

Branches Counseling Center

Intensive Application

Branches Counseling Center is a faith-based, non-profit, counseling center specializing in recovery from addiction, depression and shame. We offer value centered counseling and life coaching, recovery groups, and a number of support groups. We also offer onsite intensives of one to three weeks for couples and individuals. We seek to do this, with the support of the community, on a sliding scale so that no one is refused service.

- **COUNSELING** Branches has a number of well qualified counselors who have a heart for people and a gift for listening. Our counselors meet in person or, occasionally by phone, on an appointment basis. Fees are based on income, family size, and need, to insure that counseling is available to anyone.
- **LIFE COACHING** Life coaching differs from counseling in its emphasis on moving on, staying whole, and continued recovery. Counseling helps people work through the pain in their lives. Life coaching moves people toward their purpose. Done via telephone, life coaching is a weekly meeting with your accountability partner/coach.
- **RECOVERY GROUPS** Since inception our vision has been to be a safe place for recovery meetings. We host more than a dozen 12 Step meetings each week, as well as recovery groups like Celebrate Recovery.
- **SUPPORT GROUPS** Support groups are available for specific topics over a designated period of time. GOOD (Growing Out Of Depression), Overcoming Anxiety, Dealing With Chronic Pain, and Couples Surviving Affairs are all support group topics at Branches. Support groups require a nominal fee and advance registration.
- **INTENSIVES** Branches is not a residential facility. For couples and individuals who live some distance away we provide one week intensives. Couselees come and stay in nearby hotels and attend a schedule of several hours of counseling each day along with a coordination of groups.

Each year Branches provides approximately 4000 clinical hours of counseling to residents of middle Tennessee and beyond. We have seen marriages restored after infidelity. We have helped addicts start or continue the path toward sobriety. We have worked with teens, senior adults, children, and families to find emotional, mental, and spiritual wholeness. We currently host weekly recovery meetings, offer a variety of support groups each week, and provide service to area churches, medical centers, and other counselors. We are located at 1102 Dow Street in Murfreesboro, Tennessee.

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Mission Statement

Branches is a faith-based counseling center that seeks to provide help for people of all faiths that are hurting emotionally, spiritually, and physically, especially those suffering from the effects of depression, addiction, marriage/family issues, and shame, and any other life concerns. We desire to be a positive influence for wholeness both in Middle Tennessee and beyond.

While we cannot separate our mission from our faith we offer our services to all people regardless of race, creed, religion, or gender. Faith will never be forced on an individual and our approach to such matters will always be respectful and appropriate. We will open such spiritual helps as prayer and scripture only with permission and make no discrimination on the care we give based on your response.

We also seek to meet the needs of our world without economic or geographic boundaries. To this end we pledge integrity, accountability, and equal treatment in all of our financial discussions and decisions.

I have read and understand the above information.

Patient / Guardian Signature

Date

What is the primary reason for seeking counseling?

What do you desire to gain from counseling?

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Please fill out and sign / date where indicated.

Client:

Name _____ **Date of Birth** _____

Address _____ **Phone** _____

_____ **SS#** _____

Consent to Treat

I, _____ do hereby consent for _____ and the staff at Branches to provide services to me or to my dependent. I understand that all services are voluntary. I affirm that I am a willing participant.

Without signature, we are unable to provide services.

Patient / Guardian signature

Date

Primary Care Physician

For coordination of care, we request that you provide the name of your primary care physician. We will contact your physician to inform of the services that you will receive here. This information along with your signature gives us authorization to contact your primary care physician, as required, in regards to your treatment.

If you do not have a primary care physician or you do not want us to make contact please leave this area blank.

Physician Name _____ Phone _____

Address _____

Patient / Guardian Signature

Date

Referral Source

We would like to thank whoever referred you to this office. By providing the following information and with your signature, this gives us authorization to send a "Thank you" letter to the referral source from this office.

If you do not wish us to do this, please leave this area blank.

Person who referred you _____ Phone _____

Address _____

Patient / Guardian Signature

Date

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Client Name _____

Confidentiality

This is to inform you that all services received in this office are strictly confidential. Without your written consent for release of information your participation in services provided at this office will not be confirmed or denied nor will any other information be released. There are certain exceptions to confidentiality. Please ask your service provider for more information.

Patient / Guardian Signature

Date

May we call your home or work, recognizing ourselves as Branches Counseling Center at :

Home: Yes No Work: Yes No (Circle one each) Phone: _____

May we talk to whoever answers, recognizing ourselves as Branches Counseling Center at :

Home: Yes No Work: Yes No (Circle one each)

May we leave a message, recognizing ourselves as Branches Counseling Center at :

Home: Yes No Work: Yes No (Circle one each)

Patient / Guardian Signature

Date

Authorization for Release of Information

I hereby authorize Branches Counseling Center to furnish information to staff counselors concerning my illness and treatment. I further authorize the transfer of records from/to Branches Counseling Center and Insurance companies until such permission is canceled in writing by me.

Patient / Guardian Signature

Date

Witness

Date

Cancellation/ Check Return

Please be advised that there is a **\$50** charge for appointments not cancelled at least 24 hours in advance. This charge also applies should you not show for an appointment without canceling at least 24 hours beforehand. This charge will **not** be billed to insurance. The payment for the charge is **your** responsibility. Payment for missed appointments is expected at the next office visit, and you will not be seen again until payment is received. It is your responsibility to keep up with scheduled appointments. You will not be called to remind you of your appointment. This policy ensures that you will receive timely treatment in the most efficient way possible.

We accept cash, checks or VISA/MasterCard. If you wish to pay by credit card, simply fill out the information below. Your card will be charged at the end of each session for that session only. *There is a \$20.00 fee for checks that are returned due to non-sufficient funds.*

I have read, agree to, and understand the cancellation and check return policy.

Patient / Guardian Signature

Date

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Schedule

Each client will have an intensive, healing week of care. Clients need to be prepared to start at 8:00 AM Monday through Thursday and be available all day and evening with lunch and dinner breaks. Clients will have individual counseling and chapel every day. Treatment will be tailored to fit your needs and may include discipleship training, EMDR, Psychoeducational groups, support groups, Celebrate Recovery (Off Campus) and homework. Friday, clients will have chapel and go through a workshop for recovery. Each participant will leave with a solid plan for the future. The Friday Exit Plan will be complete by noon.

PASTORAL COUNSELING SERVICES AGREEMENT

Our staff is made up of both Licensed Professional Counselors and Pastoral Counselors. Pastoral Counselors are under a different mandate and approach the counseling process from a different standpoint. This agreement for pastoral counseling services shall govern all professional relations between the parties. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator, considering first either a Pastor or other Minister of the client's or counselor's church.

- A. Our pastoral counselors are ordained counselors licensed by the NCCA as Pastoral Counselors – not state licensed therapists, nor are they affiliated with any state agency. However, they are held to strict academic, ethical, and moral standards by the licensing board of examiners with the National Christian Counselors Association.
- B. Pastoral Counseling at Branches Counseling Center is Christian Counseling. It should be investigated by the client and determined to be in their best interest before signing a commitment. Our counselors are trained and experienced in both pastoral and counseling ministry. Pastoral counseling is usually limited overall with an evaluation at the end of the program of counseling. Further treatment may be agreed upon at this time to continue counseling with the counselor or referred elsewhere, whichever is in the client's best interest.
- C. Fees and Insurance Policy - Client fees are to be determined before the first intensive using the fee chart. A \$500 deposit shall be made at least 14 days before the intensive begins.
- D. Confidentiality Policy – All therapeutic communications and records will be held in strict confidence. Information may be released, in accordance with the state law, only when (1) the client signs a written release of information indicating informed consent to such release; (2) the client expresses serious intent to harm himself/herself or someone else; (3) there is evidence or reasonable suspicion of

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abuse against a minor child, elderly person (sixty-five years or older), or dependent adult; or (4) a subpoena or other court order is received directing the disclosure of information. The policy of Branches Counseling Center assert either (a) privileged communication in the event of #4 or (b) the right to consult with clients, if at all possible barring an emergency, before mandated disclosure in the event of #2 or #3. Although it cannot be guaranteed, it will be endeavored to inform clients of all mandated disclosures. Clients with any concerns or questions about this policy agree to raise them with their counselor at the earliest possible time to resolve them in the client's best interest.

- E. Work Agreement – It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. When relating disappointment or stress to the counselor, client will refrain from profanities of any kind whether client is just repeating another's comments or their own. Client gain and self-respect is most important in pastoral counseling. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client. In order for the client to get the most benefit from the counseling session, it is not recommended to bring your children. If it is absolutely necessary for you to bring your children, they must remain with you at all times, including during the counseling session. This may prevent us from talking about sensitive issues that may be inappropriate to discuss in the presence of children.

We, the undersigned pastoral counselor and client, have read and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. We have also agreed to an initial definition of counseling work and to the fee to be paid by the client. By signing below client acknowledges that he/she is fully responsible for any decisions he/she makes regarding his/her life and circumstances and hereby absolves the counselor from any and all liability regarding the counseling that is provided.

Client signature _____ Date _____

Client signature _____ Date _____

Client's Parent or Guardian _____ Date _____

Counselor signature _____ Date _____

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WEEKLY INTENSIVE FEE CHART

It is the desire of **Branches Counseling Centers** to assist you by providing professionally trained Christian counselors for an intensive program. To keep this Christian practice viable we do our best to establish a fee that is as minimal as possible.

The normal cost for private individual counseling at this level is \$90.00 per session. Applying the hourly rate, a week long intensive would be \$4495, plus testing fees. Our fee for a one week intensive is \$2900. If you have an adequate income, it would be appreciated if you would provide payment in that amount.

There is a one time testing assessment fee of \$40.00 for everyone. This includes a temperament profile which provides valuable information to the counselor and the counselee to progress more efficiently in your sessions.

For those who have lower income, the following adjustable fee guide will assist you in determining a reasonable rate for the Intensive Program. If you use the fee guide, you are **not required** to bring proof of income.

The chart represents **combined family income**.

<u>YEARLY GROSS PAY</u>	<u>ONE WEEK INTENSIVE</u>
\$00,000 To 34,999.....	\$1700
35,000 To 44,999.....	\$1900
45,000 To 54,999.....	\$2100
55,000 To 64,999.....	\$2300
65,000 To 74,999.....	\$2500
75,000 To 84,999.....	\$2700
85,000 To ABOVE.....	\$2900

FEE AGREEMENT

Based on my income, family circumstances, and other issues I am asking that my fee for the weekly intensive be the following:

Yearly combined family gross income \$ _____

Number of family members living in your home _____

Your Fee per weekly intensive \$ _____ **Also, circle fee amount above.**

Signature: _____ Date: _____

Signature: _____ Date: _____

CHECKS SHOULD BE MADE OUT TO BRANCHES COUNSELING CENTER.

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INTENSIVE PAYMENT PLAN

In **Branches Counseling Centers** desire to improve the affordability of the Intensive program, a payment plan has been developed to allow total payment over a 12 month period. After the one-time \$40 assessment is paid it would be necessary for the participant to make a down payment of \$500 to secure your place in the program. Thereafter, a 12 month payment plan can be developed, the balance to be paid on the first of each month for 12 consecutive months. **Please call Rob Nicodemus at 615-663-6567 to develop your monthly payment plan.**

As an example, using the chart on page 7, assuming an agreed upon \$2900 level the following pay plan could be developed:

Total Cost: \$2900

Down Payment: \$ 500 Due to secure your slot in the program

Balance: \$2400

Monthly payment: \$ 200 Payable on the first of each following month.

PAYMENT AGREEMENT

Total Payment for the Intensive Program from _____ to _____ will be \$_____.

The following signatures confirm my agreement to pay \$500 on _____. Further I agree to a monthly payment of \$_____, prescribed in accordance with the information above. Payment will be made by (Check one and provide details if necessary):

___ Check – I will mail in a check each month Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

___ Electronic Transfer:
Account Number _____; Routing number: _____

___ Credit Card/Debit Card:
Card Number _____ Expiration Date: _____
Billing Zip Code _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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Directions to Branches

From Nashville Airport:

- Get onto I-24E From Donelson Pike and Harding Place. Continue on I-24E to Murfreesboro for approximately 20 miles. Merge onto TN-840 towards Knoxville. Take the first exit 55A. Merge onto US -41S/US-70E/NW Broad St. At Memorial Drive, turn left. Turn right onto E Clark St. You will cross Highland Ave and Dow Street will be the first street on the right. Turn right onto Dow St. You will drive right into the Branches parking lot at the very end of the street.

Coming from Louisville, KY:

- Follow I-65S toward Nashville. Continue onto I-24E towards Chattanooga. Once beyond Nashville continue I-24 for Murfreesboro. Merge onto TN-840 towards Knoxville. Take the first exit 55A. Merge onto US -41S/US-70E/NW Broad St. At Memorial Drive, turn left. At E. Clark Street, turn right. You will cross Highland Ave and Dow Street will be the first street on the right. Turn right onto Dow St. You will drive right into the Branches parking lot at the very end of the street.

Coming from Knoxville, TN:

- Follow I-40 toward Nashville. Take exit 235 to merge onto TN-840W toward Murfreesboro. Take exit 55A/B onto US-41/US-70 toward Murfreesboro/Smyrna. Keep left on US-70 toward Murfreesboro. Then immediately keep right on US-41 toward Murfreesboro. At Memorial Drive, turn left. At E. Clark Street, turn right. You will cross Highland Ave and Dow Street will be the first street on the right. Turn right onto Dow St. You will drive right into the Branches parking lot at the very end of the street.

Coming from Memphis, TN:

- Follow I-40E toward Nashville. Take exit 206 onto I-440E toward Knoxville. Merge onto I-24E toward Chattanooga/Murfreesboro. Merge onto TN-840 towards Knoxville. Take the first exit 55A. Merge onto US -41S/US-70E/NW Broad St. At Memorial Drive, turn left. At E. Clark Street, turn right. You will cross Highland Ave and Dow Street will be the first street on the right. Turn right onto Dow St. You will drive right into the Branches parking lot at the very end of the street.

Coming from Birmingham, AL:

- Follow I-65N toward Huntsville. Take exit 59A/B merge onto TN-840 toward Knoxville. Take exit 55 A/B onto US-41/US-70S toward Murfreesboro/Smyrna. Keep right onto US-41 toward Murfreesboro. At Memorial Drive, turn left. At E. Clark Street, turn right. You will cross Highland Ave and Dow Street will be the first street on the right. Turn right onto Dow St. You will drive right into the Branches parking lot at the very end of the street.

Coming from Atlanta, GA:

- Follow I-75N toward Marietta/Chattanooga. Take exit 2 on the left to merge onto I-24W toward Chattanooga/Nashville. Take exit 81 onto US-231 toward Murfreesboro/Shelbyville. At end of ramp turn right onto S. Church St. toward Murfreesboro. Turn Left onto NW Broad St. Turn right onto Memorial Drive. At E. Clark Street, turn right. You will cross Highland Ave and Dow Street will be the first street on the right. Turn right onto Dow St. You will drive right into the Branches parking lot at the very end of the street.

Hotel Discount

Dear Branches Intensive Client,

We look forward to being able to minister to you during intensive week. To help make your stay more convenient the Holiday Inn Express here in Murfreesboro, TN will provide a 15% discount for staying during the week of intensive. To take advantage of this offer just use the link provided below when you are booking your room online. We are praying for you as you begin your journey to Branches.

Sincerely,

Branches Staff

Booking Link:

<http://www.holidayinn.com/redirect?path=hd&brandCode=hi&localeCode=en®ionCode=1&hotelCode=MBTCP&rateCode=IPBEV&PMID=99502056&corpNum=100326009>

(Press Ctrl + Click to use the link above)

Holiday Inn Express- Murfreesboro
165 Chaffin Place
Murfreesboro, TN 37129
1-888-HOLIDAY

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Area Hotels

Hampton Inn & Suites
325 N Thompson Lane
Murfreesboro, TN 37129
615-890-2424

Clarion Inn
2227 Old Fort Pkwy
Murfreesboro, TN 37129
615-896-2420

Baymont Inn & Suites
2230 Armory Dr.
Murfreesboro, TN 37129
615-896-1172

Embassy Suites
1200 Conference Center Blvd.
Murfreesboro, TN 37129
615-890-4464

Comfort Suites
226 N. Thompson Lane
Murfreesboro, TN 37129
615-869-0950

Packing List for Intensive Week

- Bible
- Journal or notebook *for taking notes*
- Folder *to keep handouts in*
- Pens or pencils
- Markers/crayons/colored pencils *(leave these in your hotel room but they will be needed one night)*
- Snacks and drinks *(you will have access to our kitchen and will have multiple short breaks throughout each day aside from your lunch break)*
- Layers, *some rooms get hot, some get cold*

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List of Restaurants:

O'Charley's
McAlister's
Blue Coast Burrito
Chili's
Chuy's Mexican Restaurant
Logan's Steakhouse
Demos
Peter D's
The Boulevard Bar and Grill

The Gateway

- Multiple restaurants on the corner of N. Thompson and Medical Center Parkway including: The Egg and I, Red Robin, Firehouse Subs, The Chop House, Bonefish Grill, Chipotle Mexican Grill, Jim 'N Nick's BBQ, Jason's Deli, Panda Express, JoZoara's Coffee House, Five Guys Burgers, Carrabba's Italian Grill, and Julia's Homestyle Bakery.

The Avenue

- Multiple restaurants in The Avenue shopping center including: Peter D's, Culvers, Macaroni Grill, Mimi's Café, Newk's, Bar Louie, Which Wich, Genghis Grill, Fulin's Asian Cuisine, Great American Cookie, Chili's, Longhorn Steakhouse.

Stone's River Mall

- Multiple restaurants in the intersections near the mall including: Buffalo Wild Wings, Olive Garden, T.G.I. Fridays, Red Lobster, Coconut Bay Café, Mi Patria Mexican Restaurant, Sam's Sports Bar & Grill, IHOP, Cheddar's, Chick-fil-a, Panera Bread, Steak-and Shake, Outback Steakhouse, Jack-in-the-Box, McDonalds, White Castle, Cracker Barrel.

Fast Food Restaurants in the area:

Arby's
Burger King
Chick-fil-a
Dairy Queen
Popeye's Chicken and Biscuits
Sonic
Subway
McDonalds
Taco Bell
Wendy's
Zaxby's
Jimmy John's
Donut Country

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Description of Possible Things to come this week:

Individual counseling: Each person will be assigned an individual counselor who they will meet with every day. Individual sessions will be based on a collaborative relationship between you and the counselor aimed to bring about a better quality of life. This is a time for you to discuss the issues you want to talk about.

Chapel: Sometimes lead by director Mike Courtney, chapel is a time to reflect on what God is doing in the counseling process and to listen to Him to know what the next steps are.

Discipleship training: Discipleship training is a way to learn biblical disciplines, like prayer and daily Bible reading, to help you learn how to depend more fully on the Holy Spirit and to listen to Him. Learning to incorporate these biblical disciplines when you leave Branches will allow you to grow closer to the Lord.

EMDR: EMDR stands for Eye Movement Desensitization and Reprocessing, and has been shown to be an effective treatment with individuals who have experienced trauma. It focuses on enabling individuals to heal from the symptoms and emotional distress of these experiences in a shorter amount of time by reprocessing the memory and activating the natural healing processes in the brain. This is done by a certified clinician.

Psycho-Educational groups: These groups are based on learning about specific mental health conditions, like anxiety, or about healthy ways of living, good communication skills and appropriate boundaries. This knowledge allows individuals to gain a better understanding and therefore enhance their quality of life.

Support groups: Support groups are based on a specific topic that everyone in the group can relate to. These groups are facilitated by a counselor and are a combination of psychoeducation and group therapy.

Celebrate Recovery: CR is a biblically based recovery group that meets off-site to help those struggling with “hurts, habits, and hang-ups.” Directions will be provided and meetings are generally available near your hometown as well.

Homework: Occasionally there will be homework assignments to do in your hotel room that are assigned by your individual counselor or one of the group counselors. This homework is to help you continue to learn more about the issues you are facing and the work you are doing in sessions.

Friday workshop: The Friday workshop includes wrapping up with individual counselors, meeting with a nutrition specialist, and creating an exit plan. The exit plan is an individualized plan you create with the guide of one of the counselors that will give you a solid plan for the future.