

Branches Counseling Center

Intensive Application

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

Patient (if couples)

Date

What is the primary reason for seeking an intensive?

What do you desire to gain from an intensive?

Branches Counseling Center

Intensive Application

Please fill out and sign / date where indicated.

Client:

Name _____ **Date of Birth** _____

Name (if Couples) _____ **Date of Birth** _____

Address _____ **Phone** _____

_____ **SS#** _____

Consent to Treat

I, _____ do hereby consent for 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.

_____ Date _____
Patient / Guardian signature

_____ Date _____
Patient / Guardian signature

Primary Care Physician

For coordination of care, we request that you provide the name of your primary care physician. When needed, 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 _____

_____ Date _____
Patient / Guardian Signature

_____ Date _____
Patient / Guardian Signature

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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

Patient / Guardian Signature

Date

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 you service provider for more information.

Patient / Guardian Signature

Date

Patient / Guardian Signature

Date

May we call the phone numbers you provided, recognizing ourselves as Branches Counseling Center?

Yes No

May we talk to whoever answers at the phone numbers you provided, recognizing ourselves as Branches Counseling Center?

Yes No

May we leave a message at the phone numbers you provided, recognizing ourselves as Branches Counseling Center?

Yes No

Patient / Guardian Signature

Date

Patient / Guardian Signature

Date

Branches Counseling Center

Authorization for Release of Information

I hereby authorize Branches Counseling Center to furnish information to staff counselors concerning my illness and treatment.

Patient / Guardian Signature

Date

Patient / Guardian Signature

Date

Witness

Date

Cancellation/ Check Return

Please be advised that there is a **\$500 non-refundable** deposit to secure your spot in the Intensive. Should you decide to not come during your original scheduled time, that deposit will **not** be transferrable to another Intensive.

We accept cash, checks or VISA/MasterCard. If you wish to pay by credit card, simply fill out the information below. *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

Schedule

Each client will have an intensive, healing week of care. Clients need to be prepared to start at 8:00 AM Monday through Friday 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 completed at noon.

Counseling Services Agreement

Our staff is made up of Licensed Professional Counselors, Pastoral Counselors, and Life Coaches. Pastoral Counselors are under a different mandate and approach the counseling process from a different standpoint. This agreement for counseling services shall govern all professional relations between the parties.

A. Our Licensed Professional Counselors are licensed by the state of Tennessee with a Mental Health Service Provider designation (LPC-MHSP).

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B. 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.

C. 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.

D. 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 4 weeks before the intensive begins.

E. Confidentiality Policy – All therapeutic communications and records will be held in strict confidence. Information may be released, in accordance with the state law,

- If your counselor believes that you are likely to harm yourself and/or another person, he or she may take action necessary to protect you or others by contacting law enforcement or crisis services.
- If your counselor has cause to believe that a child has been or may be abused or neglected, the counselor is required to make a report to the appropriate state agency.
- If your counselor has cause to believe that an elderly or disabled person has been or may be abused, neglected, or subject to financial exploitation, the counselor is required to make a report to the appropriate state agency.
- If your records are requested by a valid subpoena or court order, we must respond.
- If the client is a minor (under the age of 16), Tennessee state law allows a parent or guardian to obtain information regarding the child's treatment. Tenn. Code Ann. § 33-8-202

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.

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F. 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.

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 _____

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 weeklong 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.

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. It is necessary for the participant to make a non-refundable 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.

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 Non-refundable. Due prior to the initial session.

Balance: \$2400

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

PAYMENT AGREEMENT

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 (Circle One and provide details if necessary):

___ Electronic Transfer: Account Number _____
Routing number: _____

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

Branches Representative:

Signature: _____ Date: _____

Client:

Signature: _____ Date: _____

Signature: _____ Date: _____

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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

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

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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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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: 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 counselor.

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 counselor 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.