

Office Locations for KPCC Counseling

Will, Vanessa, Sky, Kathy, Rosie, & Bob at First Presby Church, Charleston

Take the Leon Sullivan exit from I-64. Go straight on Leon Sullivan Way, the Clay Center will be on your left. Stay on Leon Sullivan and go straight through four traffic lights, and cross straight through at Virginia. First Presby is the last Church on the left, across from the Charleston Catholic High School. There are no outdoor signs for KPCC. Click here to go to a map: [Map of 16 Leon Sullivan Way Charleston, WV 25301-2402, US](#)

First Presby takes up the whole block on the left side of Leon Sullivan Way, between Virginia and Kanawha Boulevard, in Charleston. The driveway entrance into the Church parking lot is half-way down this last block, on the left. As you pull into the driveway you will see a double glass door on the building on your left (the bigger building), come in through those doors and take the elevator up to the 3rd or 4th Floor.

Will Messer, Vanessa Landegrave, Kathy Muscari, Rosie Hefner and Bob Schacht are on the 3rd floor. Go down the hall to the waiting area. **Sky Kershner** is on the 4th floor, the waiting area is in the hallway. If you are not sure you are at the right place or the right time, please feel free to check in at the KPCC main office on the 3rd floor. Call us if you are lost, 304-346-9689.

Ann Martin and Lynn Eldridge - Christ Church United Methodist in Charleston

Take the Leon Sullivan exit from I-64. Go straight on Leon Sullivan Way to Virginia St. Turn left, go two blocks and left again on Morris St, one block and left on Quarrier St. then immediately left again into the church parking lot. If the first lot is full go across the alley for more parking. When you enter the church from the parking lot you will be in a wide hallway. There are two elevators in the main entry hall. Take elevator A with brown doors to the 2nd floor and have a seat in the waiting area.

Andy Counts - Kanawha United Presbyterian in Charleston

Take the Leon Sullivan exit from I-64. Turn right on Kanawha Blvd. Turn right into the church gymnasium parking lot and park there. Enter the church through the door in the courtyard. Andy's office is on the 2nd floor facing the courtyard.

Eugenie Taylor - Trinity Lutheran Church in Charleston

Trinity Church is at 1600 Kanawha Blvd East. From I-64 take the Greenbrier St exit and head towards the river, the capitol will be on your left. Go all the way to the end at Kanawha Blvd (by the river), take a right, Trinity Lutheran will be on one block at Elizabeth Street. It is a red brick building. Turn Right onto Elizabeth and another quick right into the parking lot. Come to the double doors off the parking lot. I'll meet you here at your appointment time. If, by chance, the door is open and you get into the building, turn to your right, go up the short steps, and go right into the lounge area till I come out of my office for you at the appointment time.

Ric Hardison and Deana Samms - Village Chapel Presbyterian Church in Kanawha City

Our Village Chapel office is located at 3810 Venable Avenue. From I-64 take exit 98 to the cross 35th Street Southeast Bridge in Charleston. Take 35th Street SE to Venable Avenue. Turn left on Venable Avenue. In one mile you will see the KPCC office. It is a stand alone brick house located on the left. There is free parking in front of the building. Please come in and have a seat in the waiting room.

The Counseling Process at KPCC
304-346-9689 www.kpcc.com

Counseling Services

At KPCC Counseling, our goal is to help people have better relationships with themselves and others. We reach out by providing professional counseling at an affordable cost for all persons. KPCC has several office locations, find us at www.kpcc.com/locations

Your Counselor, Center Policies, Privacy

KPCC counselors have a variety of training, professional backgrounds, experience, and preferred styles of working. Your counselor's particular training and qualifications are listed on our website at, www.kpcc.com/counselors. Center forms, including our Professional Disclosure Statement and Privacy Policy are available on-line at www.kpcc.com/forms. Please feel free to ask any questions you may have, and if you have concerns, address them with the counselor directly or with the Executive Director of the Center at 304-346-9689.

How to Maximize your time in Counseling

Counseling is a collaborative enterprise. You can contribute to the success of your counseling in the following ways:

- Think and talk about what you hope for as a result of coming to counseling.
- Think about how much time and effort you want to devote to making changes. Generally, the more effort you put in, the more you will get out of it
- Take an active role in your counseling. Ask questions. Tell your counselor when something is happening that you do not like. Fit is important
- Make a commitment to speak truthfully in counseling.
- Understand that no amount of counseling can help you change things that are not within your control.

Scheduling and Payment for Appointments


Clients are seen for a 55-minute session. Typical counseling sessions are scheduled weekly, but this may vary depending on your motivation and your availability. Each counselor schedules his/her own appointments.

Your counselor is not on salary. He or she gets paid only when you pay for his or her service to you. Therefore we ask you to pay at the time of each session. Cash, check, or credit card are fine. You can also pay for a session online on at kpcc.com/payments. Your co-pay is determined by your insurance company once your deductible is met.

If you cannot keep an appointment, please let your counselor know directly as soon as possible. Missed sessions and late cancellations (less than 24 hours notice) are charged a missed session fee of \$100. Your insurance will not cover this charge.

We hope your time with us is fruitful and brings peace to your situation.

Client Information and Consent Form

 Kanawha Pastoral Counseling Center
16 Leon Sullivan Way, Suite 300
Charleston, WV 25301 Phone: 304-346-9689

Name _____

Street _____ Apt. _____

City _____ State _____ Zip _____

Day Phone _____ Night Phone _____ Cell Phone _____

Email address (useful for scheduling - please print clearly) _____

Birth date ____/____/____ SS # ____/____/____ Age ____ Sex (M/F) ____

Emergency contact person: _____ Phone: _____

Parent, Guardian or Family Member: _____ Phone: _____

Insurance Information: (Please give your insurance card to the receptionist so we can make a copy of it for our records.)

Name of Insurance Co: _____ Telephone: _____

Name of Policy Holder: _____ Policy Holder's SS#: ____/____/____

Policy Holder's Employer: _____ Policy Holder's Date of Birth: _____

Group / Policy #: _____ Insurance ID# (if different than SS#) _____

Authorization and Consent for Treatment and HIPAA Notification

I hereby give my consent to KPCC to provide assessment, evaluation, treatment and/or other services that we may mutually determine to be appropriate. KPCC may contact me via phone, text, email, as listed above.

I authorize KPCC to directly bill and receive payment from my insurance company and/or other persons liable to pay my bill. I assign my right to receive payment directly from any available source to KPCC. I will get authorization from my insurance company for any of KPCC's services if it is required by my policy. I will personally pay all charges not paid by my insurance company or anyone else.

I have been given access to the KPCC "Notice of Privacy Practices" and "Professional Disclosure Statement" available at www.kpcc.com/forms. I understand that paper copies can be provided at my request. I understand that KPCC may make verbal summaries or send summaries or records of my evaluation and/or treatment to my insurance/managed care company for clinical review as part of its responsibility to manage my care. I further understand that these services are confidential and that information about me will not be disclosed or released to anyone other than authorized KPCC staff without my written consent, with the following exceptions: 1) Information necessary to authorize services or pay claims will be communicated to the insurer/claims payor when required. 2) If I disclose information in the course of evaluation or treatment which indicates I present a clear and present danger to myself or others. 3) As mandated by state or federal law.

Signature of Client: _____ **Date:** _____

If signed by guardian, guardian's authority is based on _____

Client / Therapist Agreement



Kanawha Pastoral Counseling Center
16 Leon Sullivan Way, Suite 300
Charleston, WV 25301
304-346-9689 www.kpcc.com

Name _____

Date ____/____/____

I agree to abide by the following policies in my relationship with my therapist and Kanawha Pastoral Counseling Center.


1. I agree to keep any appointment made between me and my therapist. I understand that any change or cancellation must be made 24 hours in advance of the appointment time or the Missed Session Fee will be charged. I will contact my therapist directly for appointment changes. My insurance will not cover a late cancellation, so I will be responsible for the fee. Sessions are considered cancelled due to inclement weather if there is a county school closing, unless otherwise arranged with my therapist. Missed group sessions will be charged full group fee, even with advance notice. If I have an overdue or outstanding balance, KPCC may use legal means to recover, including using my payment information on file, or a collections agency.
2. I may be asked to have a psychiatric examination, a medical checkup, and/or psychological testing. I will be responsible for these fees. Appointments with the KPCC Medical Director require advance payment of the full fee and payment is expected before an appointment is scheduled.
3. My confidentiality will be carefully protected by the KPCC staff. I am aware of specific situations in which WV law sets limits on my privilege of confidentiality: These are if I disclose to my therapist or a staff member any of the following: a) my intent to harm myself; b) my intent to harm other persons; c) my involvement in abuse or neglect of children or of elders. I will be honest and candid with my therapist about any of the above impulses or actions. I understand that KPCC will take action to protect me or others; such as notifying the DHHR or other appropriate persons or agencies.
4. KPCC may offer me a fee subsidy based on my financial circumstances. This subsidy will not apply for missed sessions, for psychiatric services, or for case management services, such as letters or conferences related to my therapy or for offering legal testimony, etc.
5. Telephone contacts for purposes other than setting appointment times will be billed on a prorated basis. My insurance may not cover the cost of phone call, I will pay out-of-pocket.
6. KPCC office hours are Monday through Friday, 9 am through 5 pm. My therapist will be available to meet with me by appointment only. Emergency services are not available at KPCC. If I am in crisis I agree to seek help through the Emergency Room services of the hospital closest to me, or by calling 911. If I anticipate a crisis I will make arrangements with my therapist for appropriate support.
7. If I receive a benefit for therapy costs through a health insurance plan, I may elect to pay my share at the time of the session and to sign over insurance payments to the Center. Statements not honored by the insurance company remain my responsibility. I will reimburse KPCC for any insurance benefit incorrectly paid to me.
8. Fees: \$175 per 55 minute session; \$60 per group session; \$175 case management hour

My payment: Before Deductible with subsidy \$_____ After Deductible Co-Pay \$_____
Missed Session / Late Cancellation Fee: \$100
I understand that payment is expected and due at the time of each session.
9. I understand and agree to follow the KPCC policies stated above:

Client Signature

Date

KPCC Medical History Form

 Kanawha Pastoral Counseling Center Client Name _____
16 Leon Sullivan Way, Suite 300
Charleston, WV 25301 Date ____/____/____
304-346-9689

Family History:

Where were you born? _____ Where did you grow up? _____

Number of siblings _____ Your birth order _____ (youngest, oldest, etc.)

Do you have any family members who have been in counseling or hospitalized for psychiatric reasons?

Do you have any family members who have struggled with addictions?

Do you have any family members who have struggled with hurting themselves or others?

Medical/Surgical History:

Do you have a regular Doctor? _____ Name _____ Phone _____

Date of Last checkup _____

KPCC encourages its clients to have a regular medical exam at least once a year. Medical issues can sometimes cause mental, emotional or relational distress, and so it is important to rule these out as not being a factor in what has brought you to counseling.

If you do not have a regular doctor, we urge you to get one. If you do not have insurance or a medical card, you may qualify for free medical service at HealthRight. We have information on HealthRight in the main office, or from your therapist.

Please list any medications you are currently taking.

Medication	Dosage	Reason	Start Date	Doctor

Any drug sensitivities or allergies: _____

Please check any psychological concerns or symptoms you currently have or had in the past year
(Rate 0 to 5 with 5 being a big problem)

_____ Sleep problems	_____ Sad	_____ Hopeless	_____ Irritable/Agitated/Angry	
_____ Crying	_____ Weight gain/loss	_____ Vegetative	_____ Forgetful	_____ Low concentration
_____ Guilt	_____ Low interest	_____ Low libido	_____ Isolation	_____ Anxious
_____ Self-hatred	_____ Arguing a lot	_____ Lying	_____ Addiction	_____ Stress

Other psychological concerns or symptoms _____

Daily consumption of coffee, tea, or soft drinks containing caffeine: _____

Estimated use of tobacco: _____ per day _____ per week. Type: _____

Estimated use of alcohol: _____ per day _____ per week. Type: _____

Estimated use of other substances: _____ per day _____ per week Type: _____

Is anyone in your life concerned about your use of any of the above? _____

Do you have easy access to a firearm? _____ Is it loaded? _____ Is it locked? _____

KPCC recommends that clients who have access to firearms take precautions that the firearms be locked and stored unloaded. If there is anyone in your household, including yourself, who may be depressed or angry, or feel desperate in any way, we urge you to remove the firearms completely from the house.

Please initial that you have read this recommendation _____

Traumatic Life Experiences _____

Have you ever thought about hurting yourself? _____ How recently? _____

Have you ever tried to hurt yourself? _____ How recently? _____

Have you ever thought about hurting someone else? _____ How recently? _____

Have you ever tried to hurt someone else? _____ How recently? _____

Suicide Risk : ___ Low ___ Self Hatred ___ Thoughts ___ Plan ___ Availability ___ History

Reasons not to: _____


Have you had counseling before? When? _____

With Whom? Was it helpful? _____

Your Signature

Date

Symptoms Checklist

 Kanawha Pastoral Counseling Center
 16 Leon Sullivan Way, Suite 300
 Charleston, WV 25301
 304-346-9689 www.kpcc.com

Name _____

Date ____/____/____

Listed below are a number of categories in which persons commonly find some difficulties. Please indicate how you are affected by each by circling the appropriate number. Circle a number for every item. Please use the number scale outlined below.

Not a Problem	A Slight Problem	Moderate Problem	Serious Problem	Severe Problem
1	2	3	4	5

	Your Physical Functions	
1	Sleep Pattern	1 2 3 4 5
2	Eating Pattern	1 2 3 4 5
3	Bladder Control	1 2 3 4 5
4	Bowel Control	1 2 3 4 5
5	Seizures or Convulsions	1 2 3 4 5
6	Speech (stuttering or stammering)	1 2 3 4 5
7	Weight Problem	1 2 3 4 5
8	Sexual Functioning	1 2 3 4 5
9	Other	1 2 3 4 5
Your Experience at Work		
10	General Performance	1 2 3 4 5
11	General Satisfaction	1 2 3 4 5
12	Lateness	1 2 3 4 5
13	Absenteeism	1 2 3 4 5
14	Negative Feelings about Work	1 2 3 4 5
15	Relating to Supervisors	1 2 3 4 5
16	Relating to Co-Workers	1 2 3 4 5
17	Relating to Supervisees	1 2 3 4 5
18	Other	1 2 3 4 5
Your Behavior		
19	Difficulty with Daily Routine	1 2 3 4 5
20	Letting Others Take Advantage of You	1 2 3 4 5
21	Hyperactivity (Can't sit still)	1 2 3 4 5
22	Repeating Certain Acts, Again and Again	1 2 3 4 5
23	Physically Abusing Others	1 2 3 4 5
24	Using Alcohol to Cope with Problems	1 2 3 4 5
25	Using Drugs to Cope with Problems	1 2 3 4 5
26	Lying	1 2 3 4 5
27	Stealing	1 2 3 4 5
28	Withdrawal from Others Socially	1 2 3 4 5
29	Dependency (Relying on others too much)	1 2 3 4 5

30	Suspiciousness (questioning other's motives)	1 2 3 4 5
31	Hostility (feeling angry towards others)	1 2 3 4 5
32	Other	1 2 3 4 5
Your Feelings & Moods		
33	Depression (sadness)	1 2 3 4 5
34	Euphoria (feeling "high")	1 2 3 4 5
35	Sudden Changes in Mood for No Apparent Reason)	1 2 3 4 5
36	Anxiety (nervousness)	1 2 3 4 5
37	Lack of Energy	1 2 3 4 5
38	Feeling Angry	1 2 3 4 5
39	Not Liking Self	1 2 3 4 5
40	Not Liking Others	1 2 3 4 5
41	Other	1 2 3 4 5
Your Inner Thoughts & Ideas		
42	Thoughts about Hurting Yourself	1 2 3 4 5
43	Thoughts about Hurting Others	1 2 3 4 5
44	Having Unwanted Thoughts, Again & Again	1 2 3 4 5
45	Worrying about Your Health	1 2 3 4 5
46	Believing You Are Inferior to Others	1 2 3 4 5
47	Believing You Are Better Than Others	1 2 3 4 5
48	Seeing Things Without Apparent Cause	1 2 3 4 5
49	Hearing Things Without Apparent Cause	1 2 3 4 5
50	Experiencing Confusion	1 2 3 4 5
51	Memory	1 2 3 4 5
52	Other	1 2 3 4 5

Please list any particular worries you have about the symptoms you have listed:

What do you think is causing your symptoms?

Have any of the symptoms affected your daily life and activities? How?

What are your goals for therapy here at KPCC?

Would you like prayer to be a part of your sessions? yes / no / maybe / sometime

Client Signature

Date