1116 KANAWHA BLVD E | CHARLESTON, WV 25301
304-346-9689 | 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 Sky Kershner, KPCC's Executive Director, 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 deductable 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

 KPCC Counseling | 1116 Kanawha Boulevard East | Charleston, WV 25301 | 304-346-9689 | kpcc.com

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 am aware of the KPCC "Notice of Privacy Practices" and "Professional Disclosure Statement" available at www.kpcc.com/forms. I understand a hard copy 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 payer 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.

Client Initials: _____ **Date: _____**

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

Rev: 1/2021

Client / Therapist Agreement

KPCC Counseling
1116 Kanawha Blvd E
Charleston, WV 25301
304-346-9680 | 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.

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. Phone, facetime, text, and email contacts for purposes other than setting appointment times will be billed on a prorated basis. My insurance may not cover the cost of these contacts, 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 Initials *Date*

KPCC Medical History Form

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Client Name _____

Date _____/_____/_____

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: _____

Symptoms Checklist

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Name _____

Date _____/_____/_____

Listed below are a number of categories in which persons commonly find some difficulties. Please indicate how you are affected by each item by choosing the appropriate number. Choose 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	**Rate 1 to 5**
1	Sleep Pattern	
2	Eating Pattern	
3	Bladder Control	
4	Bowel Control	
5	Seizures or Convulsions	
6	Speech (stuttering or stammering)	
7	Weight Problem	
8	Sexual Functioning	
9	Other	
	Your Experience at Work	**Rate 1 to 5**
10	General Performance	
11	General Satisfaction	
12	Lateness	
13	Absenteeism	
14	Negative Feelings about Work	
15	Relating to Supervisors	
16	Relating to Co-Workers	
17	Relating to Supervisees	
18	Other	
	Your Behavior	**Rate 1 to 5**
19	Difficulty with Daily Routine	
20	Letting Others Take Advantage of You	
21	Hyperactivity (Can't sit still)	
22	Repeating Certain Acts, Again and Again	
23	Physically Abusing Others	
24	Using Alcohol to Cope with Problems	
25	Using Drugs to Cope with Problems	
26	Lying	
27	Stealing	
28	Withdrawal from Others Socially	
29	Dependency (Relying on others too much)	
30	Suspiciousness (questioning other's motives)	
31	Hostility (feeling angry towards others)	
32	Other	
	Your Feelings & Moods	**Rate 1 to 5**
33	Depression (sadness)	
34	Euphoria (feeling "high")	
35	Sudden Changes in Mood for No Apparent Reason)	
36	Anxiety (nervousness)	
37	Lack of Energy	
38	Feeling Angry	
39	Not Liking Self	
40	Not Liking Others	
41	Other	
	Your Inner Thoughts & Ideas	**Rate 1 to 5**
42	Thoughts about Hurting Yourself	
43	Thoughts about Hurting Others	
44	Having Unwanted Thoughts, Again & Again	
45	Worrying about Your Health	
46	Believing You Are Inferior to Others	
47	Believing You Are Better Than Others	
48	Seeing Things Without Apparent Cause	
49	Hearing Things Without Apparent Cause	
50	Experiencing Confusion	
51	Memory	
52	Other	

KPCC Behaviors Checklist

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)

_____ Lonely	_____ Impulsive	_____ Passive	____ Other: _____	
_____ Sleep problems	_____ Sad	_____ Helpless	____ Hopeless	_____ Irritable/Agitated
_____ Crying	_____ Weight gain/loss	_____ Vegetative	____ Forgetful	_____ Low concentration
_____ Guilt	_____ Low Interest	_____ Low libido	____ Isolation	_____ Anxious
_____ Self-hatred	_____ Arguing a lot	_____ Avoidance	____ 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? _____

_____ Client Initials

_____ Date

KPCC Initial Strengths and Goals

What particular worries you have about your current situation?

What is going well about your current situation?

What do you see as your strengths?

What are your goals for therapy here at KPCC?

What in your life matter most to you?

Would you like prayer to be a part of your sessions? ☐ yes ☐ no ☐ maybe ☐ sometimes

Signing this form indicates that you understand, agree, and attest to the accuracy of all of the information included and provided within this document.

_____ _____ _____

Your Signature *Name* *Date*

Thank you for taking the time to fill out all of these pages.