

**B. Andrew Garner, M.Div., MMFT**

**Personal Information Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

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

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status:

\_\_\_\_\_ Never Married \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Education \_\_\_\_\_

Occupation \_\_\_\_\_

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

How were you referred? \_\_\_\_\_

Briefly describe what you hope to achieve in therapy.

\_\_\_\_\_

Dates of previous counseling \_\_\_\_\_

Reason \_\_\_\_\_

Counselor \_\_\_\_\_

Have you ever been hospitalized for a psychiatric disorder? \_\_\_\_\_

Dates \_\_\_\_\_ Hospital \_\_\_\_\_

Reason \_\_\_\_\_

Please list any psychiatric medications you are currently taking.

\_\_\_\_\_

## **B. Andrew Garner, M.Div, MMFT**

### **Practice Policies**

In order to answer questions that are frequently asked by clients regarding fees, confidentiality, services, etc., I have developed these policy statements for your information. I value you as a client and want you to be informed.

#### **Fee Policy**

Fees for counseling services are \$100 per session and are due at the close of each session. A counseling session is traditionally 50 minutes. I request that cancellations be made 24 hours in advance; otherwise you will be billed for the full session fee. Other services, such as inpatient visits, significant telephone counseling, etc. are based on the \$100 per session fee. The rate for court appearances, depositions, mediation and other court-related services is double the normal per-session fee.

Your health insurance may provide reimbursement for professional psychological services. I encourage you to consult your policy for specifics.

#### **Confidentiality**

Professional ethics and Tennessee State law indicate that the client controls confidential information. This means that, as a general rule, information shared in session with a counselor will be held in confidence. There are two exceptions to this general rule. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee law requires that child abuse in any form be reported to the Department of Human Services or another authority, such as a juvenile judge. If a physician or other health care professional refers you, it is professional courtesy to maintain contact, as necessary, with that referral source. This may be done unless you request otherwise.

#### **Professional Services**

I am available for counseling appointments at selected times throughout the week. However, I am seldom available for evening or weekend appointments. If for some reason you are unable to contact me during an emergency, you may obtain assistance by calling the Crisis Help Line at (615) 244-7444, the Community Assistance Program (CAPS) at (615) 342-1450, or by going to your local hospital emergency room.

#### **Benefits and Risks of Counseling**

Persons contemplating counseling services should realize they might make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may change employment, begin to feel differently about themselves or others, and may change other aspects of their lives. They may also make changes in their marriages or other significant relationships, such as with parents, friends, children, relatives, etc. While I will assist the client in effecting change, I cannot guarantee specific outcome. Clients are ultimately responsible for their own growth.

#### **Credentials**

I have a Master of Divinity from Reformed Theological Seminary and a Master of Marriage and Family Therapy from Trevecca Graduate School of Psychology. I am currently completing licensure requirements under the supervision of Donald Harvey, Ph.D. and Kenneth Sanderfer, LMFT. I consult with my supervisors regarding all my clients, but keep the identities of my clients confidential.

**Do you have any questions about fees, confidentiality or other matters?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Do you agree with the conditions and provisions of the Practice Policies?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Please Circle Those That Apply**

Depressed Mood	Elevated Mood	Panic Symptoms
Persistent sadness	Grandiosity	Fear of leaving home
Crying spells	Hot Flashes	Social anxiety
Inability to enjoy things	Increased appetite	Decreased appetite
Excessive weight gain	Excessive weight loss	Increased sleep
Decreased sleep	Irritability or anger	Loss of motivation
Fatigue	Feelings or worthlessness	Inappropriate guilt
Difficulty concentrating	Preoccupation with death	Pessimism
Hopelessness	Poor memory	Destructive thoughts
Self-destructive acts	Suicidal thoughts	Suicidal attempts
Racing thoughts	Mood swings	Pressured speech
Increased talking	Distractibility	Increased activity
Agitation	Alcohol abuse or addiction	Drug dependency
Compulsive dieting	Vomiting	Blackouts
Sexual difficulties	Phobias	Obsessive thoughts
Obsessive behaviors	Hallucinations	Paranoia
Bizarre experiences	Bizarre thought patterns	Racing heart
Addictive Behaviors	Compulsive gambling	Compulsive spending

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### Non-secure Communication Policy

#### Email Confidentiality Agreement

It is my normal practice to email my clients appointment reminders 24 hours in advance. When communicating via email, it is important to remember that confidentiality is limited. By signing below you are saying that you have considered and understand the limitations of confidentiality and agree that you are responsible for keeping your email account private to the extent that you desire for it to be private.

#### Text Messaging Confidentiality Agreement

At times, I text message my clients to inform them of upcoming appointment, to change appointment times, or to reschedule appointments. By signing below you are saying that you have considered and understand the limitations of confidentiality and agree that you are responsible for keeping your text messages private to the extent that you desire for them to be private.

I, \_\_\_\_\_, allow my therapist (Andy Garner) to email me at this address:

*PLEASE PRINT CLEARLY*

\_\_\_\_\_

and to text message me at this telephone number:

\_\_\_\_\_

concerning (please check all that apply)

\_\_\_\_\_ logistical matters (i.e. appointment times, dates)

\_\_\_\_\_ personal matters (i.e. insight to a problem)

\_\_\_\_\_ updates on conferences and/or resources (books, tapes, videos)

\_\_\_\_\_ all the above

Signature \_\_\_\_\_ Date \_\_\_\_\_

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<CLIENT COPY>

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