



A New Life
Christian Counseling

A New Life Is Possible One Step at a Time
www.anlcc.com

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Professional Disclosure Statement for Jeremiah Peck, LMHCA

This statement is supplied for your information and protection. It provides information regarding my approach to counseling, education, training and credentials, your rights as a client, and my fees.

Approach to Counseling:

"I believe that there is a tremendous opportunity and potential for physical, emotional, spiritual, and relational healing and growth that can be achieved through counseling. My role as a counselor is to come alongside and assist individuals, couples, families, and groups as they journey towards growth and healing. I do not operate with an agenda when we meet, rather, I listen for what is important to you and the reasons for you coming seeking counseling and we move towards your goals together"

Clinical Relationship:

Sessions between a counselor and client may be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over an approved form of communication via technology (i.e. email, phone, etc.). Counseling sessions focus exclusively on client concerns and all interactions will be solely for the client's benefit. In the event that the counselor and client unintentionally meet in a setting outside of the office setting (i.e. grocery store, etc.), it is understood that the counselor will not initiate contact, nor disclose the nature of their relationship to the client should the client choose to introduce them socially.

I practice under the code of ethics established by the American Counseling Association and by the American Association of Christian Counselors; and by the American Counseling Association.

Client Rights:

As a client, you are rightfully entitled...

- To expect that the staff has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the State and to have the State confirm credentials of staff;
- To obtain a copy of the Code of Ethics, Oregon Revised Statutes (ORS), or Washington Administrative Code (WAC);
- To report complaints to the proper authorities (i.e. WA State Department of Health; American Counseling Association; American Association of Christian Counselors, etc.);
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving these services;
- To obtain permission to view your file, by way of written request stating reason(s) to the therapist
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions to confidentiality of information obtained in the course of services that include the following:
 - Reporting suspected abuse of a child, developmentally disabled person, or a dependent adult;
 - Reporting imminent danger to client or others, including (but not limited to) suicidal behavior or when a client is HIV positive and is unwilling to inform individuals with whom he/she is intimately involved;
 - Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies;
 - Student consultation or supervision;
 - Defending claims brought by client against therapist;
 - Client has signed a release of information authorizing said disclosure.

Nature of Therapy:

Therapy is understood to be a choice made by the client, among available options. Options can include, support groups, self-help resources, other modes of treatment, or medical treatment. If therapy is chosen, client's symptoms may worsen before improving, fail to improve, or continue to worsen. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. The client has the right to terminate at any time, however, it is understood that premature termination may result in the return or worsening of the initial symptoms or problems. Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

Education, Training, and Licensure:

I have earned a Masters of Arts degree in Counseling from Multnomah University, as well as a Bachelor of Science degree in Bible and Theology with a minor in Psychology, also from Multnomah University.

I have taken elective courses in approaches and interventions in a variety of specializations, including premarital counseling, couples counseling, suicide prevention, crisis counseling, grief and loss, trauma and attachment, pastoral counseling, and advanced diagnosis.

I am a Licensed Mental Health Counselor Associate with the Washington State Department of Health (MC60478443). In accordance with Washington State Law, I am under the ongoing clinical supervision of Brad Peterson, LMHC, who can be reached at 360-980-7906. I participate in continuing education and training in order to further enhance the effectiveness of my counseling and facilitator skills, as well as comply with the state departments' standards. As part of my personal and professional growth, as well as ongoing commitment to improvement and integrity, I maintain regular consultation with other professionals in the pastoral and counseling fields.

Sessions and Fees:

Individual sessions are typically 50-minutes unless prearranged otherwise. Couple, family, and individual intake sessions are typically 75-minutes unless prearranged otherwise. The fee for a 50-minute individual session is \$100, and a 75-minute couple, family, or individual intake session is \$150. Fees are due at time of service, and are payable via cash, personal check, or debit or credit card. Specific financial arrangements, due to low-income or financial difficulty, are discussed and established during the initial session.

Jeremiah Peck, LMHCA does not bill insurance companies for counseling services provided. However, you may request during your initial intake session that an invoice be provided to you at the end of each month containing information which can be used to request reimbursement from your insurance provider. If you are planning on submitting insurance claims to your provider, it is first recommended that you call your provider and confirm coverage. A questionnaire with important questions to ask can be provided to you at your request. Additionally, your signature below indicates that you understand that your claim with your insurance provider may be rejected at their discretion based on your coverage, as well as their policies, and that payment to Jeremiah Peck for services are final even in the event of denied claims.

Cancellation Policy:

Clients are expected to contact the counselor at least 24 hours in advance to cancel or reschedule an appointment. In the event of a cancelled appointment with less than a 24 hour notice, or a missed appointment with no notification, the client will be billed according to the following schedule either by automatic charges to the credit or debit card on file, or by mailed invoice.

- Missed appointments with no notification of cancellation or rescheduling -- \$50.00
- Cancelled or rescheduled appointments with less than a 24 hour notice -- \$25.00
- Cancelled or rescheduled appointments with more than a 24 hour notice – no charge

Use of technology for communication:

It is understood that the use of technology for communication (email, text messaging, etc.) is limited to matters related to scheduling, cancelling, or rescheduling appointments, and for privacy, content related to treatment will not be discussed via these platforms.

Administrative staff:

The administrative staff of Jeremiah Peck (DBA: Eleos Christian Counseling) are involved in scheduling, administration, and billing. As such the administrative staff will have access to a client's personal information, limited to the scope reasonable to perform these activities. They are also held to the same legal and ethical standards of confidentiality, and do not have direct access to clinical notes.

Emergency Services:

If in need of emergency services, the client should call a crisis line in Clark County at 360.696.9560 or 1.800.626.8137, or call 911.

Acknowledgement of Receipt:

I/We, _____, have read and fully understand the information provided to me by Jeremiah Peck, LMHCA in his Professional Disclosure Statement, agree to the terms and conditions outlined above, and give my informed consent to receive counseling services.

Client/Guardian Signature Date

Client/Guardian Signature Date

Counselor Signature Date

Intake Form

Personal Information

Name: _____ DOB: _____ Gender: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ -- _____ Okay to leave a message? Y / N

Cell Phone: (____) _____ -- _____ Okay to leave a message? Y / N

Email address: _____ Okay to leave a message? Y / N

Relationship Status (circle): Single Dating Engaged Married Cohabiting Separated Divorced Widowed

Current Partner's Name: _____ Phone Number: (____) _____ -- _____

Years Together (dating, married, etc): _____ Anniversary: _____ Number of Children: _____ Ages: _____

Emergency Contact Name: _____ Phone Number: (____) _____ -- _____

How did you hear about us? _____

Personal Experience

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

Were there any unusual circumstances regarding your conception or birth? _____

Were your parents married when you were born? Y / N Are your parents currently married? Y / N

If your parents divorced, how old were you and why did it occur? _____

What is/was your mother like? How did she treat you as a child? _____

What is/was your father like? How did he treat you as a child? _____

How did your parent(s) typically discipline you? _____

What were your favorite things to do as a child? _____

List your siblings, and their ages in chronological order (oldest to youngest):

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

What was your birth order? 1 2 3 4 5 6 7 8 9 10

How many different places did you live before you finished high school? _____

Circle any of the following that describes your family and home atmosphere as a child:

- | | | | | |
|--------------|--------------------|------------------|----------------|----------|
| Alcoholism | Democratic | Neglectful | Prejudice | Stable |
| Affectionate | Distant | No fun | Rigid | Cold |
| Angry | Fighting | Overprotective | Sexual abuse | Poverty |
| Close | Frightening | Physical abuse | Mental illness | Trusting |
| Competitive | Moving excessively | Physical illness | Supporting | Safe |

Did anyone in your family die before you were 18? Y / N Who: _____ How old were you? _____

Did anyone in your family attempt or commit suicide? Y / N Who: _____ How old were you? _____

Social Experience

Explain and indicate how satisfied you are with your current social life: _____

Describe your relationship with your best friend and how often you get together: _____

When did you first begin dating? Were your early dating experiences positive? _____

Education and Employment Experience

Highest Grade in school or degree(s) completed: _____

Briefly explain the number of times, what grades, and the reason you had to change schools while growing up: _____

Are you currently employed? Y / N Position: _____ Time in current job: _____

Spiritual Experience

Please describe your family's spiritual or religious atmosphere while you were growing up: _____

When did you develop your current beliefs? _____

List a few words to describe your personal beliefs: _____

Do your family and friends share your current beliefs? _____

Any religious or spiritual problems that concern you? _____

Medical History

When was your last physical examination? _____ Name of your physician? _____

List any injuries, accidents, or surgeries: _____

List any head injuries, seizures, or loss of consciousness you have had: _____

List any medications (prescription and non-prescription) that you are taking: _____

Do you or your family members currently have or have ever had any of the following: (check all that apply)

	Self	Family
Heart problems	_____	_____
Cancer	_____	_____
Nervous breakdown	_____	_____
Stroke	_____	_____
Chronic illness	_____	_____
Alcohol or drug use	_____	_____
Legal problems	_____	_____
Learning disability	_____	_____
Depression	_____	_____
Other _____	_____	_____

Chemical/Substance History

Does/did anyone in your family use alcohol or drugs (either prescription or street drugs) Y / N

What alcoholic beverages did/do you use? _____ How much? _____

How often? _____ When did you have your last drink? _____

What street drugs did/do you use? _____ When did you last use? _____

Do you use nicotine? _____ How much daily? _____ Caffeine? _____ How much daily? _____

Mental Health History

Have you ever been in counseling or therapy before? _____

In a few words describe your counseling experience: _____

Have you even been hospitalized for an emotional/mental health disturbance? Y / N Describe: _____

Have you ever tried to end your own life? Y / N If yes, please provide date(s): _____

Personality Information:

As you see yourself, what kind of person are you? Describe yourself: _____

If I were to ask other people to describe you, what five words would come up most frequently?

What are your greatest fears?

Identify any irrational, negative, or 'horrible' thoughts that bother you: _____

Identify any habits, practices, or behaviors that you would like to change: _____

State in your own words what you would consider to be the nature of your main problem(s): _____

Describe when and how your problem(s) began: _____

What have you done about it? _____

List three goals you have for self-improvement:

1. _____
2. _____
3. _____

List three major strengths or abilities you have:

1. _____
2. _____
3. _____

Please circle any of the following which concern you:

- | | | | | | |
|---------------|--------------|-------------|-------------|-----------------|------------------|
| Nervousness | Depression | Fears | Shyness | Sexual problems | Suicidal thought |
| Separation | Divorce | Finances | Anger | Self-control | Friends |
| Sleep | Stress | Work/school | Relaxation | Headaches | Tiredness |
| Memory | Ambition | Energy | Insomnia | Legal Matters | Making decisions |
| Loneliness | Inferiority | Education | Career | Concentration | Marriage |
| Relationships | Health | Temper | Nightmares | Children | Eating problems |
| Unhappiness | Spirituality | Parenting | Gambling | Sexual abuse | Physical abuse |
| Thoughts | Body image | Pornography | Alcohol use | Spiritual abuse | Dreams |



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Name: _____

Age: _____ Today's Date: _____

"FIRST IMPRESSIONS"

It has been said that, *"a picture is worth a thousand words."* Please draw and/or briefly describe what you hope to ultimately gain from your counseling experience at ANLCC. The purpose of this exercise is to gain a clearer understanding of your desires & goals, not assess your artistic abilities, so please be encouraged to express yourself regardless of your level of talent.



FEE SCHEDULE

Jeremiah Peck, LMHCA provides services, according to the following policy:

- 1) Fees for counseling services are charged according to the following schedule:
 - a. 50-minute individual session -- \$100
 - b. 75-minute couple, family, or individual intake session -- \$150.

- 2) Specific financial arrangements, due to low-income or financial difficulty, are discussed and established during the initial session.

- 3) Fees are paid at the end of each session, unless client billing has been previously arranged.

- 4) Cash, checks (made payable to your counselor), and debit and credit cards are accepted for payment.

- 5) Sessions are typically 50 minutes long, except initial "intake" sessions and couples sessions, which are 75 minutes long and billed at 1.5 times the session amount.

- 6) A 24-hour notice must be given if you are not able to make your session. Otherwise, you will be charged according to the following schedule:
 - a. Missed appointments with no notification of cancellation or rescheduling -- \$50.00
 - b. Cancelled or rescheduled appointments with less than a 24 hour notice -- \$25.00
 - c. Cancelled or rescheduled appointments with more than a 24 hour notice - no charge

- 7) Fees for additional services outside the scope of standard treatment include:
 - a. Client request for a document to be produced and submitted to their place of employment, academic institution, place of residence, or other party for any purpose with information pertaining to diagnosis or treatment -- \$50.00 per document, per occurrence.
 - b. Time related to court appearances, subpoenas, depositions, testimonies, or other document production related to legal activities or travel thereto, as well as time by phone, in-person, or otherwise, pertaining to the discussion of information related to treatment at the request of the client to any third-party, is billed at \$100 per hour, prorated to the nearest 15 minutes, plus any applicable mileage, postage, or fees incurred by the counselor

Your hourly fee for counseling is \$_____ per 50-minute session and you will be expected to pay this at the time of each session. (Session Fee X 1.5 (75-minute session) = \$_____, if applicable)

Client

Date

Counselor

Date