



## GENERAL INTAKE INFORMATION

Children's Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Children's Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

School/Work: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Permission to contact: Phone \_\_\_ Email \_\_\_ Permission to contact: Phone \_\_\_ Email \_\_\_

Current Occupation: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Household members [Names, ages, relationship to client]**

**Household members [Names, ages, relationship to client]**

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

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

If there are court papers regarding custody, the most recent temporary or final orders has been provided to our office.  
\_\_\_\_\_ [sign]

Briefly describe the reasons why you are seeking services: \_\_\_\_\_

\_\_\_\_\_  
Referral Source: \_\_\_\_\_

## Reunification Counseling

## Parent Facilitation



**Christy Graham, M.A. Licensed Professional Counselor Supervisor #16563, Registered Play Therapist Supervisor  
Parent Facilitator, Family Mediator, Reunification Counselor**

# Services Agreement

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This document contains important information about our professional services and business policies. This Advisement contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI (personal health information) for treatment, payment and healthcare operations. This Notice of Privacy Practices is attached to this agreement. Although the documents are long and sometimes complex, it is important that you read them carefully. The privacy of your information is important. Please discuss any questions you may have about the procedures.

## Business Associates

Acorn Counseling Education Services contracts with various email and technical providers. I am not responsible for lost appointments due to technical difficulties on the parts of these providers. These providers have assured me of the privacy of all communications and have signed Business Associate Agreements to abide by HIPAA and HITECH laws. Even so, be aware that cell phones and other communication techniques can be monitored by third parties without permission. Acorn also contracts with RingCentral for an encrypted telehealth platform. I also have other business partners, all of whom are required to sign BAA's to safeguard your privacy. You may find a Disclosure Of General Business Relationships here:

<https://acorncounseling.services/download/disclosure-of-general-business-relationships-2/>. PLEASE INITIAL HERE \_\_\_\_\_

## TeleMental Health Defined:

TeleMental health means the remote delivery of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of services delivery.

## Limitations of the TeleMental Health Therapy Services

TeleMental health offers several advantages such as convenience and flexibility. It is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there may be a disruption of service (e.g. phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see various details such as facial expressions. Or, if audio



quality is lacking for some reason, I might not hear differences in your tone of voice I could easily pick up if you were in my office.

Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the therapist, I will take every precaution to ensure a technologically secure and environmentally private psychotherapy session. As the client, you are responsible for finding a private quiet location where the session will be conducted. Consider using a "do not disturb" sign/note on the door. The virtual session must be conducted on a Wi-Fi connection or other high speed internet connection for the best connection and to minimize disruption.

### In Case of Technology Failure

I understand that during a TeleMental health session we could encounter a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a 3<sup>rd</sup> party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technological complications and the session cannot be completed via online video conferencing, please call Christy at **940-294-7115** or Dr. Pam **940-294-7124**. Please make sure you have a phone accessible and that I have your phone number. We may also reschedule if there are problems with connectivity.

**I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location.** I understand I am solely responsible for maintaining the strict confidentiality of my user ID, passwords, and/or connectivity link. I shall not allow another person to use my user ID or connectivity link to access the services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear our conversation. **PLEASE INITIAL HERE** \_\_\_\_\_

### Recording of Sessions

**I understand that there will be no recording of any sessions and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.**

### Emergency Management Plan

Acorn is not emergency provider. Please call the MHMR Crisis Team at 1-800-762-0157 or go to the closest ER. Once the crisis is being handled, please contact me with information about what has occurred. I care and I want to integrate that information into our treatment plan. I also am not available after hours at times and want you to have the highest quality of care. As a precaution, please identify two (2) nearby emergency hospitals below. In addition, you will need to provide information for an emergency contact person. These all must be completed to participate in TeleMental health services.

Hospital Name and Location: \_\_\_\_\_

Hospital Telephone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_



Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

You may alternatively follow this plan:

Call Crisis Hotline **1-800-762-0157**

Call **911**

Go to the **emergency room** of your choice

### Treatment Philosophy

This practice focuses on complex families, typically with 2 or more homes. My approach honors the Texas Family Code Section 153.001 and 153.002 where the Family Code spells out that the public policy of the state of Texas is that children have frequent and continuing contact with parents who have shown the ability to act in the best interest of the child, provide safe, stable, and nonviolent environment for the child . I encourage parents to share in the rights and duties of raising their child when they are separated. My approach focuses on what is in the child’s best interest, not on the interests of the adults in the family. I rely on training from many places such as William and James College, the High Conflict Institute and associations like AFCC and APT to inform our work. These court appointed processes are deemed necessary by a court or, in the case of mediation, by both parties. Participants will most likely find the process uncomfortable and challenging or the need for court appointment would not be present. Be aware that you will feel anxious and angry at times and I will need to know about those feelings to help you handle them in appropriate ways.

\_\_\_\_\_ Christian Evidence Based

\_\_\_\_\_ Evidence Based

### Relationship

Our relationship is professional. It involves deeply personal information and connections, but it must remain professional. Therefore, no other relationship outside of therapy is allowed. Please connect to our professional profiles on LinkedIn, and follow our Facebook Page, Twitter and Pinterest, but do not friend me on Facebook. **PLEASE INITIAL HERE** \_\_\_\_\_

Acorn manages and maintains several public media profiles: Facebook, LinkedIn, Twitter and Pinterest to name a few. This is the primary way we educate our community about mental health and parenting, as well as offer classes both educational and therapeutic. Please connect to these accounts for information about upcoming events. However, these accounts are not private mediums. **PLEASE INITIAL HERE** \_\_\_\_\_

### Appointments

Most appointments are 2 hours in length. The initial session focuses on goal setting, answering questions, and preliminary planning. Most of the time, the initial session will be separate. **PLEASE INITIAL HERE** \_\_\_\_\_

Subsequent sessions will also be 2 hours in length. Coparents will rotate who goes first, but there will be 2 30 minute sessions prior to a 45-50 minute session. **PLEASE INITIAL HERE** \_\_\_\_\_

Please make appointments and reschedule with at least 72 hours’ notice to avoid cancellation fees [full fee], which are automatically processed through the billing system. **PLEASE INITIAL HERE** \_\_\_\_\_

If you have an emergency, please call the Denton County Crisis Hotline at 1-800-762-0157 or 911. **PLEASE INITIAL HERE** \_\_\_\_\_



The number and frequency of appointments can vary, but to develop a good working relationship, it will be necessary to make 4-6 weekly appointments at the outset. After that, a working treatment plan will be developed based on the progress made and the goals. **PLEASE INITIAL HERE** \_\_\_\_\_

All members of the family will be involved at my discretion, unless specified by the court. Some sessions will be individual, some will be coparents, some will involve other members of the family, including children and noncoparent adults. **PLEASE INITIAL HERE** \_\_\_\_\_

No electronic/tape recordings are allowed during meetings with the parenting facilitator without the consent of all parties. . **PLEASE INITIAL HERE** \_\_\_\_\_

If there is a protective order or evidence of domestic violence, precautions for protection will be taken for the safety of all. Acorn will be neutral and safe ground for the family. **PLEASE INITIAL HERE** \_\_\_\_\_

## CoParenting Application

Both parents will be expected to use the same coparenting application such as Our Family Wizard. **PLEASE INITIAL HERE** \_\_\_\_\_

Coparents will give access to this application to me and a fee for using it will be assessed with the other fees. **PLEASE INITIAL HERE** \_\_\_\_\_

Please use this account for all communication with the Parent Facilitator and Reunification Counselor. **PLEASE INITIAL HERE** \_\_\_\_\_

## Court

If you subpoena me for court, please read the most recent Advisement for Court Involvement.

<https://acorncounseling.services/download/2018-court-information/> **PLEASE INITIAL HERE** \_\_\_\_\_

Contact with attorneys will occur on conference call with both attorneys present, if appropriate. **PLEASE INITIAL HERE** \_\_\_\_\_

## Contact Policy

Acorn has a receptionist you may call to manage appointments. Please call and schedule a time for me to call you if you have an issue between sessions. Email through the coparenting application is also acceptable. **PLEASE INITIAL HERE** \_\_\_\_\_

## Professional Fees

Individual sessions will be charged to individual parents. Sessions that involve both parents or the children will be split, unless the court order specifies. Fees for phone calls and written communications specific to that parent will be billed to the parent who initiates the call or necessitates the written communication from me. This applies unless I am provided with a copy of a current order that states otherwise, or if I determine that one of the parties is disproportionately utilizing service time, in which case the party disproportionately utilizing service time will be billed based on time used. This determination is solely at my discretion.



Sessions, Consultations, Reading Documents**, Phone Conferences**, Email**	\$160/ hr
Monthly fee for Coparenting App	\$160
Screening	\$25 per client, covers up to 5 persons reporting
Copies/3 <sup>rd</sup> party costs	\$1 per page
Reports	\$160
Cancellation Fee	Full Fee
Court	Retainer of \$2000 covers 3 hours in court

\*\*These services will be prorated every 15 minutes.

Financially Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

## Reunification Therapy

Reunification Therapy involves a mental health professional working with a family who has had a disruption to a parenting relationship. Typically, these court ordered cases include resist refuse behavior on the part of one or more children. The reunification order specifies certain access for each parent. The reunification counselor oversees the transition from the contact that is occurring at the moment to the contact the court is ordering. This may include educating parents on coparenting skills, conflict resolution skills, and communication skills both written and verbal. A typical treatment plan for reunification will be provided. The reunification counselor cannot recommend custody and access changes. **PLEASE INITIAL HERE** \_\_\_\_\_

In order to begin services with families, the following must be on file for each adult:

- a fully completed Advisement Form and a general consent form
- a fully completed Personal Information Form
- a copy of the court order
- a signed copy of the proposed treatment plan
- attorney release form with all attorneys of record listed
- mental health professional release form for each individual listed on the personal data form
- medical release form for each medical professional listed on the personal data form
- a non-modified signed copy of this advisement form with initials on each page
- a \$640.00 retainer (per coparent)
- a completed Danger Assessment from each parent

Reunification Counseling requires coordination with the court. Updates will be written and sent to attorneys and judge with an associated fee. **PLEASE INITIAL HERE** \_\_\_\_\_



## Parenting Facilitation/Coordination

A parenting facilitator is a neutral person to whom parents can turn when in dispute on matters relating to the children. The parenting facilitator will examine a case and follow the orders of the court to assist the parents in compliance with the orders. The parenting facilitator may also assist the parents in enhancing their coparenting relationship. Parenting facilitation is an attempt to coordinate and implement a coparenting plan that addresses current and future issues related to raising children between two homes. The role of the parenting facilitator is to help parents reach successful resolution of disagreements regarding parenting issues themselves. If authorized to do so by court order, the parenting facilitator may also make recommendations (other than those related to possession, custody, or access to a child) for the parents in the event the parents are unable to agree on solutions. Parenting facilitation does not involve adult's property, finances, or other issues that do not directly involve coparenting.

In order to begin services with families, the following must be on file for each adult:

- a fully completed Advisement Form
- a fully completed Personal Information Form
- a copy of the court order
- a general consent form
- attorney release form with all attorneys of record listed
- mental health professional release form for each individual listed on the personal data form
- medical release form for each medical professional listed on the personal data form
- a non-modified signed copy of this advisement form with initials on each page
- a \$640.00 retainer (per coparent)
- a completed Danger Assessment from each parent

Assuming I agree to accept the referral, additional information may be required depending on the order of the Court. After a case has been accepted for services, parents or their lawyers must then provide any unaltered pertinent reports in electronic format via fax or e-mail. These may include additional intake information, affidavit material, records regarding either parent, records regarding the children, correspondence, reports, prior assessments, etc. These may be reviewed by myself prior to setting meetings and charged to the parties. **PLEASE INITIAL HERE** \_\_\_\_\_

Parent Facilitation requires coordination with the court. Monthly updates will be written and sent to attorneys and judge with an associated fee. **PLEASE INITIAL HERE** \_\_\_\_\_

**Parent Coordination does not require coordination with the court. Only if this process fails will a letter be given to the court and no details will be given. PLEASE INITIAL HERE** \_\_\_\_\_

Homework may be assigned and reviewed at the next session. **PLEASE INITIAL HERE** \_\_\_\_\_

By the way of a release, all mental health professionals, judicial staff, attorneys, ad litems, visitation supervisors, medical professionals, child care providers, educators, day cares, and significant others involved, and previous or current custody evaluators are authorized to disclose information directly to the **Parenting Facilitator**. In turn, the Parenting Facilitator is authorized to discuss significant information with these individuals or service providers in order to assist in the process. **PLEASE INITIAL HERE** \_\_\_\_\_

**\*Portions of this form were inspired by or directly copied from Brad Craig's with his permission.**



# Client Rights

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1. You have the right to request where and how we contact you: Home, work, cell phone/email [remember these are open mediums], or in some other way. By providing the number, you agree we can use it.
2. You have the right to release your medical records: Written authorization is required to release records to others. You also have the right to revoke your release [in writing]. If however, I have already sent the information based on the previous authorization, this will only be valid for the future.
3. You have the right to inspect and copy your medical billing records: I have the right to deny this request or to bill for fees incurred.
4. You have the right to add information or amend your medical records: After reviewing your records, you have 7 days to decide if you want to amend them. I may deny this request, in which case you can file a disagreement statement, which will be filed with our response in the record. The request must be in writing.
5. You have the right to an accounting of disclosures for 6 years from the effective date. The exceptions to this are disclosures for treatment, payment or healthcare operations, disclosures pursuant to a signed release, disclosures made to the client, or disclosures for national security or law enforcement.
6. You have the right to request restrictions on uses and disclosures of your healthcare information: These must be in writing and I do not have to agree.
7. You have the right to complain. If you have a problem, please contact a member of this office. If you are not satisfied, contact the US Department of Health and Human Services and there will be no retaliation.
8. You have the right to receive changes in policy. You may request future changes. Christy Graham is the privacy officer, you may contact her with any questions/suggestions.

## COMPLAINTS

**Please address any complaints to the person directly or to Christy Graham, the president of Acorn Counseling Education Services. Her contact information is: [Christy@AcornCounseling.Services](mailto:Christy@AcornCounseling.Services) or her direct line is 940-294-7115.**

The parents shall direct any disagreements regarding the children to me before seeking court action, unless a child's safety is jeopardized. Any concerns or complaints regarding me or the process should be addressed to me in writing. If either parent is dissatisfied with the performance of myself, they may request that the court terminate services or appoint another provider.

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint.

Texas Behavioral Health Executive Council  
333 Guadalupe St., Ste. 3-900

Austin, Texas 78701    Tel. (512) 305-7700    1-800-821-3205 24-hour, toll-free complaint system

Main (940)222-8703 // Fax (940)239-9867  
[www.acorncounseling.services](http://www.acorncounseling.services)  
1430 Robinson Road, #430 Corinth,  
Texas 76210



# HIPAA NOTICE OF PRIVACY PRACTICES

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*Effective Date: 12/2003*

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

Acorn CES holds your confidentiality in the highest regard, from your identity to the information you offer in session. All client information is protected under both state and federal confidentiality laws. The HIPAA Security Officer and HIPAA Breach Officer is Christy Graham.

THE MOST SECURE WAY TO CONTACT OUR THERAPISTS IS VIA OUR ENCRYPTED CLIENT PORTAL OR FACE TO FACE. If you choose to contact us in a non-secure way, you accept liability for any breaches that may occur. PLEASE INITIAL HERE \_\_\_\_\_

**If the client is a child, the child has the right to confidential sessions and guardians have rights to information about their treatment. In balancing these rights, the therapist will use discretion as to how much and how specific to be about what occurs in session. If this is a co-parenting situation, information given by one parent will be private unless there is a need to coordinate treatment. Use of the hour will be focused on the child, but may include consultation with one or both of the parents at the therapist's discretion. Concerns should be discussed with the therapist. PLEASE INITIAL HERE \_\_\_\_\_**

Specific information pertaining to your case will not be released to anyone except for specific billing purposes or court orders relating to a criminal case or investigation. There are certain limitations to confidentiality; some of which are required by law and others are required by the professional ethics codes. Please be aware of the following exceptions to privileged communications:

- i) Any evidence or reason to believe that a situation where a child, elderly, or person with a disability is being abused and/or neglected exists. By law, this information must be reported to the Texas Department of Protective and Regulatory Services or other governing body, such as a court.
- ii) Any probability of physical harm to self or others. Protection from physical injury takes precedence over confidentiality. Therefore, if an individual intends to take harmful, dangerous, or criminal action against self or other, we believe it is the therapist's duty to report such action or intent to the authorities.
- iii) If subpoenaed by a court, this may involve providing the court with verbal testimony and/or records such as clinical notes, tapes, letters, testing, and ledgers. Acorn prefers to submit information to the court as Treatment Updates or Summaries and not provide session notes. Please craft requests accordingly.
- iv) Use and disclosure of protected health information is for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes.
- v) Treatment: Healthcare information will be disclosed to provide, manage, and/or coordinate care. There are times when we may engage in peer consultation. At that time your identity may be concealed. If a referral is needed, information will be shared to assist in coordination or continuity of services.
- vi) Payment: Healthcare information will be disclosed to the insurance company only if you fill out the information on Therapy Appointment. It is your responsibility to enter the information accurately. Our software will automatically send information on your payments to the insurance provider and they will determine your out-of-network benefits.



- vii) Healthcare Operations: Healthcare information may be disclosed to review treatment procedures and business activities, certification, staff training, and compliance and licensing activities. At this time, identifying information may be removed. viii) Confidentiality in groups is limited by their nature.
- viii) Any business associate will follow the same practices the therapist has agreed to. ix) Court ordered treatment comes with more limits on confidentiality such as required reporting to the court. x) While Acorn seeks consent, in court ordered counseling, the judge consents to treatment.

I understand that the encrypted client portal is the most confidential way to communicate. Any other communication, aside from face to face interactions, implies authorization. I authorize email/phone communication between ourselves and the therapist/office by communicating via email/cell phone and by providing our email address/cell phone number to the therapist. I can revoke this consent via email or written letter. Emails/voicemails are run on HIPAA compliant systems. However, mistakes can be made with these types of systems.

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**Adult Client** \_\_\_\_\_ **Date** \_\_\_\_\_

### Minor Clients

I affirm that I am the legal guardian of \_\_\_\_\_ and hereby grant permission for my child to participate in counseling/related services with this therapist. I understand that all information pertaining to services shall remain completely confidential except in those cases where confidentiality is limited. The limits of confidentiality, as prescribed by Texas Law and HIPAA, have been explained to me. I further understand that any release of information concerning our services shall occur only with our written consent, except in previously explained cases. I have provided legal proof of guardianship, if necessary, and contact information for other parents or guardians as applicable to our situation.

**PLEASE INITIAL HERE.** \_\_\_\_\_

I have provided the most updated custody documentation that is available and pertains to this child.

**PLEASE INITIAL HERE.** \_\_\_\_\_

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**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_