

To ensure the highest level of confidentiality and security, our practice adheres strictly to all HIPAA guidelines. You can trust that your personal and health information will be handled with care and professionalism throughout your engagement with us.

Christian Counseling Intake Form

Incorporating HIPAA Compliance, Procedures, and Guidance

Through Grace, Hope, and Love Ministries International, we are dedicated to bringing healing and restoration to every person seeking the necessary help. Our mission is rooted in compassion and a commitment to support individuals on their journey to wellness and spiritual growth.

Fee Schedule: We are pleased to offer your first counseling session, lasting 45 minutes, completely free of charge. For all follow-up sessions, a fee of \$60.00 per session will apply. This policy reflects our commitment to making care accessible while maintaining the highest standards of service.

Client Intake Form

Notice: Your privacy is important to us. This form is designed in accordance with HIPAA (Health Insurance Portability and Accountability Act) regulations to protect your health information. All responses are confidential and will be used solely for counseling purposes.

Personal Information

- Full Name: _____
- Date of Birth (MM/DD/YYYY): _____
- Gender: _____
- Address: _____
- City, State, ZIP: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact Method: Phone Email Mail
- Emergency Contact (Name & Relationship): _____
- Emergency Contact Phone: _____

Church Affiliation and Faith Background

- Home Church: _____
- Denomination: _____
- Are you a member? Yes No
- How often do you attend services? _____
- Briefly describe your faith journey:
 - _____
 - _____

Presenting Concerns

- What brings you to counseling?
 - _____
 - _____
- How long have you been experiencing these concerns? _____
- Have you previously received counseling? Yes No
- If yes, when and where? _____
- Are you currently under the care of a physician or psychiatrist? Yes No
- If yes, please describe: _____

Medical and Mental Health History

- Current Medications: _____
- Allergies: _____
- Significant Medical Issues: _____
- History of Mental Health Diagnoses: _____
- Substance Use History: _____

Family and Social Information

- Marital Status: Single Married Divorced Widowed
- Spouse/Partner Name: _____
- Children (names and ages):
 - _____
- Support System (family/friends/community):
 - _____

Consent and HIPAA Acknowledgment

By signing below, I acknowledge that:

- I have received and reviewed the Notice of Privacy Practices, which explains my rights under HIPAA regarding the confidentiality and use of my health information.
- I consent to Christian counseling services and understand that my information will be protected in accordance with federal and state laws.
- I understand that there are limits to confidentiality as outlined in the Notice of Privacy Practices and by law (e.g., risk of harm to self or others, abuse, legal requirements).

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Procedures and Guidance for Counselors

1. Review Intake Form: Ensure all required sections are completed and signatures are obtained.
2. Maintain Confidentiality: Store all forms and client records in secured, locked files or password-protected systems in accordance with HIPAA regulations.
3. Discuss Limits of Confidentiality: Clearly explain to clients the circumstances in which confidentiality may be broken (e.g., harm, abuse, legal requirements).
4. Obtain Additional Consents: For communication with other providers, family, or clergy, obtain written consent from the client.
5. Document Sessions: Maintain accurate records of sessions, treatment plans, and significant communications.
6. Regularly Review HIPAA Compliance: Stay updated on HIPAA regulations and ensure all staff receive ongoing privacy training.
7. Faith Integration: Respect the client's faith journey and integrate spiritual beliefs as appropriate and with client's consent.

Notice of Privacy Practices

A full Notice of Privacy Practices will be provided to you upon your first session. This notice explains how your health information may be used and disclosed and how you can access your information. If you have questions or concerns about your privacy rights or our procedures, please contact our office.

This form is intended for use by Christian counseling practices seeking to adhere to HIPAA guidelines and provide clear procedures for both clients and counselors.