

Intuitive Guidance / Coaching (Counseling) Intake Form

Name (Please Print): _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Were you referred (circle one): Yes No Referred by: _____

Health Information:

1. Have you ever received traditional or alternative mental health therapy? (Circle One) Yes No
2. Please select the types of traditional or alternative mental health therapies.

Traditional

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization & Reprocessing Therapy (EMDR)
- Exposure Therapy
- Gestalt Therapy
- Interpersonal Therapy
- Mentalization-Based Therapy (MBT)
- Psychodynamic Psychotherapy
- Talk Therapy (General)

Alternative

- Intuitive Counseling/Coach
- Life Coach
- Spiritual/Soul Coach
- Meditation / Mindfulness

3. How often were your therapy sessions? _____ times per WEEK _____ times per MONTH

4. When was your last session? _____

5. What was your experience during these sessions / why did you end your therapy (if applicable) _____

6. Have you ever received an energy healing session? (Circle One) Yes No

7. If yes, What type(s)

Integrated Energy Therapy (IET) Reiki

Others (please list) _____

8. How often were your healing sessions? _____ times per WEEK _____ times per MONTH

9. When was your last session? _____

10. What was your experience during these sessions / why did you end your therapy (if applicable)? _____

Other Health Concerns:

Surgeries Yes No _____

Previous Illnesses Yes No _____

Current Issues Yes No _____

Alcohol / Drug Use Yes No _____

Medications / Supplements Yes No _____

Are you currently Pregnant Yes No Due Date: _____

Other Concerns / Where do your issues reside (examples shoulders, neck, stomach issues): _____

What type(s) of Therapy are you seeking with us: Intuitive Guidance / Coaching (counseling)
 Energy Healing
 Both Guidance/ Coaching (counseling) & Energy Healing

What are your primary goals regarding your decision to work with Christa Healing and Wellness Center, Inc.?

Current Personal Information:

1. Date of Birth: _____ Age: _____
2. Relationship Status: Married Life Partner Divorced Widowed Single/Dating
3. Relationship Emotional Status: No Issues Needs Work I'm done I need out – safety concerns
4. Current Employment: Full-Time Part-Time Unemployed Job Seeker/Career Change
 Student: Full-Time Part-Time
5. Job / Job Title: _____
6. Length of Employment with this Employer: _____
7. Please provide a short answer: Is this your dream job or is it a means to an end, are you fulfilled, does this job bring you joy, provide a few descriptive words to describe how you feel about your job, would you be doing something else if money was not an issue? _____

8. Hobbies and Free Time Activities: _____

9. Children

Sex (Male / Female) (Gender Identity)	Age	Same / Different Father	Living or Deceased	Father Present (Yes / No)	Relationship Status (Great, Okay, Strained, Etc.)

Use back if more room is needed

10. Please describe current challenges, recent significant life changes or stressful event.

Five horizontal lines for writing the response to question 10.

Family Information:

- 1. Parents: Mother: Living Deceased Father: Living Deceased
- 2. Please indicate your birth order: Oldest Middle Only Other _____
- 3. Siblings (In Birth Order, Include Yourself)

Sex (Male / Female) (Gender Identity)	Age	Same / Different Father Than You	Living or Deceased	Father Present (Yes / No)	Relationship Status (Great, Okay, Strained, Etc.)

Use back if more room is needed

Childhood Timeline (from birth or first memory to present describe your childhood / to adult life and significant memories good and bad)

Eight horizontal lines for writing the Childhood Timeline response.

Practice Introduction

Welcome Statement

Welcome to Christa Healing and Wellness Center, Inc. This document is designed to ensure that you understand the nature of our services, their processes, and the nature of the relationship between client and practitioner well enough to provide informed consent for the sessions to begin.

I understand that Intuitive Guidance / Coaching (Counseling) is currently only offered to adults aged 18 and over. Energy healing sessions are available for ages 10 and above with the written consent of a parent/legal guardian.

About Christa Healing and Wellness Center, Inc, and Mission

Christa Healing and Wellness Center, Inc's mission is to provide is for those who wish to align body, mind, and spirit. Our team will support individuals striving for personal empowerment by assisting in connecting you to your Higher Self allowing you to live your best life and allow your soul's path to manifest. This entails unwinding past or current events that have informed your way of being, following your Higher Self's spiritual guidance through your intuition to live in alignment with your soul's purpose. Our goal is to treat you in a holistic manner, alignment can only be achieved when body, mind, and spirit are healed as one.

Our Goals for Your Healing

Through energy healing, spiritual guidance, and other practices, Christa Healing and Wellness Center, Inc., approaches your healing through collaborative treatment plans that include practitioner and client as partners in healing. We work with you to achieve clarity through self-discovery, allowing you to participate and choose what needs to be released, how you will change or shift to transform old patterns allowing you to experience self-love that assists in manifesting the life path that is aligned with your soul's purpose.

What Is Expected of You?

Healing is not stagnant; it requires participation on your part. We expect anyone who desires to inspire themselves forward to be engaged in the healing process. It is expected that you take responsibility for your healing and your journey. Please be prepared to participate treatment plan goals, use suggested tools, and provide feedback on successful implementations and where improvement is still needed. Healing is journey, the learning process and the outcomes are dependent on your engagement.

Intuitive Guidance / Coaching (counseling) Sessions.

During an Intuitive Counseling session, you, with our practitioner's guidance, will unwind your life story to help define your soul path and illuminate blockages that may be preventing you from moving forward. Additionally, we will work with you to identify steps you can take to get and keep life on track. We look forward to working with you during this part of your journey.

About Our Practitioners

Each of our practitioners brings unique life experiences to their healing practices. You can review their bios, CV's and approach to healing body, mind, and spirit via our website or our Practitioner Profile Brochure.

Practice Introduction Form, cont'd

Statement of Practice and What You Need to Know:

You understand that Cynthia Curley, Deborah A. Mueller, Erich Mueller, and other associates as listed on the Christa Healing and Wellness Center, Inc. website or listed as visiting practitioners are practitioners and are NOT doctors and DO NOT practice medicine. You understand that Intuitive guidance / coaching (counseling), and Energy work are not therapy, psychiatry, or psychology. You understand that Intuitive guidance / coaching (counseling) is intended to advise and facilitate your own healing processes, life improvements and enhancement. You understand that Intuitive Practitioners / Coaches (counselors) do not diagnose conditions or provide insight or treat any specific illness(es). You understand that Intuitive Practitioners / Coaches (counselors) do not prescribe or adjust medication and will not provide insight or suggestions for medications or supplements. You understand that Intuitive Practitioners / Coaches (counselors) will not interfere with the treatment of a licensed medical professional. No medical diagnosis or medical treatment will be given. You understand that Intuitive Guidance / Coaching (counseling) Sessions do not take the place of medical care. It is recommended that you see a licensed physician or licensed health care professional for any physical or psychological ailment you may have. You understand that holistic and metaphysical, Intuitive Guidance / Coaching (counseling), other Intuitive services and energy work approaches can complement the medical or psychological care you may be receiving. You also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. You acknowledge that long term life and health issues sometimes require multiple sessions, combined with you own efforts in order to create meaningful changes. You understand that decisions are not made for you and that you are consenting to these services.

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Client Rights and Responsibilities

Client Rights:

- Select a professional practitioner who meets your needs.
- Receive specific information about your practitioners' qualifications, including education, experience, certifications, and licensure (if applicable).
- Obtain a copy of the code(s) of ethics your practitioner must follow.
- Receive a written explanation of services offered, time commitments, fee scales, and billing policies prior to receipt of services.
- Understand your practitioners' areas of expertise and scope of practice (e.g., career development, adolescents, couples, etc.).
- Ask questions about confidentiality and its limits as specified in state laws and professional ethical codes.
- Receive information about emergency procedures (e.g., how to contact your practitioner in the event of a crisis).
- Ask questions about techniques and strategies, including potential risks and benefits.
- Establish goals and evaluate progress with your practitioner.
- Request additional opinions from other mental health assessment professionals.
- Understand the implications of your health record and the intended use of documented treatment plans and session assessments.
- Obtain copies of records and reports.
- Terminate the practitioner relationship at any time.
- Share any concerns or complaints you may have regarding a practitioners conduct with the appropriate personnel.

Client Responsibilities:

- Adhere to established schedules. If you must miss an appointment, contact your practitioner as soon as possible.
- Pay your bill in accordance with the billing agreements.
- Follow agreed-upon goals and strategies established in sessions.
- Inform your professional counselor of your progress and challenges in meeting your goals.
- Participate fully in each session to help maximize a positive outcome.
- Inform your practitioner if you are receiving mental health services from another professional.
- Consider appropriate referrals from your counselor.
- Avoid placing your practitioner in ethical dilemmas, such as requesting to become involved in social interactions or to barter for services unless appropriately agreed upon.

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HIPAA Notice of Privacy Practices, Including Audio / Video Recording, and Social-Media Policies

This Notice of Privacy Practices is NOT an authorization. It describes how we; our Business Associates and their subcontractors may use and disclose your Protected Health Information to carry out treatment, payment, or practice operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" is information that identifies you individually, including demographic information that relates your past, present, or future physical or mental health condition and related health care services.

1. Audio / Video Recording Policy

- Only Your guidance / coaching (counseling) sessions may be recorded.
- Private Energetic Healing Sessions are NEVER recorded.
- Recordings are for the sole purpose of evaluating your progress.
- No information disclosed during the recorded sessions, including the audio / video recording itself will NOT be discussed or shared with any third-party without your written consent.
- You will be provided a Release of Information Form, Data Sharing Agreement, Authorization for Use or Disclosure of Protected Records form to complete if it is determined that sharing this information is in your best interest.

2. Social Networking Policy

It is the policy of Christa Healing and Wellness Center Inc. that counselors do not accept requests for friendship, follows or connections from clients or solicit themselves to clients as friends on social networking sites.

This applies to active and non-active clients for a minimum of two years after discharge or completion of treatment.

This policy does not apply when volunteers are being sought for continuing education processes or are needed for student practice (Energetic Healing Services only).

3. Limitations on Social Networking Privacy and Confidentiality

Although your sessions may be very psychologically intimate, it is important for you to realize that it is a professional relationship rather than a social one. Please do not invite your practitioner to any social gatherings, offer gifts, or ask them to relate to you in any way other than in the professional context of your sessions.

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HIPAA Notice of Privacy Practices, Including Audio / Video Recording, and Social-Media Policies, cont'd

4. Privacy Notice / HIPAA Policy

Your Protected Health Information may be used in the following situation:

- **Payment:** To assist you in obtaining payment for your services
- **Treatment:** To provide information regarding your services to other providers upon your written authorizations
- **Health Care Operations:** To manage, operate, and support the business activities of our practice.
 - These activities include, but are not limited to,
 - Quality assessment
 - Employee review
 - Licensing (as applicable), fundraising, and conducting or arranging for other business activities.
 - In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider.
 - We may also call you by name in the waiting room when your provider is ready to see you.
 - We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Other areas as listed in Section 5, Limits of Privacy and Confidentiality

Additional Privacy and HIPAA Notices and Policies

- Information shared and discussed during sessions are kept strictly confidential and held in accordance with legal standards.
- No information about any client will be discussed or shared with any third party.
- The information you receive, and the discussions within sessions, are private and strictly your own.
- Your personal information will be used only to provide you with our services and to give you information relating to our services.
- I understand that Intuitive Guidance / Coaching (counseling), Energy Healing / Therapy is NOT covered by insurance. While services may be covered by Flexible Spending Accounts (FSA) this is unlikely unless medical necessity has been established. As a third-party payer your FSA company may request information in order to approve payment, this includes, but not limited to
 - Types of service(s)
 - Dates and Times of Service(s)
 - Medical Necessity (reason for alternative health care) as approved and documented by a practicing physician through a letter or prescription which may include
 - A list of your diagnosis(es) and description of impairment(s)
 - Our collaborative Treatment Plans and progress of treatment
 - General case notes and summaries (no private detail notes are ever released)

We will not share your personal details with any other person or organization without your knowledge and permission unless there is a legal requirement.

HIPAA Notice of Privacy Practices, Including Audio / Video Recording, and Social-Media Policies

5. Limits of Privacy and Confidentiality

The content of all counseling sessions is confidential and the fact of your being in treatment is private. Neither information shared through speaking, information through writing, your records, nor knowledge of your participating in treatment can be shared by your practitioner without your explicit written consent as documented with a Release of Information Form, Data Sharing Agreement, Authorization for Use or Disclosure of Protected Records form(s).

The ONLY exceptions to this ethical duty of practitioners to maintain privacy and confidentiality are listed and explained below:

- **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, the practitioner is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the practitioner is required to notify legal authorities and make reasonable attempts to notify the family of the client.
- **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the practitioner is required to report this information to the appropriate social service and/or legal authorities.
- **Prenatal Exposure to Controlled Substances:** Practitioners are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
- **Minors/Guardianship:** Parents or legal guardians of minors between the ages of 10- and 17-years old **MUST** be present and in the treatment room during Energetic Healing Services. If the child does not wish to have a parent or second practitioner present, the parent / legal guardian must complete a separate Consent to Treat that includes this understanding and outlines additional requirements.
- **Flexible Spending Accounts (when applicable):** As stated earlier in this document (see page 7) Flexible Spending Accounts (FSAs) and other third-party payers are given information that they request regarding services to clients.

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Informed Consent

1. Purpose of Services

The practitioner is experienced and professionally trained. The model of treatment involves scheduled sessions on a monthly, weekly, or bi-weekly timeframe who are willing and able to work on the issues that they would like to resolve through the intuitive guidance / coaching (counseling) process. You will be offered services specifically designed to help you as part of your treatment plan. Treatment may include individual, couples, or family sessions. If it appears you will benefit from traditional services and therapy, then we will work with you to refer you to an appropriate practitioner who will evaluate your additional needs and meet with you to monitor your response. Other complementary and alternative services may be recommended such as energy healing (Reiki, Integrated Energy Therapy [IET], others), and other appropriate therapies, if your practitioner does not practice these you will be referred to the appropriate practitioner within our organization. Both the practitioner and the client are free to terminate guidance (counseling) under the following circumstances:

- If either the client or the practitioner believes the sessions/services are no longer helpful to the client.
- If the client is not complying with the treatment plan elements essential for progress.
- If the client's behavior or the behavior of someone in a relationship with the client is harmful or potentially harmful to other clients or the practitioner.

2. Consent to Treatment

By signing the Authorization Signature page, you consent to take part in sessions with the practitioner or practitioners that have been selected for you based on your care plan. They are named below.

You understand that developing a treatment plan with this practitioner and regularly reviewing the work toward meeting the treatment goals is in your best interest. You also understand that no promises have been made to you as to the results of the guidance provided by this practitioner.

Practitioner Name	Modalities & Services Assigned	Start Date

3. Right to Refuse or Withdraw Consent

You have the right to refuse or withdraw your consent for treatment at any time.

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Fees and Reimbursement Policies

1. Costs, Billing, and Collections

The fee for your sessions varies based on type and length of time for your treatment. The fees vary based on individual verses couples or family sessions. Energetic Healing Sessions are also based on type and length of time. Please see the Service Fee Schedule that you have been provided.

You will NOT be charged for brief reports, telephone messages, or email responses of up to 15 minutes. Any services 30 minutes or more, you will be charged for at the rate of \$75.00 per hour.

Payment is required at each session. Clients with outstanding balances or fail to honor their payment plans may be referred to a collection agency.

Please work with your practitioner if there are extenuating financial circumstances or if you would like to discuss our sliding fee schedule that is based on your economic standing.

2. Appointment Sessions and Cancellation & Refund Policy

Sessions are scheduled by your individual practitioner. Intuitive Guidance / Coaching (counseling) and Energetic Healing Sessions range from thirty (30) minutes to two (2) hours

Pre-payment is required for all first-time clients. Pre-payment for services is required, as this time is blocked for your benefit, and it is unlikely that the time block can be filled.

Refunds are not available for a client who does not show-up or is late for their appointment. Full refunds are available if, and only if:

- You cancel your appointment with a minimum 24-hour notice. If cancelation has not been made within 24-hours no refund will be provided.
- Your practitioner cancels and is unable to reschedule the appointment.
- Your practitioner feels unable to effectively help and resolve your issues and concerns.
- Your practitioner cannot continue working with you for personal reasons or a conflict of interest has presented itself.

3. Reimbursement Assistance

Christa Healing and Wellness Center Inc's services are not reimbursed by your medical insurance provider; however, we have a corporate National Provider Identification Number and each of our practitioners have applied for or have individual NPIs.

Flexible Spending Accounts (FSAs) have been opening their doors to reimbursing for alternative health care on a case-by-case basis if requested as medically necessary by a medical provider. Please speak with your practitioner or our Community Outreach Manager to discuss how we can assist you in gaining reimbursement from your FSA for your services, we do not guarantee that your services will be reimbursable thus you must still pay for your treatment at time of service. We are happy to attempt payment using your FSA benefits credit card, but in case of denial please ensure that you have an alternative form of payment with you.

Other Policies: Legal, Emergency, Consent for Treatment of Minors

Legal Issues

1. Notification on Handling of Records

If you are in the midst of any type of legal issue such as litigation, a dispute with your employer, separation, or divorce, please inform your practitioner immediately. Medical records are frequently subpoenaed when litigation is involved. Please remember that Christa Healing and Wellness Center, Inc. has no control of, or responsibility for how information is handled once it is released to third parties.

Emergencies

1. Notification on Emergent Situations

Christa Healing and Wellness Center, Inc. is considered an alternative Health and Wellness Center. In the medical field this is similar to an outpatient setting. Your practitioner cannot assume responsibility for your day-to-day functioning, as supplied by more intensive treatment centers that are designed and licensed to provide. It is your responsibility to discuss expectations of out-of-session care with the provider upon intake so that, if necessary, an appropriate referral can be made. In the case of an emergency, when you fear harm to yourself or another, please dial 911 or go to your nearest emergency room, Christa Healing and Wellness Center, Inc. is not an emergency facility.

Consent for Treatment of Minor Children

- Only Energetic Healing Services are provided to Minor Children, in the case of Christa Healing and Wellness Center, Inc. minor children must be between the ages of 10 and 17 years old.
- Energetic Healing Services for minor children are “hands-free” and parents / legal guardians must be present during the session. If a parent is not present for the session, the session will be cancelled, and payment will be forfeited.
- An additional practitioner from Christa Healing and Wellness Center, Inc. will also be present during the healing session(s).
- You understand that by signing this form you consent to Christa Healing and Wellness Center, Inc. to provide Energetic Healing Services to your child / ward.

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Statement of Understanding and Signature of Consent

- Your signature as noted on the Authorization Signature Page indicates that you understand the information, requirements, and ramifications as pertaining to your treatment at Christa Healing and Wellness Center, Inc., and its practitioners Cynthia Curley, Deborah A. Mueller, Erich Mueller, and others listed on our website or those listed as visiting practitioners.
- For your part you have stated all medical conditions and psychological history of which you are aware and will update Christa Healing and Wellness Center, Inc., and your practitioner of any changes to your health status.
- You understand that these services are not a substitution for tradition medical or psychological examination, diagnostic, and / or treatment process. You understand that Christa Healing and Wellness Center, Inc., recommends you see a primary care or mental health provider for these services and to maintain your patient provider relationship with these providers during while seeking / utilizing Christa Healing and Wellness Center Inc's services.
- In addition to what is detailed within these pages, by signing the Authorization Signature Page, you are consenting to have your practitioner discuss your case from time to time in a practitioner-to-practitioner process through which we assist one another in our professional development by reflecting on our work with clients and / or if written permission through a Release of Information Form has been granted for your practitioner to disclose information to another professional provider, therapist, or physician.
- Your signature on the Authorization Signature Page indicates that you grant consent for Christa Healing and Wellness Center, Inc. and its practitioners to provide the services outlined in documented treatment plans to yourself and/or minor members of your family that you have authorized.
- You understand that you may revoke your consent (in writing) at any time and that no information will be shared with third parties without the appropriate authorization form(s) being completed.
- You also acknowledge that your records are yours and you have a right to inspect or request copies and that you will provide Christa Healing and Wellness Center, Inc. 24-hour notification when you desire to have copies provided or the records available for review.
- You understand, accept the policies as listed in this Intake Packet, and agree to abide by the specifics set forth within these documents, including this form titled 'Statement of Understanding and Signature of Consent'.
- You further acknowledge that you have received a copy of your Intake Packet and all supporting documentation for your records along with signature pages as appropriate.
 - **Practice Introduction**
 - **Client Rights and Responsibilities**
 - **HIPAA Notice of Privacy Practices, Including Audio / Video Recording, and Social-Media Policies**
 - **Informed Consent**
 - **Fees and Reimbursement Policies**
 - **Other Policies: Legal, Emergency, Consent for Treatment of Minors**
 - **Credit Card Authorization (if applicable)**
 - **Statement of Understanding and Signature of Consent**

o **Authorization Signature Page**

Authorization Signature Page

Minor children covered under this consent (please list names, dates of birth, and current ages):

_____	_____
_____	_____
_____	_____

Client's Printed Name: _____

Client Signature: _____

Date: ____ \ ____ \ ____

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