

**Julie Weaver Counseling
103 Continental Place, Suite 204
Brentwood, TN 37027**

615-491-0991

Julie.Weaver.Counseling@protonmail.com

Practice Policies

Session and Fee Policies

Standard counseling sessions are 50 minutes for a fee of \$135 which also covers my time on your behalf outside our sessions for preparation and recordkeeping. The fee can be paid by cash, check, debit card (including Health Savings Accounts), credit card or Venmo private payment. Longer sessions for an additional fee may be scheduled as necessary. Cancellations may be made 24 hours in advance; otherwise, you will be billed for the full session fee. I do not accept insurance but at your request will provide a receipt and documentation for you to file an insurance claim.

Confidentiality and Communication

Professional ethics and Tennessee state law indicate that confidential information is controlled by the client. This means that information shared in sessions will be held in confidence. There are two exceptions to this, however. 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 or elder abuse in any form be reported to the appropriate state or other authority.

In communication, individuals sometimes prefer to communicate via text message or email. I do accept this form of communication, however it is important for the client to understand that email is not a secure mode of communication. The correspondence is at risk of being intercepted and can be monitored by email providers. Also, human error could result in someone else receiving the email other than the intended recipient. Text messages carry the same level of risk. If the client chooses to correspond with me via text message or email, the messages and emails will be printed and kept in the client's file.

When working with minors, I will not share the content of sessions with parents/guardians unless the content must be shared for safety reasons or if my therapist judgment warrants sharing content for the welfare and health of the minor. I will discuss progress and the treatment plan in general terms with parents/guardians. Parents are encouraged to take an active part in the counseling process.

Social Media

Julie Weaver Counseling has an Instagram account and Facebook page on which I post educational materials and resources. In order to preserve confidentiality I will not acknowledge clients on social media or follow, friend, like, comment or share on any client's social media platforms. Clients may follow and interact with the Julie Weaver Counseling social media accounts at their own discretion.

Professional Services

I am available for appointments at select times throughout the week. My phone number is 615-491-0991. You can also reach me by email at Julie.Weaver.Counseling@protonmail.com. I am unable to respond to texts and emails in a timely manner, therefore do not text or email me if you are in a crisis and feeling suicidal, overwhelmed, or unsafe. If you have an emergency, you may obtain assistance by calling 911, calling the Crisis Help Line at 615-244-7444, or by going to your local hospital emergency room.

Benefits and Risks of Counseling

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives etc. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

Credentials

I am a Licensed Marital and Family Therapist in the State of Tennessee (license #1129) and have a Master's degree in Marriage and Family Therapy. I have completed EMDR Level II training and specialized training in trauma therapy.

Do you have any questions about fees, confidentiality, or other matters? Yes ___ No ___

Do you agree with the conditions and provisions of these Practice Policies? Yes ___ No ___

I give permission for Julie Weaver to correspond with me via text messaging and/or email. Yes ___ No ___: email only ___ text only ___

I agree to give Julie Weaver authorization to work with my child(ren) as his/her/their counselor. Yes ___ No ___

I agree to the fee payment of \$125 per 50 minute session. Yes ___ No ___

Signature of Responsible Party(ies): _____

Date: _____

Adult Intake Form

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____ (W) _____

Email: _____ Preferred Method of contact: Phone or Email

Age: _____ DOB: _____ Religious Affiliation: _____

Occupation: _____ Employer: _____

Marital Status: Single Married (years married ____) Separated Divorced Widowed

Children:	<u>Name</u>	<u>Age</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Referred by: _____

Previous Counseling

Previous Counseling? Yes No Who and When? _____

Would you like for me to consult with your previous counselor(s)? Yes No If yes, then please list the name(s) and contact information.

Medical/Mental Health Information

What, if any, medical health problems do you have? _____

Physician _____ Current Medications _____

Are you currently taking medication for a mental or emotional condition? _____

Please list conditions and medications: _____

Have you ever been hospitalized for a mental or emotional condition? _____

If so, please list where and when: _____

Do you currently use any alcohol or drugs? _____ If yes, what is your substance of choice?

Are you in treatment? (such as outpatient) or utilizing support groups (such as AA)? _____

If yes, please describe: _____

What types of self-care practices have been helpful to you in the past when dealing with difficult situations? These may be things you learned from previous therapy or discovered on your own. Examples: journaling, exercising, workbooks, prayer, support groups -

What are some of your hobbies/interests? _____

Reasons for seeking counseling:

In a few words, what do you think therapy is all about? _____

How long do you think therapy should last? _____ How long are you able to commit to therapy? _____

What personal qualities do you think the ideal therapist should possess? _____

Emergency contact information:

Name _____

Relationship: _____ **Phone:** _____

Client Signature: _____ **Date:** _____

Please Mark Those That Apply

1. Depressed Mood
2. Lost interest in most activities
3. Increased appetite
4. Decreased appetite
5. Weight Gain
6. Weight Loss
7. Difficulty going to sleep
8. Difficulty staying asleep
9. Fatigue, loss of energy
10. Feelings of worthlessness
11. Inappropriate guilt
12. Difficulty concentrating
13. Preoccupation with death
14. Suicidal thoughts
15. Excessive or uncontrollable
16. Restlessness
17. Irritable
18. Decreased need for sleep
19. Increased talking
20. Racing thoughts
21. Distractible
22. Elevated mood
23. Engaging in risky, pleasurable activities
24. Mood swings
25. Feelings of panic
26. Pounding heart, chest pains, shaking
27. Shortness of breath, dizziness
sweating
28. Recurrent undesirable thoughts
29. Repetitive behaviors (hand
washing, checking) or
mental acts (counting etc)
30. Nausea or abdominal stress
31. Fear of losing control
32. Fear of dying
33. Recurrent intrusive memories
34. Flashbacks
35. Efforts to avoid memories
36. Fear of social situations
37. Alcohol problems
38. Drug use problems worry
39. Compulsive dieting
40. Vomiting, use of laxatives
41. Marital problems
42. Sexual problems
43. Impulsive
44. Overwhelmed
45. Angry
46. Easily upset, on edge
47. Careless, forgetful, easily,
distracted, difficulty organizing,
loses things