

EAGLE'S WING COUNSELING
*A Center for the Uninsured and Underinsured
to Find Support Along Life's Way*
at St. Paul's Episcopal Church
700 Callahan Dr.
Bremerton, WA 98310-3304

Confidential Client Information Form

Date: _____

Name: _____

Mailing Address _____

Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Date of Birth _____

Is it OK to leave a message at home, work or cell? Please circle where OK.

How did you hear about Low Cost Counseling at St. Paul's? _____

Briefly describe why you wish to receive counseling at this time: _____

Briefly describe your financial need for low cost counseling: _____

What amount do you feel you can afford between \$1 and \$30 per session (generally on a weekly basis for counseling?) In considering this, please ask yourself what will make sessions of value to you, but not become another stressor in your life. \$_____ per session.

(No one will be turned away for inability to pay. If you can afford more than \$30 per session, but less than the going rate, you will be referred to someone who works on a sliding fee scale.)

Is it possible for you to do an hour or two of community service volunteering to supplement your payment? _____ (Again, no one will be turned away if this is impossible or a hardship.)

You will be contacted as soon as possible to set up a first appointment.

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The center is staffed with licensed mental health counselors, licensed independent clinical social workers or licensed apprentices to these professions. All licensed apprentices are supervised, and working towards full licensure as mental health counselors, clinical social workers or psychologists. All therapists are donating their time and all proceeds go to St. Paul's Episcopal Church.

The center is founded to alleviate a need in the Kitsap community for affordable counseling extended to those who have no medical insurance, or are under insured and do not have the necessary funds to afford counseling in the private sector.

The center works with depression, anxiety, body image, eating disorders, relationship, sexual or emotional abuse recovery, life time transitions, stress, low self worth, spirituality, underlying issues of drug and alcohol recovery, support with pain or illness, confusion on life's path. The center cannot extend care to the chronically mentally ill, or those with a history of sexual offense, violent behavior, or those on the DSHS crime list limiting access to vulnerable adults and children. It does not offer medical management or case management. It is equal opportunity, irrespective of age, disability, ethnicity, sexual orientation, gender identity, religious affiliation, or immigration status.

EDUCATION TRAINING AND THERAPEUTIC ORIENTATION

Your individual therapist will present you with their own disclosure statement. It will summarize their education and training as well as their therapeutic orientation. You may ask them any questions regarding this information.

THE THERAPEUTIC PROCESS

The most important thing in the therapeutic process is your desire and readiness to do the work and the trusting relationship you develop with your therapist to form a safe container in which to explore, recognize and begin the process of making the changes you may wish to make in your life. The counseling relationship is one of partnership. You must feel free to ask your counselor any question you may have about the work and to offer your opinion if it seems to differ from that of your counselor. Please discuss any questions you may have with your counselor.

CONFIDENTIALITY

Your session is completely confidential, with few exceptions. You must sign a release to allow any information to be shared. The only exceptions are: information concerning the abuse of a child, dependent adult, or developmentally dependent adult, serious threats to harm yourself or someone else, a subpoena from a court of law. HIPPA regulations allow your information to be shared with another health care professional, Usually your permission would be asked, unless there is an emergency. In supervision, or peer consultation, information may be shared, but names are not. Please bring this up with your counselor if you have any questions.

APPOINTMENTS & PAYMENT

Your scheduled time is being reserved just for you. If you cannot make your appointment, please contact your individual counselor, at the number she/he provides you at least 24 hours before your appointment. If you do not and unless you have an emergency, you will be charged for this time at your set fee. If there is an emergency, please call as soon as possible.

Payment is accepted by cash or check. All checks should be made out to St. Paul's Episcopal Church with the notation "counseling" in the lower left corner. Community service volunteering is on the honor system, but please let your counselor know what you are doing, where and when each week.

SIGNING

Each counselor holds their own individual malpractice insurance. They will discuss with you whom you should notify if you feel there is any problem or concern about ethics or conduct. Please speak to your individual counselor to work out any difficulties in the therapy process. If either you or your counselor do not feel that this is a good fit for you to go forward in your work, you or she/he may request another counselor if one is available.

I have received and read the above.

Signature Date