐ Yes<br>☐ No<br>If yes, enter 1: _____ |

**Parent answering for child's perspective — Total "Yes" answers:** _____ (ACE Score)

**Parent #1 - answering for yourself — Total "Yes" answers:** _____ (ACE Score)

**Parent #2 - answering for yourself — Total "Yes" answers:** _____ (ACE Score)

**CONNECTIONS COUNSELING, LLC**
900 Corbitt Drive
Wilmore, KY 40390
Rhealynn Clark // 859-509-8468 // Rhealynn@kyconnections.com
Alex Clark // 859-806-9813 // Alex@kyconnections.com

## Request and Authorization for the Release of Information

**Patient Information**

Name: _____ Birth Date: _____

I, _____, authorize Connections Counseling, LLC. to: ☐ Receive from ☐ Disclose to

Name of Agency or Facility: _____

Street Address: _____ City/State/Zip _____

The following specific information will be received/disclosed from the above named patient's record:

☐ Evaluation/Assessment ☐ Progress Notes ☐ Discharge Summary

☐ Treatment/Service ☐ Other: _____

Date(s) of treatment: _____

I understand the purpose of this disclosure is for: ☐ Use in treatment ☐ Other: _____

I hereby release the above named agency from all liability that may arise from the release of information requested. I expect that the information will be handled in a confidential manner.

Time Limitation: This authorization expires one year from the date of signature of the parent and/or guardian or client. This release is subject to revocation at any time. I acknowledge that I have read and fully understand this authorization.

Client/Parent/Guardian Signature: _____

Relationship to Patient: _____ Date: _____

Witness: _____ Date: _____

**Please send via mail to:**

Connections Counseling, LLC
900 Corbitt Drive
Wilmore, KY 40390

**Connections Counseling, LLC**
**900 Corbitt Drive**
**Wilmore, KY 40390**

**Alex Clark, M.A., M.Div., LMFT #169304 – 859-806-9813**
**Rhealynn Clark, M.A., LPCC #102212 – 859-509-8468**

# Informed Consent

1. **Counseling Approach**
   We use a variety of interventions to assist you. Depending on your needs, we may use Cognitive Behavioral Therapy, various Trauma and Attachment Therapy Modalities, Play Therapy, PCIT, TheraPlay, Sand Tray Therapy and/or Emotion Focused Therapy, or other therapies as needed. Your care may also include elements of Christian faith as appropriate.

2. **Goals**
   Specific goals will be developed and mutually agreed upon. The goals may be specific (change in behavior, improved relationships), or more general (less anxiety, better self-esteem). The length of therapy depends on the complexity/severity of your problems.

3. **Fees**
   Fees are on a sliding scale basis, and are due via cash, check, debit card, or credit card at the time of the session. HSA/FSA payments are also available. We do not bill insurance, but at your request, we can provide you a receipt that you can use to file your own claims. We cannot guarantee that an insurance company will reimburse you for services. A $40 fee will be charged for checks that are returned for insufficient funds. Services thereafter will be on a cash or debit/credit card only basis. Your fee for services will be based on a sliding scale according to your family's gross yearly income. Yearly income includes income such as child support payments, maintenance (alimony), and disability payments. Sessions are billed on an hourly rate for the first scheduled hour, and in fifteen-minute increments thereafter. Most sessions will last one hour, but there may also be times where Rhealynn or Alex can decide to provide additional time to complete the therapeutic work in session that day. At Rhealynn or Alex's discretion, sessions can be scheduled on Saturdays with an increased fee.

**Please check on the line below to determine the hourly fee for services:**

| | Yearly Gross Income | Hourly Fee |
|---|---|---|
| _____ | $0 to 59,999 | $85.00 |
| _____ | $60,000 to $69,999 | $95.00 |
| _____ | $70,000 to $79,999 | $105.00 |
| _____ | $80000 to $89,999 | $115.00 |
| _____ | $90,000 to $99,999 | $125.00 |
| _____ | $100,000 and above | $135.00 |

4. **Sessions**
   Sessions will begin and end on time. If you arrive late for a session, your session time will be shortened and your normal fee will be expected. Please call 24 hours in advance if you need to change or cancel your appointment. Your appointment time has been reserved just for you. If you do not provide a 24-hour notice, you will be asked to pay for the missed session at the beginning of your next appointment. There will be a fee for a missed session.

5. **Benefits and Risks of Therapy for Minor Children**
   Therapy can be beneficial to your child in a variety of ways. Your child will receive emotional support, learn to understand feelings and problems, and be encouraged to try out new solutions to old problems. While therapy may provide significant benefits, it may also pose risks. Occasionally, a disagreement between parents and/or a disagreement between parents and counselor regarding the best interests of the child may occur. We can usually resolve such disagreements or agree to disagree, so long as this enables your child's therapeutic process. Therapy may also elicit uncomfortable thoughts, feelings, or memories.

6. **Confidentiality for Minor Children**

Therapy is most effective when a trusting relationship exists between the counselor and the child. Privacy is important in securing and maintaining that trust. Specific details of the information children share with their therapist in sessions can be shared with parents, but parents using that information in a negative interaction with the child can impar the child's trust in the safety of the therapeutic space. We will encourage children to be honest and forthcoming and to maintain an emotionally safe environment.

There are specific exceptions to confidentiality which include, but are not limited to:

- When there is risk of imminent danger to your child, we are required by law to take necessary steps to attempt to prevent such danger.
- When there is suspicion that a child is being abused or is at risk of abuse, we are mandated to take steps to protect individuals by informing the proper authorities.
- If there is known danger to another person, we are required by law to inform law enforcement.
- When we are ordered by a judge to disclose information, even after asserting professional privilege.
- You sign a release of information and authorize us to talk to someone else.
- You file a complaint or lawsuit, and while defending ourselves, Rhealynn, Alex, or Connections Counseling as an agency may disclose personal information.

7. **Children and Legal Proceedings**

It is our policy not to testify in court custody/divorce hearings. If you are bringing your child for help during this stressful time in your family's life, then the therapist's work is directed toward helping your child in therapy. Participating in court proceedings is often counterproductive to your child's therapy process. By setting this policy at the beginning of therapy, the therapy room is kept as a safe place for your child to work through emotions. In some cases, at our discretion, we may agree to write a report about your child's progress in therapy. By signing this informed consent, I/we agree not to subpoena or ask for copies of my child's records for legal proceedings, or ask for court testimony/evaluations from Rhealynn Clark, Alex Clark, or Connections Counseling as an agency. I/we also agree to instruct our attorneys not to subpoena Rhealynn, Alex, or Connections Counseling as an agency or refer to Rhealynn, Alex, or Connections Counseling as an agency in a court filing. In the event that we are asked to appear in court or provide a deposition, there will be a fee of $200.00 per hour which includes travel time to and from the location requested.

8. **Benefits and Risks of Therapy for Adults**

Counseling may involve discussing relational, spiritual, psychological, and/or emotional issues that may be distressing. There is no guarantee of outcomes as a result of participating in upcoming sessions. At any point during the counseling process, we may deem it in your best interests to be referred to another professional. If you are involved in violence, substance abuse, or have threatening behavior, we may discontinue your therapy and give you an appropriate referral. You have the right to discontinue counseling at any time.

9. **Confidentiality for Adults**

The therapist will keep everything you say completely confidential, with the following exceptions:

- You sign a release of information and authorize us to talk to someone else.
- We determine that you are a danger to yourself or to others.
- You report information about the abuse of a child, elderly person, or a disabled individual who may require protection.
- You report information regarding someone else being in imminent danger.
- When we are ordered by a judge to disclose information even after asserting professional privilege.
- You file a complaint or lawsuit, and while defending themselves, Rhealynn, Alex, or Connections Counseling as an agency may disclose personal information.
- In couple and family guidance, we do not view confidentiality as applying between a couple and/or family members and will use clinical judgment regarding sharing information.

We will not reveal your identity as a client to others. Therefore, we will not address you first if we meet you somewhere in public. We will decline any social invitations, as once we engage in our role as your counselor, we will always remain in that role in order to best preserve confidentiality. These guidelines are not meant to be discourteous in any way. They are meant for your long-term protection.

10. **Telehealth**
    Prior to providing telehealth services, adult clients or parent/guardian(s) of a minor shall be required to produce a valid photo identification. Also, an initial assessment will be completed to determine if telehealth is an appropriate delivery of treatment. Telehealth may not be appropriate if there are, or likely to be, recurrent crises or emergencies, or if there is, or likely to become, a risk of harm to self or others. Telehealth services may be terminated at our discretion if we deem it is in your best interests to be referred to another professional or in-person care. You have the right to discontinue telehealth services at any time. Telehealth services will be synchronous and conducted via a HIPAA compliant platform with built in information encryption and security. In case of technological difficulties, the therapist will call the client to arrange alternate methods of delivery.

11. **Emergency Care**
    If you have an emergency, please call 911 or go to your local emergency room. We do not provide crisis stabilization or after-hours care. You can contact us between sessions via phone or email, and we will respond at our earliest convenience. If you cannot reach us and have an emergency, please call 911 or go to your local emergency room.

12. **Child Care and Safety on the Premises**
    No provision is made for child care. If your child/children is not participating in a session, please make other arrangements for his/her care. Connections Counseling is not responsible for any accidents or injuries to children who are unsupervised by their parents on the property.

13. **Homework**
    Homework is an important part of the growth that you will make and may be given at each session attended.

14. **Documentation Requests**
    We can provide written summaries of assessments, therapeutic progress, or other reports as needed. There is a fee associated with this service. All documentation and client information is stored securely behind 2+ sets of locks.

15. **Communication and Social Media Policy**
    We do not engage with active clients via social media platforms. Communication is maintained through the therapeutic relationship while clients are participating in services with us. You can contact us between sessions via phone or email, and we will respond at our earliest convenience. If you cannot reach us and have an emergency, please call 911 or go to your local emergency room.

Please sign below that you have read, understand, and agree to comply with the above policies.

Client(s) name (printed): _____

Client(s) signature(s): _____

Parent/guardian signature(s): _____

Date: _____

Email address (for Square invoices and correspondence): _____

Phone number: _____