The Couple and Family Clinical Documentation Sourcebook

The Couple and Family Clinical Documentation Sourcebook

A Comprehensive Collection of Mental Health Practice Forms, Handouts, and Records

Terence Patterson, EdD, ABPP
in collaboration with Terry Michael McClanahan, M.A.

John Wiley & Sons, Inc.
New York • Chichester • Weinheim • Brisbane • Singapore • Toronto

This book is printed on acid-free paper.

Published simultaneously in Canada.

Library of Congress Cataloging-in-Publication Data:

Patterson, Terence.
The couple and family clinical documentation sourcebook : a comprehensive collection of mental health practice forms, handouts, and records / by Terence Patterson in collaboration with Terry Michael McClanahan.
p. cm.
Includes bibliographical references and index.
ISBN 0-471-25234-4 (paper/disk : alk. paper)
1. Psychiatry—Medical records—Forms. 2. Mental health services—Medical records—Forms. I. McClanahan, Terry Michael. II. Title.
RC455.2.M38P38 1999
616.89′156′068—dc21 98-34236

Printed in the United States of America.

10 9 8 7 6 5 4 3 2 1

For Shelley, Gina, and Alex
and with appreciation to mentors
who showed me that adhering to the highest standards
really is the best way.

Practice Planner Series Preface

The practice of psychotherapy has a dimension that did not exist 30, 20, or even 15 years ago—accountability. Treatment programs, public agencies, clinics, and even group and solo practitioners must now justify the treatment of patients to outside review entities that control the payment of fees. This development has resulted in an explosion of paperwork.

Clinicians must now document what has been done in treatment, what is planned for the future, and what the anticipated outcomes of the interventions are. The books and software in this Practice Planner series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The Practice Planner series is growing rapidly. It now includes not only the original *Complete Psychotherapy Treatment Planner* and the *Child and Adolescent Psychotherapy Treatment Planner,* but also *Treatment Planners* targeted to specialty areas of practice, including: chemical dependency, the continuum of care, couples therapy, older adult treatment, employee assistance, pastoral counseling, and more.

In addition to the *Treatment Planners,* the series also includes *TheraScribe®: The Computerized Assistant to Psychotherapy Treatment Planning* and *TheraBiller™: The Computerized Mental Health Office Manager,* as well as adjunctive books, such as the *Brief Therapy, Couples,* and *Child Homework Planners, The Clinical Documentation Planner,* and *Clinical, Forensic, Child, Couples and Family,* and *Chemical Dependence Treatment Sourcebooks*—containing forms and resources to aid in mental health practice management. The goal of the series is to provide practitioners with the resources they need in order to provide high-quality care in the era of accountability—or, to put it simply, we seek to help you spend more time on patients and less on paperwork.

ARTHUR E. JONGSMA, JR.
Grand Rapids, Michigan

Contents

[1] These formats are listed for information purposes only and are not included in this manual as separate forms. Their elements are included in *Progress Notes (The Problem-Oriented Record)*, which is more comprehensive and adaptable in a wide variety of settings. These more limited formats may be required in specific contexts and are explained in the narrative section of the manual.

Introduction

The field of couple and family therapy has reached a level in its development in which there is a proliferation of theories and methods. In nearly every aspect, training, competence, and ethical standards are becoming more specific and clear. It is now time for the components of documentation to be specific, comprehensive, and easily accessible. Numerous other areas of psychotherapy have accomplished this objective, and now that family therapy is reaching maturity, the opportunity arises to take the next step in professionalism.

Other authors have compiled highly useful volumes in documenting the practice of individual psychotherapy. These include *The Clinician's Toolbox* (Zuckerman, 1997) and this volume's predecessor in the Wiley series, *The Clinical Documentation Sourcebook* (Wiger, 1997). In addition, academics, researchers, and practitioners such as Fredman and Sherman (1987) have compiled other manuals and guidebooks for use in couple, family, and child therapy, and some examples have been included from these sources with appropriate credit. The present volume will aid professionals in the family field with a comprehensive guide for maintaining administrative, ethical, and legal standards and clinical effectiveness. As a comprehensive guide, this sourcebook may appear to be an exaggeration of the range of resources clinicians must employ. These guidelines are sufficient in scope to guide practice into the next century and provide the necessary components to direct practitioners to more specialized resources as needed.

Until the past decade or so, clinicians have not been required to attend closely to documentation of the treatment process and the issues surrounding it unless needed in a forensic or other official context. Ethically and legally, the accepted standard was to provide basic information to clients verbally with perhaps an informed consent form or an inventory or two, and to keep records only as needed for specific purposes. Developments such as clients' right to access files, managed care utilization reviews, complaints to ethics and licensing boards, and litigation in civil courts have raised community standards. Records must now include extensive information. This evolution has taken place in all of the mental health professions, to the extent that even a totally independent practitioner with direct-pay clients cannot justify a lack of basic documentation of clinical procedures.

Survey

In a 1998 survey conducted by the authors of this manual to determine the use of informed consent and assessment instruments, 100 questionnaires were sent to a selected sample of senior members of a major national family therapy organization. Of these, 51 were returned, and 46 questionnaires were complete. Among those who responded, 29 held doctorates (PhD, EdD, PsyD), 10 had an MD, 5 held an MA or MSW, and 2 had Divinity (STM) degrees. The following summarizes the major findings among the 46 respondents:

- 19 *always* use informed consent forms; 9 *often* use them.
- 17 *always* use inventories or checklists; of these, 8 use only genograms. Of the remaining 9, the following were used, in order of frequency: genogram, Kinetic Family Drawing (KFD), Global Assessment of Relational Functioning (GARF), Dyadic Adjustment Scale (DAS), Locke-Wallace,, Family Adaptability and Cohesion Evaluation Scale (FACES), Prepare/Enrich, Millon Clinical Multiaxial Inventory (MCMI), Beavers Family Environment Scale/Structural Family Inventory (Beavers FES/SFI), 16 Personality Factor Inventory (16PF), Marital Status Inventory, Marital Satisfaction Inventory, Kern Lifestyle Scale.
- 17 *often* use inventories and checklists, primarily the genogram, KFD, GARF, FACES, Family Environment Scale (FES), MSI, and 10 others; some indicated they developed their own instruments.
- A wide variety of theoretical orientations were indicated, chief among them "systems," "integrative," and "eclectic"; some said they use their own orientation or an intuitive one.
- The number of years in practice ranged from 15 to 50; the median was 24 years; nearly all were licensed, although some were doing only teaching or research at the time of the survey.
- Some respondents indicated they do not use informed consent forms or instruments except under certain circumstances (such as for insurance or when collaborating with others), or because of their discipline (MD or MSW; interestingly, one MD had the highest number of assessment instruments used among all respondents).

Although this survey was limited to a selected sample of experienced family therapists, the results indicate that the majority do *not* always use informed consent forms and do *not* always use inventories and checklists.

The Process and Structure of Clinical Documentation: A Careful and Comprehensive Endeavor

Process

Throughout this sourcebook, we refer to the maintenance of clinical records in a total sense. Correct documentation depends upon a number of variables: therapist competence; ethical, legal, and professional standards; comprehensive assessment; treatment planning; and collaboration. To accomplish all of these adequately requires preparation, organization, thoroughness, and a constant mindfulness by the clinician that everything is being done primarily to serve the client's best interests. Thus, documentation is integrally involved in every element of the therapeutic process in that it both reflects basic procedures and is, in itself, fundamental to the conduct of appropriate and effective treatment.

Although the focus of this manual is primarily on structure, its emphasis on the complete therapeutic process as it relates to documentation is an integral one; structure is related to process as the reliability is to the validity of a test, or as the content of a document on a computer is related to the hardware and software that allow it to work. One supports and enables the other. Thus, as we describe and demonstrate documentation formats, we sketch at least some of the clinical thinking that goes into the use of the various forms. In this manner, we hope to prompt the reader to recall the foundations that underlie the use of the forms and, using the references as a starting point, to refer to primary sources in various areas.

Therapist discretion is needed regarding the format, content, extent, and focus of clinical documentation. Although guidelines from professional organizations such as the American Psychological Association (APA) and from state regulatory boards may indicate general categories for inclusion, each therapist's notes will have a different flavor from the others. This differentiation is applauded, and it is for this reason that the consistency afforded by the use of the forms in this manual is beneficial to all those who need to view clinical records; to this end, their use is strongly encouraged for all couple and family clinicians.

Structure

The forms provided are, in themselves, the basic structural elements of documentation. When used properly, they provide graphic organization of the clinical process, yet it is obvious that the forms in themselves require some organization.

A good method of conceptualizing and structuring clinical documentation is the FUNCTIONAL approach, developed by Morse, Lonegan, and Bradley (1998):

> *F*unctional statements explain why behavior is important.
>
> Make *U*nderstandable to others what services have been provided and what progress has been achieved. Use professional language, but avoid abbreviations and jargon. Use correct grammar and spelling.

Assure that services are *Necessary* according to the requirements of the referral source or payee.

Document *Clearly* and *concisely* in view of the precise objectives of treatment.

Timely entries are done at the time services are provided and submitted according to third-party requirements.

Documentation is *Individualized* according to patient needs.

Documentation is *Organized* and *objective,* including all factual data from baseline functioning through all phases of treatment.

Need dependent entries identify the continuing need for services as conditions change.

Goals are *Attainable* in view of the patient's motivation and resources and the constraints of family members, payees, therapist competence, and others.

Documentation is *Legible* in terms of neatness and ability to communicate to those who will read the information. Overall quality of the services is judged by the quality of the documentation.

What should the timing, sequence, location, and mode of documentation be? There is considerable flexibility available to clinicians on these matters, and much will depend upon the setting and purpose of treatment and the therapist's theoretical orientation. Yet there are some basics to consider in all situations that will help therapists and agencies to organize and maintain documents in a highly useful and proper manner.

As this manual is going to press, Congress is considering the Health Care Personal Information Nondisclosure Act of 1998, also known as the Health Care PIN Act. This bill recognizes the need on a national level for increased specification of the types and circumstances for disclosure of medical and mental health records. The APA has lobbied intensely to ensure that the national bill does not preempt state laws that may be more protective of clients' rights to confidentiality, particularly concerning third-party access to records. As professional associations, national and state lawmakers, and the general public become more vigilant regarding the need to protect the confidentiality of treatment records, practitioners need to remain informed about the changing requirements affecting medical (including mental health) records.

Some of the following guidelines may appear elementary or redundant to many, yet it is recommended that they be reviewed periodically to ensure maximum utility of clinical records.

- All entries should be written legibly, avoiding nonstandard abbreviations and tangential information unrelated to assessment, treatment, and referral.
- All information and contacts about a case should be noted, beginning with the initial call. Entries should be dated, sequential, and not altered, except with clear annotation about why this was done. Include identifying client information on each page.

- Standard white bond, copy, or printer paper should be used. A sturdy cardboard folder with dividers and tabs is strongly advised for each case. A useful method is to keep general forms (Chapter 1) in the first section, inventories and checklists (Chapter 2) in the middle section, and progress notes (Chapter 4) in the third section. Initials or a case number might be used on the protruding tab to identify the case for the clinician, so the full name of the client is not disclosed to others who might come into contact with the file.
- Files should be maintained in a lockable, fireproof cabinet, with access only to those with a legal and ethical right to the information. The therapist should be aware of guidelines for duration of maintaining files, keeping the standards in mind: APA guidelines recommend that complete records should be maintained for 3 years after planned services are completed or after the final client contact, and that the entire record or a summary be kept for an additional 12 years, for a total of 15 years (the "3/7/15" rule). Some states require that records be kept for a minimum of 7 years. In the case of minors, records should be kept for 3 years after they have reached the age of majority.
- When transporting files, they should be kept secure by the clinician and returned to their proper storage location promptly. Mailing, faxing, copying, and e-mailing of records requires the clinician to take thorough precautions to ensure that confidentiality is consistently maintained. In fact, transmission by e-mail and fax should generally be avoided unless the therapist is assured of complete control over access by the intended recipient. Records can be kept on electronic media so long as there is a foolproof security and backup system; additional paper copies are strongly advised.
- When discussing cases, the general rule is to discuss the case in enough detail to identify the client only with those for whom the client has given expressed permission. These can include employers, parents, spouses, and referral sources; it does not include the therapist's colleagues, friends, supervisees, or other family members, except in certain emergencies.
- Rumor, gossip, innuendo, and speculation should generally be avoided in case files unless it pertains to the essence of the case and an attempt will be made to substantiate it (e.g., deferred diagnosis).
- Plans should be made in advance so that records are secure and accessible to another licensed professional in the event of the therapist's incapacity, death, or precipitous withdrawal from practice.
- In general, whatever is included in the record is grist for the clinical, insurance, and legal mills; conversely, it is assumed that "if it's not recorded, it didn't happen."
- Records should be disposed of safely and effectively so that all identifying information is permanently destroyed.

- Although clients may have access to their records or a summary of them, they are the property of the therapist and are valuable repositories of sensitive information. As such, the rule is to never disclose any client information until you are certain about your right to do so.

Obtaining and Evaluating Information from a Multicultural Perspective

Essential to competent contemporary practice is skill in evaluating and treatment from a multicultural perspective. In fact, all of the ethics codes of the major professional mental health associations have established multicultural competence as a standard. The theme persists throughout this manual that the selection of forms and assessment tools, the interview style and procedures, and the evaluation of information must be adapted to the purpose of the contact and the characteristics of clients. C. H. Patterson (1996) asserts that all counseling is multicultural, that all clients belong to multiple groups that exert influence on their behavior, and that therapists must account for these influences. Das (1995) states that all counseling may be considered multicultural if culture is viewed broadly as race, ethnicity, nationality, gender, age, social class, sexual orientation, and disability. This is a universalist perspective with which we essentially agree. The simplistic notion that "I should merely treat everyone the same" is no longer a standard that applies to ethical, competent mental health practice.

The foundation for competence in multicultural therapy is to obtain basic training on cultural issues, either in graduate programs or though continuing education. APA and all other professional mental health organizations require multicultural awareness and skills in order to practice ethically. The more contact a practitioner has with specific multicultural groups, the more extensive the information and skill base should be. Exposure through travel and cultural and leisure activities enhances both understanding and appreciation of a culture. Dimensions such as individualism versus community, the nuclear family versus extended family, assertiveness versus compliance, competition versus cooperation, authoritarianism versus democracy, and secrecy versus self-disclosure may differ widely from culture to culture.

Fundamentally, a respectful, collaborative approach in which the clinician assumes the role of learner about the client's culture can significantly enhance the process of obtaining relevant, accurate information. It should be noted that though we have indicated that certain assessment instruments are available in different languages, a translated tool does not guarantee that normative data for a specific culture have been established, and the instrument may not necessarily be appropriate for the group speaking that language. Although it is not our purpose in this book to delineate all of the aspects of multicultural competence, the following guidelines are offered:

- Use a professional translator whenever language is a barrier to effective understanding.
- Do not automatically assume that a therapist with the same characteristics as the client is best; it may often be that the opposite is true.
- Remain flexible in requiring clients to fill out forms, take tests, and answer certain questions; both the content and the procedures themselves may have different meanings for some clients.
- Extend the time to build relationships, explain the uses and nonuses of information, and inquire about the best timing of gathering data whenever it is needed.
- Assess family strengths and build upon them consistently, rather than emphasizing dysfunction.
- Inquire during the initial contact or first session about who in the extended family or neighborhood might be included for either information or intervention. Besides being a core systemic principle, contextual inclusion may be critical with certain family structures. Develop genograms with the family as a graphic means of depicting ecosystemic involvements.
- Use consultation, reading, inquiry, and observation extensively to determine the most effective combination of directiveness/nondirectiveness, formality/informality, self-disclosure/distance to use with specific clients.
- Use the client's frame of perceptual, cognitive, behavioral, and linguistic reference as much as possible; Ericksonian, structural, neurolinguistic, and operant approaches may be particularly informative in developing these abilities.
- Use culturally normed assessment tools whenever possible. To further this goal, the few family assessment instruments that are culture-specific have been annotated in this manual.

Summary

It is assumed that readers have basic information about clinical, ethical, legal, and business practices in psychotherapy. In treating couples and families, some of the same guidelines apply, often with added or modified dimensions. Particularly in the critical areas of informed consent and record keeping, it is not sufficient for the practitioner to simply use approaches designed for treating individuals. The comprehensive guidelines offered are often viewed as "hassles" by clinicians, who typically feel that some idiosyncracy about their practice will obviate the need for thorough documentation, or that luck will guide them through their careers in a magical fashion. Today it is usual, customary, and reasonable for thorough documentation to occur, unlike in the past. It is the clinician's responsibility to

demonstrate that procedures are complete and competent; without systematic documentation, the task can be arduous and frequently impossible. Regardless of what the experienced practitioner has done in the past, or what a therapist may feel is a nuisance, the guidelines and templates presented in this manual are intended as real examples of the requirements of contemporary psychotherapy practice. It is an attainable goal for everyone to document effectively. Feedback on all issues is invited at the address on the last page.

Chapter 1

General Forms

Therapists have long been used to gathering basic information about clients as it pertains to the logistics and objectives of treatment. In some instances, the information is gathered verbally and kept on notes scattered throughout the client file. In fact, basic data sometimes include little more than the name, address, phone number, presenting problems, and a sketchy history of treatment and related issues. As suggested earlier, besides being inadequate according to current ethical and legal standards, this "catch-as-catch-can" method results in major gaps in information and a deficient assessment, treatment, and referral plan. Inadequacies in information gathering can also result in clinicians taking on cases that they are not equipped to handle by virtue of the acuity of client needs or clinicians' own inadequate training. Thus, the use of comprehensive basic data forms accomplishes the following: (a) it presents a consistent, professional face to clients; (b) it allows for the gathering of information complete enough to satisfy ethical, legal, and clinical standards; (c) it facilitates thorough assessment and selection procedures; and (d) it allows for accessibility to data frequently required in evaluation, treatment, reporting, and referral of a case. These goals are applicable across all of the mental health disciplines (including professional ethical codes and state licensing regulations); settings (nonprofit, governmental, clinic, and independent practice); theoretical orientations; and types of presenting problems. In other words, no mental health practitioner is exempt from these tenets wherever or however they may practice. The aversion of therapists to clerical and administrative tasks or to the assessment process does not justify the failure to establish a consistent, thorough information-gathering and recording system.

The Concept and Process of Clinical Documentation

The concept is simple; the process is a bit more complex. If we consider clinical documentation as a visible, permanent indicator of providing informed consent, analogous to the process of therapy itself, we have a solid grasp of its concept. In other words, as we provide clients with the information they need and have a right to know to make informed judgments about therapy, we are acting ethically and legally. As various aspects are explained to clients both at the beginning of treatment and as the process unfolds, we are empowering them in a manner consistent with the objectives of therapy itself. Directness regarding therapist qualifications, procedures to be used, and reporting requirements instills confidence and collegiality and furthers the therapy process. The major elements of this process are structured by the use of the forms in this manual.

Psychotherapy is generally viewed as having a beginning, middle, and ending phase. Components involve intake, assessment, treatment planning, intervention, and evaluation; aspects such as risk management, specialty consultation, and collaboration with third parties often come into play. The context might be portrayed as a triad: the therapist, the client, and third parties, often with intricate interlocking relationships. The therapist initiates and responds to interaction among these parties in collaboration with the client, and assumes the responsibility to maintain clear, functional roles that are *in the client's best interests.* The plan that develops between therapist and client to meet the latter's needs should be comprehensive, focused, collegial, and open to revision, and it is the therapist's obligation to ensure that the client reasonably understands all facets of the treatment process, including possible social, emotional, medical, financial, and legal consequences. This is accomplished through ongoing verbal dialogue between therapist and client. The clinical record is merely a reflection of that dialogue. If the therapy process is systematic and comprehensive, a beneficial outcome is more likely for the client. Clinical documentation, therefore, is a graphic depiction of the chronology of basic events that occur in the clinical treatment process, presented in a format that meets current professional standards.

Standardization and Adaptation of Forms

The guidelines presented here are adequate to meet most requirements, although it is impossible to present complete documentation guidelines for every type of setting or legal jurisdiction, or for every social, clinical, or forensic purpose. Numerous additions and modifications may be required, and clinicians will want to tailor both the structure and process of information gathering and documentation to meet their specific requirements. We urge practitioners to do this, and it is for this purpose that we have included a disk of all forms and handouts not copyrighted elsewhere for individual use. In presenting these guidelines and forms, it is tempting to focus on the completeness of guidelines or the "perfect" form, but this is not the goal. The essential objective of this sourcebook is to provide clinicians with accessible information and templates to guide their practices, and

to delineate the importance of establishing a comprehensive system and sticking to it. In fact, there are many groups offering practice management products and services on the market, and the emphasis is often on breadth of exposure and elaborateness of style over substance. We believe that a *back to basics* approach is best. In almost all instances, a standard white bond paper with black text in a readable font is adequate.

What really counts at first impression and throughout the course of treatment are what we refer to as the three Cs of documentation: *clarity, comprehensiveness,* and *competence. Clarity* refers to the directness, simplicity, and conciseness with which information is expressed. *Comprehensiveness* indicates that all data pertinent to a case are included, especially information required by anyone seeking critical information in a crisis, mandated reporting, or forensic situation. *Competence* is the ability to demonstrate that one possesses a level of skill prescribed by contemporary professional standards to advance the welfare of the client. Adherence to these standards will not only serve clients well and satisfy requirements, it will also make clinical practice easier, keep the licensing boards at bay, and ultimately enhance the reputations of individual practitioners and the field in general.

The forms throughout this manual are preceded by a section on the purpose and method of each. And they are presented for literal use in most cases. However, we understand that there is room for variability in the chronology and in other dimensions of adapting the forms, even after they are modified for specific uses. The following section provides guidelines for the process of documenting clinical procedures and discusses common options for using forms and gathering and disseminating information in a flexible manner.

A word about the last two forms in this section. The *Developmental History* form was developed primarily for children but may be used whenever developmental issues of any client need to be explored in depth. The *Agreement Regarding Minors* form can be used whenever a child or adolescent will be seen outside the family context (individually or with other minors only), or when information on minors will be obtained from a third party. It need not be employed when minors are seen exclusively with the family and when no outside information will be sought. When minors are seen during family treatment for some individual or peer-group sessions, the *process* of eliciting their confidence and clearly informing them of the nature of confidentiality is the crucial element. The clinician's discretion can be used regarding whether to have the child sign the basic confidentiality forms or to add the Agreement form and perhaps modify it according to the needs of the child.

FORM 1
BASIC CLIENT INFORMATION

PURPOSE: To provide basic demographic, historical, and current problem-related information for treatment planning, referral, and reimbursement, and to fulfill ethical and legal guidelines.

METHOD: This form ideally is either sent to the client before the first session or filled out in the waiting room prior to the session. Clinicians may obtain information orally as part of the intake interview, or give the form to clients to take home and return by mail before the second session. Certain points may be used during initial interviews for clarification and amplification.

FORM 2
CONSENT REGARDING LIMITS OF CONFIDENTIALITY

PURPOSE: To provide detailed information to clients regarding confidentiality and privilege, including exceptions. Issues of mandated reporting, disclosure to third parties, records, diagnosis, secrets, and consent and disclosure regarding minors are crucial.

METHOD: Besides providing details in writing, it is essential to discuss confidentiality issues with clients to ensure that they understand the basics. Following the initial iteration, it may be useful to clarify various points as they arise during the course of treatment. All clients over the age of 18[1] should sign this form, and a copy should be given to each person who is directly affected by it (including minors, at the therapist's discretion).

[1] In most instances, the age of majority is 18, and laws in each state must be consulted for specific details. Exceptions may exist under special circumstances, as indicated in the section on minors. In all instances where the specific written consent of minors is not required, it might be clinically appropriate for the therapist to involve children in both verbal and written fashion to enhance therapeutic effectiveness.

FORM 3
Contract for Services and Consent to Treatment

PURPOSE: To provide basic information about the theoretical approach, methods, and experience of the therapist; treatment objectives, fees, logistics, and estimated length; and possible alternative treatments. The essential elements of therapy, other than the confidentiality issues on the *Contract for Services and Consent to Treatment* form are included on this form. In addition to indicating understanding, client and therapist signatures on this form signify mutual agreement to the therapeutic contract. This contractual nature implies the ability to modify various aspects by mutual consent, or to terminate it for specific reasons. The *Information You Have a Right to Know about My Practice* form in Chapter 3 expands further upon this basic information.

METHOD: Similar to confidentiality issues, it is essential to discuss the structure and process of therapy with all clients capable of understanding and, equally important, to include them in collaborative decision making whenever as possible. All clients over 18 should be given a copy, and minors can be given copies as well, perhaps in a separate, simple format, according to their level of participation in the treatment and their ability to understand. All who participate in the therapy should sign the contract.

FORM 4
Release of and Request for Information

PURPOSE: To obtain the consent of clients to request information from and provide information to third parties. This may include medical, educational, psychological, vocational, or other information to assist in treatment planning. It may also be provided to assist clients in obtaining information from an employer, school, court, or other system.

METHOD: All clients over the age of 18 are required to sign separately. Each instance in which information is to be obtained or provided should be listed separately. A copy should be provided to each source or recipient of information.

FORM 5
Permission to Record Sessions and to Use Case Materials

PURPOSE: To obtain client consent to use clinical material for the purposes listed. As far as possible, the specific use (date, location, publication) should be indicated. Of course, confidentiality requires that no information be disclosed that might reveal the identity of clients in any way. A possible exception is when unsolicited client testimonials are provided by mutual consent.

METHOD: All clients over the age of 18 are required to provide signatures. Clients should be assured that their identities will always be concealed in any use of case materials.

FORM 6
Clinical Services Evaluation Form

PURPOSE: To allow clients to provide feedback and factual information regarding services received so that providers may revise and improve them.

METHOD: At the completion of continuous services, and perhaps at an intermediate point, clients should be provided with this form and given an opportunity to discuss their responses. Clinicians may also want to send evaluation forms to clients at a point three to six months after therapy.

FORM 7
Problem Checklist

PURPOSE: Integrated with the *Problem-Oriented Record (POR)* and *SOAP Notes* (see Chapter 4), this list serves as a template and provides a quick reference for both client- and therapist-initiated items that may be a focus of attention.

METHOD: Items can be checked first by the client, then by the therapist, or conjointly, and serve as a focus for discussion, prioritization, and systematic attention either during therapy sessions or through collaboration with other sources. The list should be synthesized in the *POR* and reflect a focus both on individual clients and on the couple or family.

FORM 8
DEVELOPMENTAL HISTORY

PURPOSE: This form is designed to obtain key information regarding a child, adolescent, or adult when a specific problem is the focus of attention. A developmental disability is an example; a school problem involving difficulty learning, impulse control, and a possible neurological impairment such as attention deficit disorder is another. This form can be used routinely for all clients, although its use is especially indicated in situations such as the aforementioned. The information obtained may be sufficient to assess the problem, or it may lead to further investigation through medical or educational records or psychometric, developmental, or educational testing.

METHOD: The therapist may use the outline as a guide for obtaining information from clients in an interview, or the form may be given to clients to provide detailed information when clients are likely to have ready access to this information and return the form promptly. Additional sheets may be added to the form and the responses should be coded according to the outline.

FORM 9
AGREEMENT REGARDING MINORS

PURPOSE: This form is used to explain consent, notification, privilege, and confidentiality issues with regard to minors. Ethical, clinical, legal, and logistical issues are determining factors here.

METHOD: Whenever minors are seen in treatment, this form is included in the basic information package. In addition to obtaining written consent of the parent or guardian (and the minor, when possible), it is critical to fully explain to everyone the implications of the parents having the right to know while maintaining a sense of privacy with the children. Depending upon the issues being addressed and the status of the minor, it should be indicated whether minors may in certain circumstances give consent for treatment independently and when parents must be notified. The conditions under which a minor may independently give consent to treatment vary from state to state, but generally include abuse, molestation, and communicable diseases, among others. Whether or not parents may be notified may depend upon the likelihood of negative repercussions to the minor. Under normal circumstances, the law may view treatment of a minor without parental consent as battery upon the child. When consent is needed, the signatures of those with legal custody of the minor—that is, one or both parents or legal guardian(s)—must be obtained.

Form 1 Basic Client Information

Name: _____ Date of birth: _____/____/____

Address: _____

_____

Phone: _____ (day) OK to call? (Yes/No) _____ (evening)

Partner/spouse's name: _____ Date of birth: _____/____/____

Address (if different): _____

_____

Phone: _____ (day) OK to call? (Yes/No) _____ (evening)

Please list the names, ages, and relationships of all those in your current household: _____

_____

_____

If you or your partner/spouse have children not living with you, please list their names, ages, and locations: _____

_____

_____

Occupation, employer, and current number of hours worked per week:

You: _____

Partner/spouse: _____

Your highest educational level: _____ Partner's/spouse's: _____

What health or medical problems do you or other family members have, and which medications are taken, if any? _____

_____

_____

Where do you obtain your health care (facility or provider)? _____

_____

_____

Who is your physician? _____

Do you have insurance you will be using to pay for therapy? (If so, please provide name, address, phone number, policy number, and contact person): _____

_____

_____

_____

Referral source: _____

Address: _____ Phone: _____

_____

What is the main issue for which you are seeking help? _____

_____

_____

_____

_____

What service are you specifically requesting of this therapist? _____

_____

_____

_____

How have you attempted to deal with this problem thus far (please be brief and specific)? _____

_____

_____

_____

_____

Have you had therapy or counseling before? Please list dates and name and location of provider(s):

_____

_____

_____

_____

If so, what was the nature of the therapy? _____

_____

_____

_____

Was it helpful to you? _____

If not, why not? _____

_____

_____

_____

Please make any other comments here you wish, including critical events that have occurred in your family or anything special or unique about your family or other individuals:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Form 1A Basic Client Information

(Completed)

Name: *Lydia Menendez* Date of birth: *3 / 3 / 1970*

Address: *422 West Olive*

West Peoria, WI 04321

Phone: *(352) 988-3495* (day) OK to call? (Yes/No) *(352) 877-3947* (evening)

Partner/spouse's name: *Antonio* Date of birth: *2 / 9 / 1969*

Address (if different): *same*

Phone: *(352) 554-9303* (day) OK to call? (Yes/No) _____ (evening)

Please list the names, ages, and relationships of all those in your current household: *Renata, 12, Martin, 9 (children); Antonia, 65 (paternal grandmother), Bernardo, 35 (maternal uncle)*

If you or your partner/spouse have children not living with you, please list their names, ages, and locations: _____

Occupation, employer, and current number of hours worked per week:

You: *Administrative assistant, MBA Corp., 37 hrs. per week*

Partner/spouse: *General contractor, self-employed, 65 hrs. per week*

Your highest educational level: *4 yrs. college* Partner's/spouse's: *2 yrs. college*

What health or medical problems do you or other family members have, and which medications are taken, if any? *Antonio—asthma (respirator) Antonia—hypertension (prochardia)*

Where do you obtain your health care (facility or provider)? _____

PBS Healthcare Systems—local provider panel

Who is your physician? *Dr. Myra Peltrino (352) 344-9987*

Do you have insurance you will be using to pay for therapy? (If so, please provide name, address, phone number, policy number, and contact person): *No, a reduced fee is requested*

Referral source: *Dr. Peltrino*

Address: *453 East Madrona* Phone: *(352) 344-9987*

West Peoria WI 04321

What is the main issue for which you are seeking help? *Antonio's asthma and his mother's heart condition are becoming worse, and Martin is becoming quiet and withdrawn. Dr. Peltrino says the children are confused about who is in charge in the family, and Antonio and the children and I do not spend time together as a family.*

What service are you specifically requesting of this therapist? *Help us figure out why these problems are getting worse, and come up with a plan to help our family be closer.*

How have you attempted to deal with this problem thus far (please be brief and specific)? *We have consulted with the doctor, and I have asked my husband to cut back on his work hours. So far, he has been unable to, and the asthma and heart condition have not improved.*

Have you had therapy or counseling before? Please list dates and name and location of provider(s):
No, we have not.

If so, what was the nature of the therapy? _____

Was it helpful to you? _____
If not, why not? _____

Please make any other comments here you wish, including critical events that have occurred in your family or anything special or unique about your family or other individuals:
We are very religious, and we pray a lot about these problems. We do not argue, and we have always been a close family. These problems are very confusing to us. Most people see us as very traditional and close.

Form 2 Consent Regarding Limits of Confidentiality

(Note: In all instances, this form must conform to the statutes in the state in which you are practicing.)

Confidentiality generally means that anything that occurs in psychotherapy is not divulged by the therapist. Generally, this is true, although there are some commonsense and some not-so-commonsense situations that are exceptions to this rule. I have read the *Information* brochure, and understand the reasons for these exceptions. I also understand that **privilege** means the client's ability to protect information in a legal proceeding. With this background, I consent to the following:

Exceptions to Confidentiality and/or Privilege

Mandated reporting

1. If I am a danger to myself physically or incompetent mentally, as determined by the therapist's evaluation
2. If I intend to bring physical harm to others
3. If I have physically, sexually, or (severely) emotionally harmed or neglected a minor or a dependent adult

Situations in which privilege does not apply or is limited

4. If I bring a lawsuit against this therapist
5. If another person is in the room
6. If a *court* requires me to testify
7. If I am being evaluated for a third party

Items 1, 2, and 3 above are extreme situations that are exceptions to confidentiality and in which the therapist MUST file a report with the appropriate agency. All other reasonable means are exhausted before this option is used; even then, your cooperation is encouraged.

Disclosure of Information

In a commonsense fashion, any time you give permission to provide information to another party, there is limited confidentiality. In these cases and in most situations listed above, the therapist can reveal information only to someone who has a *need to know*, and entire records or irrelevant information may not be disclosed. Whenever information will be shared with other persons, their names or positions will be specifically listed, and every effort will be made to ensure that the receiving person also maintains confidentiality. The major situations in which the therapist may disclose such information with permission are:

1. If I am being evaluated or treated for a third party (disability, custody, etc.)
2. If I request or give permission for information to be obtained from or provided to a third party (therapist, physician, teacher, employer, etc.)
3. If my therapist is unavailable and temporary coverage is required (emergencies, vacations, etc.)
4. If my therapist is being supervised, the supervisor may know the details of the case, and is also bound by confidentiality
5. If I am using third-party coverage (insurance) to pay for therapy
6. In the event of my therapist's disability or death

In addition to the above, I understand that special circumstances apply to group, couple, parent-child, and family therapy and any time I may involve another person in treatment. Basically, other individuals in the room are not bound by privilege and may possibly not hold all information confidential; the therapist is not responsible for disclosure by these individuals. In situations where I am in therapy with another person (e.g., a spouse or child) and secret information is revealed by one person to the therapist, it is understood that the therapist will not reveal the information but may determine that it is not workable to continue treatment. Should this situation arise, the therapist will discuss it with you thoroughly.

I also understand that I may have access to my records, although it may be best for my therapist to discuss the items contained in them with me or to provide me with a summary for a specific purpose.

Client: _____ Date: ____/____/____

Client: _____ Date: ____/____/____

Form 3 Contract for Services and Consent to Treatment

The Therapy Process

The type of treatment will be individual/couple/family/parent-child, other (circle one).

Some of the methods that will be used are: couple/parent-child/school consultation, other (circle one).

Major goals will be: _____

_____

_____

I/we agree that activities outside the therapy sessions may aid this process, and I/we agree to make an effort to exercise, meditate, keep a journal, read, or other (please indicate): _____

_____

_____

The primary mutual obligation both the therapist and I/we have is to be respectful and honest with each other. With regard to the latter, I/we agree that every aspect of my life/our lives is potentially open for discussion in therapy, although it may not be a focus of treatment. Thus, I/we will bring up major issues as they occur for the therapist to assess and for us possibly to discuss further.

Arrangements

I/we agree to the treatment developed by _____ and myself/ourselves. The initial plan is for sessions to be held _____ (frequency). The number of sessions will be approximately _____ (range).

I/we agree to contact a physician/teacher/career counselor, other _____ (please specify) to seek potential services that could aid in this treatment. I/we will provide the following information that will aid in my treatment: _____ .

Neither the therapist nor I/we will cancel an appointment with less than 48 hours notice, except in a rare emergency. If the therapist cancels, I/we will have a session without charge. In the event that I/we cancel, I/we will pay the usual fee if the cancellation occurs in less than 48 hours notice without an emergency.

The usual method of communication between sessions will be by telephone. Changes to the agreed upon schedule will be made either in person or via telephone, with the initial message returned for confirmation. I/we will bring other persons to sessions only by prior agreement with the therapist. I/we agree to be present for the full length of therapy sessions (50 minutes, unless modified previously by both the therapist and me/us). Calls for purposes other than information or scheduling will be charged in quarter-hour increments of the full fee (e.g., 15 minutes = 25% of full fee). If I/we decide to terminate therapy, a discussion will first be held with the therapist during a scheduled session.

Fees

The fee for services will be $ _____ per _____ -minute session, payable after each session. I/we are responsible for directly paying the therapist, who will assist in obtaining reimbursement if requested. If I/we wish to use insurance, I/we understand that it is my/our obligation to determine whether any reimbursement is possible prior to beginning therapy. Payment for returned checks and penalty fees are due upon notification. The therapist has the right, after fees are three months overdue and I/we have been notified of same, to engage the services of a collection agency. If payment becomes a problem for me/us, I/we will discuss this directly with the therapist. If the therapist's fees change during the course of treatment, I/we will have three months' notice of same.

Confidentiality

I/we understand that therapy services are confidential, under the terms indicated in *Information You Have a Right to Know* (hereafter referred to as the *Information* brochure). Some of the major conditions under which the therapist is obligated NOT to maintain confidentiality are: danger to self or others and abuse of children or dependent adults. I/we also understand that in couple, parent-child, or family therapy, secrets about important information may interfere with therapy, and the therapist may encourage me/us to share critical information with those who should know. I/we also understand that in certain instances, it may be difficult to continue therapy if I/we choose not to reveal important information.

Consent to Treatment

I am/we are entering into this therapy contract with full understanding, participation, and consent. I/we have read the *Information* brochure provided by the therapist, and have also signed the following additional forms for special purposes: _____ I/we understand I/we have a right to a second opinion from another mental health professional at any time and to register a legitimate concern with an appropriate agency as indicated in the *Information* brochure.

Client: _____ Date: ____/____/____

Client: _____ Date: ____/____/____

Therapist: _____ Date: ____/____/____

Form 3A Contract for Services and Consent to Treatment

(Completed)

The Therapy Process

The type of treatment will be individual/(couple)/family/parent-child, other (circle one).

Some of the methods that will be used are: (couple)/parent-child/school consultation, other (circle one).

Major goals will be: *To improve couple communication, sexuality, and problem solving, especially around household tasks and relations with extended family.*

I/we agree that activities outside the therapy sessions may aid this process, and I/we agree to make an effort to exercise, meditate, keep a journal, read, or other (please indicate): *do assignments at home and with extended family as discussed in sessions.*

The primary mutual obligation both the therapist and I/we have is to be respectful and honest with each other. With regard to the latter, I/we agree that every aspect of my life/our lives is potentially open for discussion in therapy, although it may not be a focus of treatment. Thus, I/we will bring up major issues as they occur for the therapist to assess and for us possibly to discuss further.

Arrangements

I/we agree to the treatment developed by _____*Dr. Fixit*_____ and myself/ourselves. The initial plan is for sessions to be held ___*weekly*___ (frequency). The number of sessions will be approximately ___*12-20*___ (range).

I/we agree to contact a (physician)/teacher/career counselor, other _____ (please specify) to seek potential services that could aid in this treatment. I/we will provide the following information that will aid in my treatment: ___*information on my general physical health*_____ .

Neither the therapist nor I/we will cancel an appointment with less than 48 hours notice, except in a rare emergency. If the therapist cancels within 48 hours, I/we will have a session without charge. In the event that I/we cancel, I/we will pay the usual fee if the cancellation occurs in less than 48 hours notice without an emergency.

The usual method of communication between sessions will be by telephone. Changes to the agreed upon schedule will be made either in person or via telephone, with the initial message returned for confirmation. I/we will bring other persons to sessions only by prior agreement with the therapist. I/we agree to be present for the full length of therapy sessions (50 minutes, unless modified previously by both the therapist and me/us). Calls for purposes other than information or scheduling will be charged in quarter-hour increments of the full fee (e.g., 15 minutes = 25% of full fee). If I/we decide to terminate therapy, a discussion will first be held with the therapist during a scheduled session.

Fees

The fee for services will be $ ___150___ per ___60___ -minute session, payable after each session. I/we are responsible for directly paying the therapist, who will assist in obtaining reimbursement if requested. If I/we wish to use insurance, I/we understand that it is my/our obligation to determine whether any reimbursement is possible prior to beginning therapy. Payment for returned checks and penalty fees are due upon notification. The therapist has the right, after fees are three months overdue and I/we have been notified of same, to engage the services of a collection agency. If payment becomes a problem for me/us, I/we will discuss this directly with the therapist. If the therapist's fees change during the course of treatment, I/we will have three months' notice of same.

Confidentiality

I/we understand that therapy services are confidential, under the terms indicated in *Information You Have a Right to Know* (hereafter referred to as the *Information* brochure). Some of the major conditions under which the therapist is obligated NOT to maintain confidentiality are: danger to self or others and abuse of children or dependent adults. I/we also understand that in couple, parent-child, or family therapy, secrets about important information may interfere with therapy, and the therapist may encourage me/us to share critical information with those who should know. I/we also understand that in certain instances, it may be difficult to continue therapy if I/we choose not to reveal important information.

Consent to Treatment

I am/we are entering into this therapy contract with full understanding, participation, and consent. I/we have read the *Information* brochure provided by the therapist, and have also signed the following additional forms for special purposes: _____*n/a*_____ I/we understand I/we have a right to a second opinion from another mental health professional at any time and to register a legitimate concern with an appropriate agency as indicated in the *Information* brochure.

Client: __*Amanda Chin*_____ Date: __*5* / *6* / *1999*__

Client: __*Bennett Chin*_____ Date: __*5* / *6* / *1999*__

Therapist: __*Icon Fixit, PsyD*_____ Date: __*5* / *6* / *1999*__

Form 4 Release of and Request for Information

I authorize _____ to discuss aspects of my situation with colleagues and supervisors who, in the course of my treatment, have a need to know specific information. I understand that my specific identity will not be revealed, except when it is absolutely necessary. Outside of these routine situations, I authorize a *release of needed information* or a *request for information* (indicate which under *purpose*) to or from the following:*

1. Name _____
   Address _____
   Phone _____
   For the purpose of _____

2. Name _____
   Address _____
   Phone _____
   For the purpose of _____

3. Name _____
   Address _____
   Phone _____
   For the purpose of _____

4. Name _____
   Address _____
   Phone _____
   For the purpose of _____

Please list the number of the contact above and any additional specifications you wish to add for each:

_____

_____

_____

_____

Client Signature: _____ Date: ____/____/____

Client Signature: _____ Date: ____/____/____

_____

* This authorization is valid only for three months from date signed. Updated information may be added as needed and initialed by clients.

Form 4A Release of and Request for Information

(Completed)

I authorize __ *Dr. Fixit* _____ to discuss aspects of my situation with colleagues and supervisors who, in the course of my treatment, have a need to know specific information. I understand that my specific identity will not be revealed, except when it is absolutely necessary. Outside of these routine situations, I authorize a *release of needed information* or a *request for information* (indicate which under *purpose*) to or from the following:*

1. Name ____ *Benito Medico, MD* _____
   Address __ *84675 Admiral Way, Balyhi, OH 87371* _____
   Phone ____ *(809) 333-3333* _____
   For the purpose of __ *discussing the medication given my child for hyperactivity* _____

2. Name ____ *Dimitra Smith, teacher* _____
   Address __ *Ballantine Middle School, 242 Midway, Balyhi, OH 87371* _____
   Phone ____ *243-9840* _____
   For the purpose of __ *discussing my child's school behavior* _____

3. Name ____ *(Request) Middle America School District* _____
   Address __ *426 Roundabout Street, Balyhi, OH 87378* _____
   Phone ____ *243-7733* _____
   For the purpose of __ *obtaining the IEP report on my child* _____

4. Name _____
   Address _____
   Phone _____
   For the purpose of _____

Please list the number of the contact above and any additional specifications you wish to add for each:
__ *# 3: only the IEP report is requested, not all school records. Information discussed with # 1 and* ___
__ *# 2 is focus only on hyperactive behavior at home and at school.* _____
_____
_____

Client Signature: _____ *Tamasa Martin* _____ Date: __ *03* / __ *03* / _ *1999* _

Client Signature: _____ Date: _____/____/_____

_____

* This authorization is valid only for three months from date signed. Updated information may be added as needed and initialed by clients.

Form 5 Permission to Record Sessions and to Use Case Materials

I hereby give my permission for _____ (number) sessions on the following dates (indicate specifically or within a range of dates) _____ to be _____ audiotaped _____ videotaped _____ observed by others.

I understand that this is being done to enhance the treatment being offered and to provide other therapists and trainees with materials to further their work. In the case of live observation or listening to or viewing tapes, it is understood that complete confidentiality applies to all listeners and observers. If material other than recordings is to be used for teaching, research, or publication, my identity will be completely anonymous. *Recordings can be used only for a period of two years after the date indicated below, and no one will obtain any financial reward from these recordings.* I understand that I can view these tapes at a mutually agreed upon time and can withdraw permission for their use at any time. Any materials pertaining to this case can be used only in the situations indicated below:

Location and purpose of observation or taping: _____

General type of publications: _____

General type and purpose of research: _____

Location and type of audience for class or lecture: _____

_____

Complete the following only if applicable:

I give permission for only the following materials to be used (e.g., case notes, recordings, test materials, medical or educational records): _____

_____

I *do not* want the following information used: _____

_____

Other than videotapes, when my case material is used for teaching, consulting, publishing, research, or lecture activities, my identity will always be concealed, either by discussing the material as part of a larger group or by removing details about names, places, or other identifying information. In any event, specific identities will be concealed, and professional audiences are always bound by confidentiality.

I understand that if I do not consent to recording or the other use of my case materials, therapy will proceed normally. I am free to see any tapes or case records kept on me at any time, although it may be more beneficial to request that my therapist summarize or interpret records for me. Videotapes are best viewed with the therapist present. I may also request that tapes be erased at any time.

Client Signature: _____ Date: _____/_____/_____

Client Signature: _____ Date: _____/_____/_____

Therapist Signature: _____ Date: _____/_____/_____

Form 5A Permission to Record Sessions and to Use Case Materials (Completed)

I hereby give my permission for ___*2*___ (number) sessions on the following dates (indicate specifically or within a range of dates) ___*August 12, 26*_____ to be _____ audiotaped ___*X*___ videotaped _____ observed by others.

I understand that this is being done to enhance the treatment being offered and to provide other therapists and trainees with materials to further their work. In the case of live observation or listening to or viewing tapes, it is understood that complete confidentiality applies to all listeners and observers. If material other than recordings is to be used for teaching, research, or publication, my identity will be completely anonymous. *Recordings can be used only for a period of two years after the date indicated below, and no one will obtain any financial reward from these recordings.* I understand that I can view these tapes at a mutually agreed upon time and can withdraw permission for their use at any time. Any materials pertaining to this case can be used only in the situations indicated below:

Location and purpose of observation or taping: __*clinic*_____

General type of publications: _____

General type and purpose of research: _____

Location and type of audience for class or lecture: __*for viewing in an MA family therapy class at the*___ __*University of New South Wales*_____

Complete the following only if applicable:

I give permission for only the following materials to be used (e.g., case notes, recordings, test materials, medical or educational records): __*videotapes*_____

_____

I *do not* want the following information used: __*case records*_____

_____

Other than videotapes, when my case material is used for teaching, consulting, publishing, research, or lecture activities, my identity will always be concealed, either by discussing the material as part of a larger group or by removing details about names, places, or other identifying information. In any event, specific identities will be concealed, and professional audiences are always bound by confidentiality.

I understand that if I do not consent to recording or the other use of my case materials, therapy will proceed normally. I am free to see any tapes or case records kept on me at any time, although it may be more beneficial to request that my therapist summarize or interpret records for me. Videotapes are best viewed with the therapist present. I may also request that tapes be erased at any time.

Client Signature: _____*Lebulon Merchant*_____ Date: __*05*/__*30*/_*2001*_

Client Signature: _____*Zena Merchant*_____ Date: __*05*/__*30*/_*2001*_

Therapist Signature: __*Warren Jones, Ed.D.*_____ Date: __*05*/__*30*/_*2001*_

Form 6 Clinical Services Evaluation Form

Client name: _____ Therapist: _____

Dates of therapy: _____ Date completed: ____/____/____

Please answer the following questions as honestly and specifically as possible. The purpose is to improve the quality of services, and to learn how closely the objectives of treatment were met. There will be no adverse consequences whatsoever for the responses you provide. Thank you for your time.

1. What were your reasons for entering therapy? _____

_____

2. Were you encouraged or referred to therapy by anyone else? _____ By whom? _____

3. In the *left* column, please indicate with a **Y** or **N** whether the following policies were explained to you adequately when you entered therapy. In the *right* column, please indicate whether these policies were followed adequately during therapy.

_____	Confidentiality and secrets	_____
_____	Legal reporting issues	_____
_____	Fee policy	_____
_____	Issues regarding minors	_____
_____	Therapist's theoretical orientation or general approach	_____
_____	Length of treatment	_____
_____	Crisis and telephone policy	_____
_____	Your right to access records	_____
_____	Your right to terminate treatment	_____
_____	Where to report violations	_____
_____	The likelihood and type of improvement to expect	_____
_____	Other resources for addressing the problem	_____
_____	The need for your permission to talk with referral sources	_____

4. (a) Do you feel that you accomplished what you entered therapy for? _____
   (b) Did you put your best effort into therapy? _____
   (c) Do you feel your therapist did his or her best for you? _____
   (d) Please rate the achievement of your goals from 1 (low) to 5 (high). _____

5. Please comment on any of the items above, using the number corresponding to the appropriate item, or on anything else you wish. _____

_____

_____

_____

Form 6A Clinical Services Evaluation Form

(Completed)

Client name: *Vaclav Walesa* Therapist: *Dr. Fixit*

Dates of therapy: *1/2002–12/2002* Date completed: *12* / *31* / *2002*

Please answer the following questions as honestly and specifically as possible. The purpose is to improve the quality of services, and to learn how closely the objectives of treatment were met. There will be no adverse consequences whatsoever for the responses you provide. Thank you for your time.

1. What were your reasons for entering therapy? *Difficulties with my family, who live on the Poland-Czech border; my wife felt that I am too close to them.*

2. Were you encouraged or referred to therapy by anyone else? *yes* By whom? *my wife*

3. In the *left* column, please indicate with a **Y** or **N** whether the following policies were explained to you adequately when you entered therapy. In the *right* column, please indicate whether these policies were followed adequately during therapy.

y	Confidentiality and secrets	*y*
y	Legal reporting issues	*n/a*
y	Fee policy	*y*
y	Issues regarding minors	*n/a*
y	Therapist's theoretical orientation or general approach	*y*
y	Length of treatment	*y*
y	Crisis and telephone policy	*y*
y	Your right to access records	*n/a*
y	Your right to terminate treatment	*n/a*
y	Where to report violations	*n/a*
y	The likelihood and type of improvement to expect	*y*
y	Other resources for addressing the problem	*y*
y	The need for your permission to talk with referral sources	*y*

4. (a) Do you feel that you accomplished what you entered therapy for? *yes*
   (b) Did you put your best effort into therapy? *absolutely*
   (c) Do you feel your therapist did his or her best for you? *100%*
   (d) Please rate the achievement of your goals from 1 (low) to 5 (high). *5*

5. Please comment on any of the items above, using the number corresponding to the appropriate item, or on anything else you wish. *# 4a. my wife now understands the importance of my calling my family twice a week, and does not berate me for it. # 4b. I had tried everything and was willing to give it my best effort. # 4c. Dr. Fixit is a very warm and caring person who goes out of his way to help.*

Form 7 Problem Checklist

Name: _____ Date: _____/_____/_____

Please place a 1 (mild), 2 (moderate), or 3 (severe) on the line next to each problem. Place the initials of the family member who has the problem before each number you list. Underline the best option when a choice is given.

	Year Problem Occurred
Behavior problems (specify) _____	_____
Caffeine or nicotine overuse _____	_____
Depression _____	_____
Lack of concentration, confusion, indecision _____	_____
Eating problems _____	_____
Fears, phobias _____	_____
Financial problems _____	_____
Health problems diagnosed (specify) _____	_____
Health problems undiagnosed (specify) _____	_____
Learning or school problems _____	_____
Legal problems (specify) _____	_____
Memory difficulties _____	_____
Nervousness, excessive worry _____	_____
Overactivity _____	_____
Parenting problems _____	_____
Relationship problems (with whom) _____ (specify) _____ _____	_____
Sexual problems _____	_____
Sleeping problems _____	_____
Social difficulties _____	_____
Substance (alcohol, drug, other) abuse/addiction (specify) _____	_____
Suicidal notions/attempts _____	_____
Temper problems _____	_____
Thought disorganization and confusion _____	_____
Tiredness, low energy _____	_____
Work problems _____	_____
Violence against others (physical harm of any kind) _____	_____
Other problems: _____	_____

Please comment on anything else you wish. _____

_____

Please list, with dates, the most stressful events that have happened to you over the past two years:

_____

Please rank from 1 to 5 (most common to least) any of the above items that concern you and list them below. _____

_____

Form 7A Problem Checklist

(Completed)

Name: *Ezra Minor/Ursula Major* Date: *05* / *20* / *2003*

Please place a 1 (mild), 2 (moderate), or 3 (severe) on the line next to each problem. Place the initials of the family member who has the problem before each number you list. Underline the best option when a choice is given.

	Year Problem Occurred
Behavior problems (specify) *anger control EM (3) UM (2)*	*2002*
Caffeine/nicotine overuse *EM (2) EM/UM (3)*	*1988*
Depression	
Lack of concentration, confusion, indecision *UM (1)*	
Eating problems	
Fears, phobias	
Financial problems *EM/UM (3)*	*2000*
Health problems diagnosed (specify) *EM—emphysema (3)*	*2001*
Health problems undiagnosed (specify)	
Learning or school problems	
Legal problems (specify)	
Memory difficulties	
Nervousness, excessive worry *UM (3)*	*1998*
Overactivity	
Parenting problems	
Relationship problems (with whom) *EM/UM* (specify) *UM disapproves/EM criticizes her for worrying*	*2000*
Sexual problems	
Sleeping problems	
Social difficulties	
Substance (alcohol, drug, other) abuse/addiction (specify) *alcohol 8M (2)*	*1988*
Suicidal notions/attempts	
Temper problems *EM—sometimes I lose my temper at UM (2)*	*2000*
Thought disorganization and confusion	
Tiredness, low energy	
Work problems	
Violence against others (physical harm of any kind)	
Other problems: *UM calls her mother when she gets too upset with me*	*1988*

Please comment on anything else you wish. *Basically, we are committed to staying with each other, but our problems have interfered with our enjoying time together.*

Please list, with dates, the most stressful events that have happened to you over the past two years: *In January of '00, I nearly hit UM when she threatened to leave me over smoking.*

Please rank from 1 to 5 (most common to least) any of the above items that concern you and list them below. *1. Smoking has become a problem between us. 2. Financial problems from my illness have interfered with our social life together (EM). 3. UM worries constantly and I nag her for it.*

Form 8 Developmental History

(Parents complete *Basic Client Information Form)*

Date: ____/____/_____

Person completing form: _____ Relationship: _____

Basic Information

Name of child: _____ Gender: ____ M ____ F

Date of birth: ____/____/____ Height: _____ Weight: _____

Address: _____ Home phone: _____
street city state zip

Grade in school: _____

School: _____
name address city

_____
name of teacher principal, counselor, or other school staff involved

Special school program? _____
name of program and date your child started

A. Current Activities and Relationships

Activities outside school (church, sports, arts, etc., and child's role, special skills, etc.) _____

_____

_____

What does your child like to do the most? _____

_____

_____

What is s/he best at doing? _____

_____

_____

What does s/he need to improve upon the most? _____

_____

_____

With whom does s/he spend most time? _____

_____

_____

Does s/he make friends easily? ____ How many friends close to own age? _____

How do you discipline and reward your child? _____

_____

_____

Is this usually effective?_____

Name of mother: _____ Birthdate: ____/____/____

Home phone: _____ Best daytime number _____

Address if different from child _____

Currently working? _____ Position and employer _____

Name of father: _____ Birthdate: ____/____/____

Home phone: _____ Best daytime number _____

Address if different from child_____

Currently working? _____ Position and employer _____

Name of stepparent _____ Birthdate: ____/____/____

Home phone: _____ Best daytime number _____

Address if different from child: _____

Currently working? _____ Position and employer:_____

Date became child's stepparent ____/____/____

Name of principal guardian (if other than parent) _____ Birthdate: ____/____/____

Address if different from child: _____

Currently working? _____ Position and employer:_____

Are there any others who regularly care for your child? _____

Relationship and amount of time spent _____

_____

Names and ages of brothers and sisters: _____

_____

_____

Names, ages, and relationship to child of others living in home:_____

_____

_____

Child's parents are: ____ married ____ separated ___ divorced ____ remarried _____ never married

B. Developmental History

1. Please describe very briefly the experience of pregnancy and childbirth with this child, and whether there were complications or other problems. _____

_____

Circle: breast/bottle fed

2. Please indicate as best you can at which age the following took place:

_____ Smiling directly at you or turning toward you when you talk
_____ Sleeping mostly through the night
_____ Saying seven words clearly
_____ Walking unassisted
_____ Eating with a fork or spoon with help
_____ Going without diapers
_____ Dressing unassisted

Please indicate anything you consider unusual about your child's past or present movement, learning, social interaction, sleeping, speaking, eating, elimination, or other abilities: _____

_____

_____

C. School History

1. Please list all schools/preschools or day care programs your child has attended:

Name _____ Location _____ From ____ to _____

Name _____ Location _____ From ____ to _____

Please indicate what problems your child had in any of these programs: _____

_____

_____

Please indicate the range of grades or progress reports received by your child: _____

_____

_____

D. Health History

1. Name and address of health care facility or provider:_____

_____

_____

How often does your child visit a health care provider per year? _____

Please list any conditions for which your child has been diagnosed or treated in the past or present, with dates: _____

_____

_____

Please list treatments and medications received for these conditions, with dates: _____

_____

_____

Please describe any other concerns you or others have about your child's health: _____

_____

_____

Please indicate any major illnesses or physical conditions that your child's parents, siblings, grandparents, aunts, or uncles have had, and who has had them: _____

_____

_____

2. Please list any psychological or behavioral evaluation, counseling, or other treatment your child has had, or been advised to have (please give dates, locations, and reasons): _____

_____

_____

Has your child ever been abused or neglected, physically or sexually, and has any report of this been made? _____

Is there anything else you would like to mention about your child, or that you think would be helpful in understanding and helping him or her? _____

_____

_____

_____

_____

_____

_____

Thank you for your time and effort in providing this information. It will help greatly in providing the best services for your child.

Parent or Guardian: _____ Date: _____/____/_____

Parent or Guardian: _____ Date: _____/____/____

Parent or Guardian: _____ Date: _____/____/____

Form 8A Developmental History

(Complete)

(Parents complete *Basic Client Information Form)*

Date: *10 / 17 / 2000*

Person completing form: *Dinitra Washington* Relationship: *mother*

Basic Information

Name of child: *Donyel* Gender: *x* M ____ F

Date of birth: *10 / 06 / 1993* Height: *48"* Weight: *70 lb*

Address: *2140 Manchester St., Apt. 4987, East St. Louis, MO 37839* Home phone: *(722) 873-6465*
street city state zip

Grade in school: *1*

School: *Prospect Park Elementary, 8726 W. Delancey, East St. Louis, MO 37841*
name address city

Mr. Wainright *Mrs. Doolittle, counselor*
name of teacher principal, counselor, or other school staff involved

Special school program? *Learning handicapped, kindergarten ('99)*
name of program and date your child started

A. Current Activities and Relationships

Activities outside school (church, sports, arts, etc., and child's role, special skills, etc.) *He likes to build forts with his friends and play cops and robbers*

What does your child like to do the most? *Play with his friends*

What is s/he best at doing? *He is really good at building forts and buildings with Lincoln logs*

What does s/he need to improve upon the most? *Cooperating with his friends, paying attention in school, and doing what he is told at the time I tell him*

With whom does s/he spend most time? *His friend Ernie and his grandmother (my mother)*

Does s/he make friends easily? *yes* How many friends close to own age? *6–8*

How do you discipline and reward your child? *I tell him no candy and make him come in the house early. I reward him with Burger King and a children's video*

Is this usually effective? *He usually fights the punishment, and overall he does not change*

Name of mother: *Dinitra Washington* Birthdate: *8 / 2 / 1963*

Home phone: *873-6485* Best daytime number *356-8894*

Address if different from child _____

Currently working? *Yes* Position and employer *receptionist, St. Louis Cardinals*

Name of father: *Earl Washington* Birthdate: *11 / 10 / 1960*

Home phone: *same* Best daytime number *739-4950*

Address if different from child_____

Currently working? *Yes* Position and employer *Foreman, US Steel*

Name of stepparent _____ Birthdate: ____/____/____

Home phone: _____ Best daytime number _____

Address if different from child: _____

Currently working? _____ Position and employer:_____

Date became child's stepparent ____/____/____

Name of principal guardian (if other than parent) _____ Birthdate: ____/____/____

Address if different from child: _____

Currently working? _____ Position and employer:_____

Are there any others who regularly care for your child? *yes*

Relationship and amount of time spent *My mother cares for him after school until 6 pm, and some weekends when I work.*

Names and ages of brothers and sisters: *none*

Names, ages, and relationship to child of others living in home:_____

Child's parents are: *x* married ___ separated ___ divorced ____ remarried _____ never married

B. Developmental History

1. Please describe very briefly the experience of pregnancy and childbirth with this child, and whether there were complications or other problems. *There were no problems; I had good prenatal care, although his father and grandmother smoked heavily at home.*

Circle: breast/bottle fed

2. Please indicate as best you can at which age the following took place:

3 mo Smiling directly at you or turning toward you when you talk
7 mo Sleeping mostly through the night
1 yr Saying seven words clearly
1 yr Walking unassisted
17 mo Eating with a fork or spoon with help
21 mo Going without diapers
2.5 ys Dressing unassisted

Please indicate anything you consider unusual about your child's past or present movement, learning, social interaction, sleeping, speaking, eating, elimination, or other abilities: *He has always wanted his own way and will not follow directions.; he has trouble sitting still; I had trouble getting him to learn the alphabet in order. He sometimes wets the bed.*

C. School History

1. Please list all schools/preschools or day care programs your child has attended:

Name *Hillview Preschool* Location *E. St. Louis* From *9/1997* to *6/1999*

Name *Prospect Park* Location *"* From *9/1999* to *present*

Special programs? (describe) *L H Class.*

Please indicate what problems your child had in any of these programs: *In each school, it has been the same with cooperating with other children, paying attention, and following instructions at the right time. He is also lagging behind in learning the alphabet and reading.*

Please indicate the range of grades or progress reports received by your child: *Usually the same comments about the above problems.*

D. Health History

1. Name and address of health care facility or provider: *River Bank Pediatric Clinic (Dr. Treatwright) 408 W. Mississippi, E. St. Louis, MO, 37485 (415) 677-3888.*

How often does your child visit a health care provider per year? *Every six months*

Please list any conditions for which your child has been diagnosed or treated in the past or present, with dates: *He has asthma and a respirator when he needs it. The school said he was hyperactive and dyslexic. Dr. Treatwright placed him on Ritalin and they placed him in a Learning Handicapped Class 10/99.*

Please list treatments and medications received for these conditions, with dates: *Ritalin and LH class (1997, 2000)*

Please describe any other concerns you or others have about your child's health: *I wonder if all of the smoking at home during my pregnancy affected his development. His grandmother also gives him a lot of sweets when I am not around.*

Please indicate any major illnesses or physical conditions that your child's parents, siblings, grandparents, aunts, or uncles have had, and who has had them: *His father has dyslexia, and his grandmother has a heart condition.*

2. Please list any psychological or behavioral evaluation, counseling, or other treatment your child has had, or been advised to have (please give dates, locations, and reasons): *The preschool director, his school counselor, and his pediatrician said we should seek counseling about Donyel's always wanting his own way and refusal to follow directions (1997, 2000).*

Has your child ever been abused or neglected, physically or sexually, and has any report of this been made? *No*

Is there anything else you would like to mention about your child, or that you think would be helpful in understanding and helping him or her? *He is very loved and properly cared for. Maybe his grandmother and father and I are inconsistent in how we treat him, and maybe he needs special tutoring for his learning problems.*

Thank you for your time and effort in providing this information. It will help greatly in providing the best services for your child.

Parent or Guardian: *Dinitra Washington* Date: *10* / *17* / *2000*

Parent or Guardian: _____ Date: ____/____/_____

Parent or Guardian: _____ Date: ____/____/_____

Form 9 Agreement Regarding Minors

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes, they are best seen alone. I will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

The general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, I will evaluate and discuss these goals with you.

Because my role is that of the child's helper, I will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

This agreement regarding treatment of minors has provisions for inserting individual details, which can be supplied by both the child and the adults involved. However, it is first important to point out the exceptions to this general agreement. The following circumstances override the general policy that children are entitled to privacy while parents or guardians have a legal right to information.

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.
- Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the child. *(These circumstances may vary from state to state, and the specific laws of each state must be followed.)*
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that I do not have control over information once it is released to a third party.

Now that the various aspects surrounding confidentiality have been stated, the specific agreement between you and your child/children follows:

I, (name) _____ (relationship to child) _____

I, (name) _____ (relationship to child) _____

agree that my/our child/children

(name) _____

(name) _____

(name) _____

should have privacy in his/her/their therapy sessions, and I agree to allow this privacy except in extreme situations, which I will discuss with the therapist. At the same time, except under unusual circumstances, I understand that I have a legal right to obtain this information. To increase the effectiveness of the therapy, I agree to the following:

The goals of therapy are as follows:

(by parent) _____

_____

(by child) _____

_____

_____

I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions. If my child prefers/children prefer not to volunteer information about the sessions, I will respect his/her/their right not to disclose details. Basically, unless my child has/children have been abused or is/are a clear danger to self or others, the therapist will normally tell me only the following:

- whether sessions are attended
- whether or not my child is/children are generally participating
- whether or not progress in generally being made

The normal procedure for discussing issues that are in my child's/children's therapy will be joint sessions including my child/children, the therapist, and me and perhaps other appropriate adults. If I believe there are significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child/children present. Similarly, when the therapist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the child/children. I understand that if information becomes known to the therapist and has a significant bearing upon the child's/children's well-being, the therapist will work with the person providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

Parent(s): Please make any additions or modifications as desired: _____

_____

Signature: _____ Date: _____/____/_____

Signature: _____ Date: _____/____/_____

Minor(s): Please make any additions or modifications as desired: _____

_____

Signature: _____ Date: _____/____/_____

Signature: _____ Date: _____/____/_____

Signature: _____ Date: _____/____/_____

Therapist Signature:_____ Date: _____/____/_____

Form 9A Agreement Regarding Minors

(Completed)

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes, they are best seen alone. I will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

The general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, I will evaluate and discuss these goals with you.

Because my role is that of the child's helper, I will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

This agreement regarding treatment of minors has provisions for inserting individual details, which can be supplied by both the child and the adults involved. However, it is first important to point out the exceptions to this general agreement. The following circumstances override the general policy that children are entitled to privacy while parents or guardians have a legal right to information.

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.
- Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the child. *(These circumstances may vary from state to state, and the specific laws of each state must be followed.)*
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that I do not have control over information once it is released to a third party.

Now that the various aspects surrounding confidentiality have been stated, the specific agreement between you and your child/children follows:

I, (name) *Miles McCree* (relationship to child) *father*

I, (name) *Mathilda McCree* (relationship to child) *mother*

agree that my/our child/children

(name) *Meredith*

(name) *Monica*

(name) *Morley*

should have privacy in his/her/their therapy sessions, and I agree to allow this privacy except in extreme situations, which I will discuss with the therapist. At the same time, except under unusual circumstances, I understand that I have a legal right to obtain this information. To increase the effectiveness of the therapy, I agree to the following:

The goals of therapy are as follows:

(by parent) *to help them communicate with each other better, to solve problems, and to plan activities together. In particular, we would like them to stop physically fighting with each other.*

(by child) *Meredith: for Morley to stop bullying me.*

Monica: to have Meredith help with the dishes more and clean up her room.

Morley: to have Meredith stop making fun of my friends and for Mom not to take her side.

I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions. If my child prefers/children prefer not to volunteer information about the sessions, I will respect his/her/their right not to disclose details. Basically, unless my child has/children have been abused or is/are a clear danger to self or others, the therapist will normally tell me only the following:

- whether sessions are attended
- whether or not my child is/children are generally participating
- whether or not progress in generally being made

The normal procedure for discussing issues that are in my child's/children's therapy will be joint sessions including my child/children, the therapist, and me and perhaps other appropriate adults. If I believe there are significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child/children present. Similarly, when the therapist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the child/children. I understand that if information becomes known to the therapist and has a significant bearing upon the child's/children's well-being, the therapist will work with the person providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

Parent(s): Please make any additions or modifications as desired: *We agree to attend sessions with the children whenever Dr. Fixit feels it would be helpful.*

Signature: *Miles McCree* Date: *06 / 01 / 2001*

Signature: *Mathilda McCree* Date: *06 / 01 / 2001*

Minor(s): Please make any additions or modifications as desired: *We would like to have a discussion with Dr. Fixit before our parents attend a session.*

Signature: *Meredith McCree* Date: *06 / 01 / 2001*

Signature: *Morley McCree* Date: *06 / 01 / 2001*

Signature: *Monica McCree* Date: *06 / 01 / 2001*

Therapist Signature: *Icon Fixit, PsyD* Date: *06 / 01 / 2001*