



THE THOMAS C. PENNELL  
**CHRISTIAN COUNSELING CENTER**  
**CLIENT INFORMATION**

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

Name: \_\_\_\_\_  
First Middle Last Date of Birth

Spouse Name: \_\_\_\_\_  
First Middle Last Date of Birth

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

May we contact you by email?  Yes  No

Do you know for certain that you have Eternal Life when you die?  Yes  No  Don't know

Phone: Primary ( ) \_\_\_\_\_ - \_\_\_\_\_ Secondary ( ) \_\_\_\_\_ - \_\_\_\_\_

May we leave a message?  Yes  No

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Broadmoor Baptist Church Member?  Yes  No

Are you active in a local church?  Yes  No *If Yes, name church:* \_\_\_\_\_

Married?  Yes  No *Number of Marriages:* \_\_\_\_\_ *Length of Last/Current Marriage:* \_\_\_\_\_

Divorced?  Yes  No *Number of Divorces:* \_\_\_\_\_ *Time Since Last Divorce:* \_\_\_\_\_

Widowed?  Yes  No *Time Since Spouse's Death:* \_\_\_\_\_

Separated?  Yes  No *If Yes, how long?* \_\_\_\_\_

Employed?  Yes  No *If Yes, Where?* \_\_\_\_\_ *Job Title:* \_\_\_\_\_

Annual Household Income (N/A for Broadmoor Members): \$ \_\_\_\_\_

**\* If Client is a minor - Parent / Guardian please answer these final questions as they pertain to the child:**

What are your goals for coaching? \_\_\_\_\_

Who referred you for coaching? \_\_\_\_\_

Are you currently on any prescribed medication(s)?  Yes  No

If Yes, please list medication(s): \_\_\_\_\_

\_\_\_\_\_

When were you last seen by a physician for a physical examination? \_\_\_\_\_

## Client Questionnaire

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

### Client's Contact Information

Name	Email	Phone
	Work: Personal:	Work: Personal:

Please answer the questions below to help me to get to know you better. Don't worry about right, wrong, or incomplete answers; just tell me about who you are and who you want to be.

1. How would you describe your personality?  
*(Please share your Myers-Briggs type with me, if known.)*
  
2. What are your strengths? What are you best at?  
*(Please share your StrengthsFinder top 5 themes, if known)*
  
3. If you have ever done a leadership 360 assessment, what messages did you get from your feedback report? OR, what messages have you received recently from your supervisors, customers, or coworkers?
  
4. What are your core values? What do you care most about?
  
5. What do you want to work on in this coaching relationship? List up to 3 focus areas.

6. What will success look like for you? After six sessions, how will you know whether you have achieved the goal(s) in your focus area(s)?
  
7. How does your short-term focus relate to where you see yourself in the longer term (5-10-20 years)?
  
8. How must you change in order to achieve your short and long-term goal(s)?
  
9. What do you think could get in the way of me helping you change to achieve your goals?
  
10. What else should I know in order to be able to coach you effectively?



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**CHRISTIAN COUNSELING CENTER**

**Richard H. Holmes, DMin. PCC, MDIV**

4110 Youree Drive  
Shreveport, LA 71105  
(318) 868-6554

**Declaration of Practices and Procedures**

**Qualifications:** I received a Doctorate of Ministry in Renewal Leadership, from Regent University. My dissertation project was building a marriage mentorship program for chaplains to use with military couples. I received a Master of Divinity in Counseling Ministry from Southeastern Baptist Theological Seminary and a Bachelor of Science in Psychology from University of Mount Olive. I am a Professional Certified Coach, per the Department of the Air Force Coaches program, in which I have conducted 100 hours of coaching in areas of leadership and family growth.

**The Coaching Relationship:** I view the coaching relationship as a collaborative effort between, you, the Client, and me, the coach, whereby mutual trust and respect are established. You and I will work together to define and understand where you or your family are in life, identify where you want to go or what goals you have, and work together to realize those goals.

**Areas of Expertise:** My psychology, counseling and coaching training plus experience over the last 31 years provide me with abilities to coach individuals and couples wanting to grow in their life, marriages and family. I am an ordained minister since 1992 with pastoral experience which enables me to counsel Clients with spiritual issues. Over my 31 years in the ministry I have conducted numerous marriage and family seminars on topics such as preparing for marriage, effective communication, resolving conflict, building a light marriage, becoming parents of light. I feel my calling is to help each individual and each family become all that God wants them to be through coaching.

**Fees and Length of Coaching:** Members of Broadmoor Baptist Church pay a member based flat fee and non-members pay a flat non-member fee per session for contract therapists. A Member of Broadmoor Baptist Church is defined as anyone who has joined Broadmoor Baptist Church by decision of salvation in Jesus Christ, followed Him in believer's baptism, attended a Discover Broadmoor class, and been accepted for membership by the church as a whole OR has joined Broadmoor Baptist Church through the transfer of letter from another Southern Baptist Church, attended a Discover Broadmoor class and has been accepted for membership by the church as a whole. See fee scale below:

Broadmoor Baptist Members-\$40.00

Non-members-\$75.00

My services are by appointment only. Because the appointment is reserved for you, failure to provide 24-hour notice of cancellation generally means that some other person is not able to use that appointment time.

The length of the coaching hour is approximately 45-50 minutes.

It is difficult to predict the number of sessions needed to maximize coaching. I will be able to make a better assessment of the number of sessions needed after our initial consultation and after having identified and gained insight into the Client's situation.

Both Client and coach will mutually agree upon the number of sessions to be provided in coaching. An assessment will be made at the end of those mutually agreed upon sessions to determine if further coaching is needed. Any further coaching sessions will be mutually agreed upon by both Client and coach at that time.

**Services Offered and Clients Served:** My coaching orientation will be tailored to the Client based upon the nature of the defined goals. I draw from the following approaches: international coaching federation's core competencies and solution-focused. I provide coaching for individuals, and couples. I am a Christian coach and approach coaching from a Christian worldview. I will not demand that you, the Client, accept my Christian worldview in order to continue coaching, but understand that I approach coaching from a Christian perspective.

**Code of Conduct:** As a Coach, I am bound by law to adhere to the Code of Conduct for Professional Certified Coaches under International Coaching Federation. Copies of these Codes of Conduct can be made available to you upon request.

**Emergency Situations:** The Thomas C. Pennell Christian Counseling Center is an outpatient counseling service. Therefore, I do not provide 24-hour emergency services. If an emergency should arise, you may leave a message for me at **(318) 629-4124**. If you are unable to reach me in an emergency situation, you may seek help through hospital emergency room facilities. The emergency services number for LSU Health Sciences Center is (318) 675-6893.

**Confidentiality:** The Client/coach relationship is one of mutual trust and respect. Because I value that trust and respect, information discussed in our sessions will remain confidential. However, I may be required to disclose confidential information discussed in sessions in the following circumstances in accordance with state law:

1. The Client signs a written release of information indicating informed consent of such release,
2. The Client expresses intent to harm him/herself or someone else,
3. There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult,
4. A court order is received directing the disclosure of information,
5. An insurance provider requests case notes to assess the necessity for and benefits of services.

It is my policy to assert privileged communication on behalf of the Client and the right to consult with the Client if at all possible, except during emergency, before mandated disclosure. I will seek to apprise Clients of all mandated disclosures as conceivable.

When working with a family or couple, information shared by individuals in sessions, where other family members are not present, must be held in confidence (except for the mandated exceptions already mentioned) unless all individuals involved sign written waivers at the onset of counseling. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family coaching could impede or even prevent a positive outcome to coaching. If an impasse results from such confidentiality, referral to another therapist may result.

If a release of information is requested, information for one Client cannot be released unless all Clients in the coaching unit sign the release.

I will store, safeguard, and dispose of Client records in such a way as to maintain confidentiality and in accordance with applicable laws and professional standards. Subsequent to moving from an area, closing the practice, or upon my death, I will arrange for the storage, transfer or disposal of Client records in such a way as to maintain confidentiality and safeguard the welfare of the Client.

The Thomas C. Pennell Christian Counseling Center is a part of Broadmoor Baptist Church and while we provide a private entrance to the center, there may be times when you need to enter the center through the main entrance of the church. On those occasions, you do not need to sign in at the front reception desk.

**Client Responsibilities:** You, the Client, are a full partner in coaching. Your honesty and effort is essential to success. If, as we work together, you have suggestions or concerns about your coaching, I expect you to share these with me so that we can make the necessary adjustments.

If it develops that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

I expect you to inform me of your general physical health and any medical treatments that may impact your coaching, as well as any medications you are taking.

Part of the coaching process involves the Client putting into practice ideas that we mutually agree will be beneficial for helping the Client improve their situation. I expect the Client to faithfully attempt to implement and follow through with



any outside work assigned during counseling sessions. Success in coaching will be greatly diminished unless the Client is willing to practice what is discussed in coaching in their everyday environment.

**Physical Health:** Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. You will be asked the name of your physician, and to list any medications that you are currently taking, as a routine part of the initial session.

**Potential Coaching Risks:** The Client should be aware that coaching poses potential risks. In the course of working together, additional problems may surface of which the Client was not initially aware. If this occurs, the Client should feel free to share these new concerns with me. Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it. Changes in relationship patterns that may result from family coaching may produce unpredicted and/or possibly adverse responses from other people in the Client's social system. A result of family coaching may be a realization on the part of the Client that there are issues that may not have surfaced prior to the onset of the coaching relationship.

**Professional Services Contract:** (*Print name*) \_\_\_\_\_, herein referred to as the "Client", has this day retained Richard H. Holmes DMin., PCC, MDIV of The Thomas C. Pennell Christian Counseling Center to provide individual coaching and/or family coaching. I have read and understand the above information.

It is expressly understood that Richard H. Holmes, DMin., PCC, MDIV, has not issued and will not issue any guarantee of cure, treatment effects, or number of sessions necessary.

It is further understood that Richard H. Holmes, DMin., PCC, MDIV, shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Coaches. Neither, Richard, H. Holmes, DMin.,PCC, MDIV, nor The Thomas C. Pennell Christian Counseling Center shall be held to any special or elevated standard of care.

We, the undersigned PPC and Client, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies and will respect one another's views and differences during coaching. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of consequence.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Richard H. Holmes DMin., PCC, MDIV

**For Minor(s) Only:**

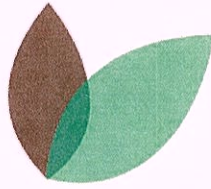
I, (*Parent / Guardian*) \_\_\_\_\_, give permission for Richard H. Holmes, DMin., PCC, MDIV to conduct coaching with my (*relationship to minor*) \_\_\_\_\_

Name of Minor: \_\_\_\_\_

Name of Minor: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ACKNOWLEDGEMENT OF RECEIPT**

I, (*Print Name*) \_\_\_\_\_, have received a copy of the TCPCCC Welcome letter, Declaration of Practices, HIPAA Notice of Privacy Practices, and Mental Health Consumer Rights, Broadmoor Member Fee Policy for Richard H. Holmes, DMin., PCC, MDIV.

Signature: \_\_\_\_\_

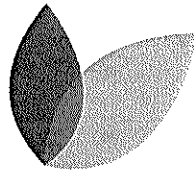
Date: \_\_\_\_\_

**For office use only:**

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (*Specify below*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



THE THOMAS C. PENNELL  
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Welcome to the Thomas C. Pennell Christian Counseling Center! **TCPCCC** is a ministry of Broadmoor Baptist Church aimed at promoting emotional, relational, and spiritual health of its members and the surrounding community. **TCPCCC** works with individuals, couples, families, churches, and communities in creating and maintaining a healthy understanding of spirituality as it relates to overall life-satisfaction. **TCPCCC** operates under the umbrella of Broadmoor Baptist Church and helps to fulfill the church's vision and mission.

**Mission:** Everyone on mission.

**TCPCCC** is concerned with both the prevention and intervention aspects of building stronger Christian individuals, couples, and families. We offer such ministries as pre-marital education, divorce recovery workshops, grief support groups, crisis intervention, as well as a host of other ministries aimed at strengthening people through Jesus Christ and the power of His Word.

**TCPCCC** is made up of a group of committed Christian counselors and volunteers whose aim is to help you in your pursuit of a more fulfilling life in Christ. We define Christian counseling as:

*A relational process in which a faithful follower of Christ utilizes his or her God-given gifts, training, knowledge, and experiences, following the direction of the Holy Spirit, in the task of walking with others toward spiritual maturity, emotional health, cognitive truth, relational stability, and behavioral accountability in a caring and supportive environment.*

Our hope and prayer for you as you begin your Christian Counseling journey is that your life will be forever changed through the power of the Holy Spirit and God's Word. The Holy Spirit works through our Christian counselors through the truth and power of His Word. As you begin your counseling experience here at **TCPCCC**, we want you to be aware of a few things that are essential if your counseling is to produce results that are lasting.

1. The Christian counseling you receive at **TCPCCC** is drawn from God's Word – it is done in accordance with and not contrary to any teaching of God's Holy Scriptures.
2. Christian counseling, when done with authenticity, is always more concerned with heart transformation than with simply alleviating symptoms.
3. Heart change often begins with changing one's thinking. We ask that you be open to thinking in ways that you might not be accustomed.
4. Christian counseling is a process that usually requires more than one session. We ask that you be committed to the process of learning new ways of thinking and behaving in order to develop change that will last beyond the Christian counseling experience.

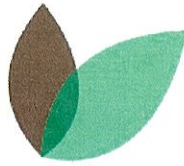
We hope you are ready to examine your own life and make appropriate changes through the counseling process, so that the Fruit of His Spirit (*Galatians 5:22*) will reign in your life. We are excited to be involved in this journey with you and we pray that your heart is ready for the God of Healing to touch your life, your marriage, and your family!

**Derek Pearce, Ph. D, LPC**

Minister of Counseling, Broadmoor Baptist Church

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We, the undersigned PPC and Client, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies and will respect one another's views and differences during coaching. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of consequence.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Richard H. Holmes DMin., PCC, MDIV

**For Minor(s) Only:**

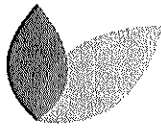
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Name of Minor: \_\_\_\_\_

Name of Minor: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



THE THOMAS C. PENNELL  
CHRISTIAN COUNSELING CENTER

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

The Thomas C. Pennell, Christian Counseling Center (TCPCCC) is required by law to maintain the privacy of certain confidential health information, known as Protected Health Information (PHI) and to provide you with legal notice of our legal duties and privacy practices with respect to your PHI.

This Notice of Privacy Practices tells you how TCPCCC may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and maintain about you. TCPCCC is required to follow the terms of the notice currently in effect, however, TCPCCC may change its privacy practices and make that change effective for all PHI maintained by TCPCCC. The effective date of this Notice of Privacy Practices is May 1, 2016.

### **TCPCCC May Use and Disclose Information Without Your Authorization**

- **For Treatment** – TCPCCC may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment** – TCPCCC may use or disclose information for any activities we must undertake in order to get reimbursed for the services provided, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered. *\*TCPCCC will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure.*
- **For Health Care Operations** – TCPCCC may use or disclose information in order to manage its programs and activities. For example, TCPCCC may use PHI for medical necessity reviews, utilization management or to review the quality of services you receive.
- **Appointments and Other Health Information** – TCPCCC may send you reminders for counseling services, eligibility / billing calls or confirmation. TCPCCC may send you information about services that may be of interest to you.
- **As Required by Law and For Law Enforcement** – TCPCCC will use and disclose information when required or permitted by Federal or State law or by a court order. If

Federal or State law creates higher standards of privacy, TCPCCC will follow the higher standard.

- **For Abuse Reports and Investigations** – TCPCCC staff are “mandated reporters”. Any report of child abuse or neglect must be reported to the State Department of Children and Family Services( DCFS). TCPCCC are also mandated to report if they have cause to believe that an adult’s physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, or exploitation (Office of Aging and Adult Services).
- **To Avoid Harm** –TCPCCC may disclose PHI to law enforcement agencies in order to avoid serious threat to the health, welfare, and safety of a person or the public.
- **Disclosures to Family, Friends, and Others** – In the event that you are not capable of objecting (due to not being present, or otherwise incapacitated), TCPCCC may disclose information to your family or other persons who are involved in your treatment. In that situation, we will only disclose health information relevant to that person’s involvement in your treatment. You have the right to object to the sharing of this information.

### **Other Uses and Disclosures Require Your Written Authorization**

Any other uses and disclosures not described above will be made only with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may cancel this authorization at any time in writing. TCPCCC cannot take back any uses or disclosures already made with your authorization. Authorization is required for the following:

- Most uses and disclosures of psychotherapy notes; and
- Uses and disclosures of Protected Health Information for marketing purposes.

### **Your Privacy Rights**

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct, Amend, or Update Your Records.** You may ask TCPCCC to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health information.
- **Right to Get a List of Disclosures.** You have the right to ask TCPCCC for a list of disclosures made in the last six years prior to the date of the request. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include



information provided directly to you or your family or information that was sent with your authorization.

- **Right to Request Restrictions on Uses or Disclosures of Protected Health Information.** You have the right to ask TCPCCC to restrict how your information is used or disclosed. You must make the request in writing and tell TCPCCC what information you want to limit and to whom you want the limits to apply. Generally, TCPCCC is not required to agree to the request. However, TCPCCC is required to agree to a request to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket (you have requested that your health plan is not billed) in full for the healthcare item or service. You can request in writing that the limit be terminated.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that TCPCCC share information with you in a certain way or in a certain place. For example, you can ask TCPCCC to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Right to File a Complaint.** You have the right to file a complaint with TCPCCC at the address listed below, if you do not agree about how TCPCCC has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to TCPCCC Privacy Practices.** You have a right to receive notice of changes in TCPCCC privacy practices that affect you on or after the effective date of the change.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact Derek Pearce, LPC., TCPCCC Director and Privacy Officer for The Thomas C. Pennell Christian Counseling Center, 4110 Youree Drive, Shreveport, Louisiana 71105, phone (318) 868-6554.