



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC



Generations 1865: Counseling, Consulting, and Coaching, LLC

(Hereafter dba Kingdom Journey to Healing)

ENROLLMENT PACKET



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

Informed Consent and Disclosure Statement for

Psychotherapy, Counseling, Coaching and Consulting Services

THERAPIST-CLIENT SERVICE AGREEMENT

LaLisa Morgan, LCSW, Chief Executive Officer

KINGDOM JOURNEY TO HEALING a program of

Generations 1865-Counseling, Consulting, and Coaching, Inc

Mailing Address: 1004 W. West Covina Parkway, #492

West Covina, CA 91790

Phone: (626) 862-3837

email:journey2healing@gmail.com

website: [www.kingdomjourney2healing](http://www.kingdomjourney2healing.com)

WELCOME TO YOUR HEALING JOURNEY!!!

KINGDOM JOURNEY TO HEALING, is a program of Generations 1865-Counseling, Consulting, and Coaching whereas we empower individuals, couples and families to transform from the inside out by providing solutions to every life problem licensed clinical therapy and coaching support through educational and inspirational books and, community seminars, e-learning experiences, and digital communities. Before we get started, I'd first like to say "**THANK YOU.**" If you are reading this, that means you are taking time out of your schedule to get to make your first step on your journey to healing. You will get to know me, or a member of my staff, my practice, and what our services can offer you. I'm thrilled that you have chosen LaLisa Morgan, LCSW, Program Director/CEO, **KINGDOM JOURNEY TO HEALING a program of Generations 1865-Counseling, Consulting, and Coaching, Inc (thereafter, Journey to Healing)** as the place to explore, restore, or strengthen specific relationships in your life. We, at Journey to Healing, we don't discriminate. You can explore whatever relationship that you want – whether it's your significant other, boss, sibling, child, or God...we want to take the journey with you.

First, I must use this introductory document to inform you, the client, of the legalities of counseling. This is necessary to fulfill the requirements of the Code of Ethics under the Board of Behavior Sciences, the State of California, and the National Association of Social Worker's Code of Ethics. **Although these documents are long and sometimes complex, it is very important that you understand them. If questions arise, please do not hesitate to ask for me or a member of my clinical staff to discuss them in detail with you.** It is my hope that this document conveys useful information about your rights and responsibilities as a client. As the Program Director, along with your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

"A journey of a thousand miles begins with one step." Lao-tzu

Welcome to your healing journey.

LaLisa Morgan, MS, MSW, LCSW

Chief Executive Officer and Clinician



Personal Information

| | | | |
|------------|-------------|--------|-----------|
| First Name | Last Name | Gender | DOB / Age |
| Address | City () | State | ZIP Code |
| Email | Phone | | |

What is your preferred method to be contacted?
 Email Text Phone

Reason for coming to counseling?

Presenting Problem

Check all the symptoms that apply to you currently

- | | | |
|---|--|---|
| <input type="checkbox"/> Change in sleep patterns | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Decreased energy | <input type="checkbox"/> Anxiety/worry/panic | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Decreased concentration | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Racing thoughts |
| <input type="checkbox"/> Decreased motivation | <input type="checkbox"/> Anger | <input type="checkbox"/> Bad dreams |
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Thoughts of death | <input type="checkbox"/> Compulsivity |
| <input type="checkbox"/> Decreased interest or pleasure | <input type="checkbox"/> Depression | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Parenting issues | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Impulsive behavior | <input type="checkbox"/> Sexual problems | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Memory loss | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Relational tension | <input type="checkbox"/> Unwanted thoughts | <input type="checkbox"/> Obsessions |
| <input type="checkbox"/> Aggression toward others | <input type="checkbox"/> Dissociation | <input type="checkbox"/> Weight gain/loss |

Employment Information

Please describe your employment or school:

| | | | |
|----------------------------|-------------------|--------|----------------|
| Occupation / Area of Study | Employer / School | Length | Full/Part time |
|----------------------------|-------------------|--------|----------------|

Emergency Information

In case of emergency notify:

()

| | | |
|------|--------------|-------|
| Name | Relationship | Phone |
|------|--------------|-------|



Relational Information

Marital Status

- Married Engaged Divorced
 Single Separated Widowed

If married: Spouse's name: _____ Date married: _____

Sexual Orientation: Heterosexual Homosexual Bisexual Questioning Other

Previously Married?

Yes | No Number of previous marriages: _____

Please list your children

| Name | Sex | Age | Living with whom |
|------|-----|-----|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Support System

Please describe your current living arrangement:

| | | |
|-------------------------------------|------------|----------|
| Where do you live? Satisfactory? | With whom? | How long |
|-------------------------------------|------------|----------|

Check those whom you consider a support:

- Parents / Siblings Employer/ Co-worker Therapist / Counselor
 Spouse Pastor / Church Friend

List your closest friends or family? Circle if they know you are in counseling and why.

Background

List the members of your family of origin and comment on the quality of the relationship:

| Name | Relationship | Comment |
|------|--------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

Birth order:

- Oldest Middle Youngest Other _____

Highest level of education:

- K-12 / no degree Some college / trade school Graduate school
 High school diploma College degree Other _____



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Military service:

Yes | No

Comments:

Significant events in the past, including child or adult trauma:

- Physical abuse
- Significant loss
- Emotional abuse
- Infertility
- Job/Career loss
- Anger
- Sexual abuse
- Verbal abuse
- Eating disorder
- Homelessness
- Anxiety
- Depression
- Trauma
- Legal matters
- Miscarriage
- Legal matters
- Lack of sleep
- A move

If checked above, briefly explain:

Mental History

Suicidal ideation:

Past: Yes | No

Present: Yes | No

Suicide attempts:

Past: Yes | No

Present: Yes | No

Medications

| Name | Dosage | Prescribing Dr. | Past or Present? |
|------|--------|-----------------|------------------|
| | | | |
| | | | |
| | | | |

Experience with outpatient counseling and outcome:

Yes | No If yes, please explain:

Presenting problem

Therapist/Agency

How long?

Dates

History of mental illness in family:

Yes | No | If yes, Explain:

Substance abuse or addictions?

- Alcohol
- Prescription drugs
- Tobacco
- Pornography
- Caffeine
- Other
- Illegal drugs
- Gambling

If checked above, briefly explain frequency and duration:



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Medical History

Describe your physical health:

Poor | Average | Good | Excellent

Primary Care Physician:

()

Name

Address

Phone

Experience with hospitalizations and outcome:

Yes | No If yes, please explain:

Presenting problem

Hospital

How long?

Dates

History of medical illness in family:

Yes | No | If yes, Explain:

Spiritual Background (Note: this agency does accept persons with no spiritual beliefs)

Do you have a spiritual practice? Yes | No | N/A

How would you describe your spiritual beliefs?

Christian

Agnostic

Unsure

Skeptic

Atheist

Other:

Do you currently attend a place of worship?

Yes | No | N/A If yes, where? _____

How long? _____

To you, who is Jesus? Or describe your spiritual preferences?

Additional Information

Please list any additional information that your therapist should know about you:



CONFIDENTIALITY/LIMITS OF CONFIDENTIALITY

Everything that is communicated during each session of treatment is considered confidential and will not be released to any other person or entity without your written consent. The laws of State of California, as well as the ethical standards of the profession stress the importance of confidentiality to maximize the conditions necessary for quality therapy to occur. All information between the practitioner (therapist) and patient is held strictly confidential. There are legal exceptions to this:

- 1. When you sign a form authorizing your Generations 1865 and your authorized therapist to release information to a designated party or to allow your therapist to acquire information from another party. Additionally, for married couples, both signatures will be required to release confidential information.**
- 2. If you give your therapist or any mental health staff, reason to believe that you are (A) in danger of harming yourself/suicidal (Johnson v County of Los Angeles, 1983), (B) disclosed intent to harm others/homicidal (Tarasoff v Regents of University of California, 1967), (C) Gravely Disabled/unable to care for self, it may be necessary for confidentiality to be breached in order to contact the proper authorities so the safety may be insured.**
- 3. If your therapist becomes aware of known or suspected child abuse, elder abuse, or dependent adult abuse.**
- 4. If your therapist receives a subpoena to appear in court or provide records of treatment to the court, right to confidentiality becomes void.**
- 5. If your therapist needs to utilize the services of a collection agency for any unpaid balances. ***No clinical information would be disclosed, only contact information.**
- 6. If you bring charges against me, you waive your privilege to confidentiality.**

For the purpose of case conferencing, discussions about treatment options may be made within the staff of Journey to Healing or with a licensed clinical profession as needed to ensure best treatment plan for your mental health needs.

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____

PROPOSED COURSE, LENGTH OF TREATMENT, & COSTS

The is no guarantee to the length of time for therapy. You and your service provider will discuss the initial Treatment Plan for services. *Your journey to healing is unique as a fingerprint, and individually designed.* The initial recommendation period is usually a minimum of 6 sessions, however, some individuals have spent up to 1-3 years of weekly sessions or a lifetime and age with a therapist on hand.

After completion of the initial assessment and recommended treatment plan, an annual or semi-annual mental health check-up to monitor ongoing progress. Length of therapy depends on many factors that you will openly dialogue about it with your clinician or licensed therapist.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Costs are expected as your primary rate of _____ per clinical hour times the number of sessions per month. Example includes \$200.00 per session and four times a month (1x weekly) is a cost of \$800.00 per month or \$9,600 per year. This is based on you and your therapist’s agreed treatment plan.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____

INITIAL INTAKE APPOINTMENTS AND SUBSEQUENT THERAPY/COACHING SESSIONS

The initial appointment is 90-minutes, while subsequent sessions are 45-50 minutes. This time will include any documentation that is required to complete. At the end of each session, the therapy will utilize the last 5 to 10 minutes to review or summary the discussion, remind you of any therapeutic or coaching closing thoughts, schedule or review the scheduled of appointments, and if applicable, collect payment.

The initial session is typically longer due to going over paperwork, stating expectations or treatment, administering a baseline assessment, and addressing any questions or concerns that you may have.

Please remember that your “clinical hour” is reserved for you and it is important that we both honor your time. Please plan to arrive on time to each session as there is often a “next appointment” after your session. Starting and ending our session on time is critical for proper time management for the practice of Journey to Healing. In the event that the therapist is tardy, the hour will be extended to ensure the client receives the full 45-50-minute session. Appointments will be set at the end of each session. Therapy and Coaching Services are charged on the date of the scheduled appointment. The current fee schedule for program services is attached on a separate document entitled “**Programs and Fees**”.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____

BETWEEN SESSIONS & EMERGENCY CARE FOR MENTAL HEALTH NEEDS

In the event of a medical or psychiatric emergency, please call your local police (9-1-1) or go to the nearest emergency room immediately.

For emergencies that are not life-threatening crisis hotline and/or local Psychiatric Emergency Response Team. Their contacts are listed below. Also, you may also contact the 24-hour National Suicide Prevention Hotline for free at 1-800-273-8255 or the 24-hour National Domestic Violence Hotline for free at 1-800-799-7233. Feel free to notify me after the above resource have been contacted.

Your clinical therapist will provide a number for you to text as needed. Data and rate charges are subject to your individual provider. You may also leave a message or text at (626) 862-3837 as to your needs. We do our best to respond within 24 to 48 hours when not on duty. We will gladly schedule an “emergency session” to address your mental health emergency as needed. Please see “**Service Hours**” on attached document.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

COUNSELING AND PSYCHOTHERAPY SERVICES

For the purposes of this document, “therapy,” “counseling,” and “psychotherapy” are considered to be equivalent terms. Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. The American Counseling Association defines “counseling” as a “professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.” During the process of therapy or counseling treatment plan, please be aware that this process can bring up uncomfortable feelings and reactions. The range of human emotions is normalized as part of this process, which may include, but not limited to sadness, anger, rage, anxiety, joy, enlightened. This process is a normal response to working through the unresolved life experiences and the licensed clinician is going to work with me to process the emotions, thoughts, and feelings. The process of healing can expect that this treatment will be successful, however as the client, you must fully understand that there are many factors beyond our control, such benefits and desired outcomes cannot be guaranteed. Your commitment to the agreed upon treatment plan is necessary for you to experience the most successful outcomes.

Please note that the success of counseling depends, in large part upon the willingness of the client to desire change, share thoughts and feelings honestly, explore behavioral patterns and relational dynamics, and to experiment with alternative ways of perceiving and interacting with others. Initially, as a result of this explanation, it may feel as though “things are getting worse instead of getting better.” Keep in mind that even though this may be uncomfortable, these feelings are usually temporary and reflect a sign of progress.

RISK AND BENEFITS

Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because, the process of counseling often requires discussing the unpleasant aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. Counseling often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are not guarantees about what will happen. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

We implore many therapeutic treatment models to include, but not limited to the following:

- Cognitive Behavioral Therapy (CBT)
- Solution Focused Therapy (SFT)
- Emotion Focused Therapy (EFT)
- Solution Focused Therapy (SFT)
- Christian Counselling
- Positive Psychology
- Trauma Therapy
- Attachment
- Grief

NOTE: CLINICAL THERAPY CAN ONLY BE PROVIDED BY A LICENSED CLINICIAN IN THE CURRENT STATE OF WHICH THE CLIENT RESIDES.

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____



COACHING SERVICES

Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. It is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals. Career or Personal Life Coaching is available at Journey to Healing.

1) Coach-Client Relationship

- A. Coach agrees to maintain the ethics and standards of behavior established by the International Coach Federation “(ICF)” (Coachfederation.org/ethics). It is recommended that the Client review the ICF Code of Ethics and the applicable standards of behavior.
- B. Client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the coaching relationship and his/her coaching calls and interactions with the Coach. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.
- C. Client further acknowledges that he/she may terminate or discontinue the coaching relationship at any time.
- D. Client acknowledges that coaching is a comprehensive process that may involve different areas of his or her life, including work, finances, health, relationships, education and recreation. The Client agrees that deciding how to handle these issues, incorporate coaching principles into those areas and implementing choices is exclusively the Client’s responsibility.
- E. Client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client’s exclusive responsibility to seek such independent professional guidance as needed. If Client is currently under the care of a mental health professional, it is recommended that the Client promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach.
- F. The Client understands that in order to enhance the coaching relationship, the Client agrees to communicate honestly, be open to feedback and assistance and to create the time and energy to participate fully in the program.
- G. Existing therapy clients may participate in short-term coaching program as needed when they are out of the state of California and it does not compromise the integrity of mental health treatment. Initial Here: _____ opt in to permit temporary enrollment in coaching when out of the state.**

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

TELEHEALTH

- (a) All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, with a client who is physically located in this State must have a valid and current license or registration issued by the Board.
- (b) All psychotherapy services offered by board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional face-to-face services do. Therefore, all psychotherapy services offered via telehealth are subject to the board's statutes and regulations.
- (c) Upon initiation of telehealth services, a licensee or registrant shall do the following:
 - (1) Obtain informed consent from the client consistent with Section 2290.5 of the Code.
 - (2) Inform the client of the potential risks and limitations of receiving treatment via telehealth.
 - (3) Provide the client with his or her license or registration number and the type of license or registration.
 - (4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.
- (d) Each time a licensee or registrant provides services via telehealth, he or she shall do the following:
 - (1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.
 - (2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.
 - (3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.
- (e) A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction.
- (f) Failure to comply with these provisions shall be considered unprofessional conduct.

Note: Authority cited: Sections 4980.60 and 4990.20, Business and Professions Code. Reference: Sections 2290.5, 4980, 4989.50, 4996, 4999.30 and 4999.82, Business and Professions Code.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____



FEES AND SERVICES

A description of current programs/services and their assigned fees are attached. However, Journey to Healing **DOES NOT** take insurance at this time. You are fully responsible for the costs of services described at the beginning of the treatment plan. There are no refunds or reimbursements for prepaid sessions. A credit card (with a future expiration date) and a copy of your state issued driver’s license, identification, national identity, or passport must be on file with all signed intake forms. **Charges for services are due on the date of services, and can be charged anytime during the date of your scheduled appointment, unless other arrangements have been made with the therapist/agency. Cancellation must be 48 hours in advance for no charge. Less than 48 hours will be charges, however it will serve as a one-time credit to be rescheduled in the event you “no show” to your appointment. Please refer to the pages for “Programs and Fees” which will include annual increases in rates for services.**

- Individual Therapy is currently _____ with your assigned therapist: LaLisa Morgan, LCSW. Note: **A small number of sliding scales spaces are reserved with limited income based on the Los Angeles County income scale.** Proof of income is required.
- Couples/Family Therapy is currently _____ with your assigned therapist: LaLisa Morgan, LCSW
- Group Therapy is currently is currently _____ (prepaid/payments) for ___ group sessions.
The group facilitator is: _____.

Otherwise, payment is due at the beginning of the date of the schedule service for your session, but no later than the end of business day. Cash or Check are acceptable methods for payment. Zelle, Venmo, and Cash App are acceptable forms of payment. Credit Card payments may also be accepted. At this time, JOURNEY TO HEALING is not on any approve insurance panels.

Any checks that are returned are subject to **\$100.00** returned check charge up to any and all bank fees that incurred. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, other professional services including, but not limited to letters, emails, reviewing case material, report writing, telephone conversations lasting longer than 15 minutes, will be prorated based on the individual, couples/family 50-minutes session rate.

In-home therapy available upon request. Rates may vary depending upon location. Please refer to **“Program and Fees.”**

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____



TARDINESS

Journey to Healing takes pride to honor each client for their scheduled appointment time. As such, you will be charged for your appointment time and your time starts and ends on time. You are welcome to complete the remaining minutes of your session should you run late. It is requested that you call your therapist if you will be more than 15 minutes late to determine if an alternative service, such as virtual or telephone could best serve you and maximize your therapeutic experience. If more than 15 minutes, we strongly suggest, you reschedule the appointment. However, you are welcomed to accept the remaining minutes in your therapy session up to the 45 minute clinical hour or double session if scheduled.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____

CYBER SECURITY

Please be aware that Journey to Healing is taking all possible precautions to ensure the safety of clinical charts and electronic records. There are limits to security and any server that can be hacked. Journey to Healing will never intentionally disclose any confidential information and is therefore not responsible for information acquired by illegal manners. Every precaution is made to ensure confidentiality and security and it is not recommended to communicate via insecure means, however, we do understand that there are times when basic cellular or telephone services may be utilized and increase the risk of hacking.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____

MEDICATION/NATURAL SUPPLEMENTS

Medication is prescribed only by a licensed physician or psychiatrist. A therapist cannot prescribe medications. There are times, when medication serves its purposes and has its respectful place as a supplement to treatment in some cases. Accessing medication or natural supplements should be done without shame, guilt, regret, or condemnation. In the event that a referral is needed, you will need to consult your insurance or medical provider for an appropriate referral. If you desire the therapist to consult with your physician or psychiatrist, a consent form must be assigned. Additional fees are charged at the rate of ½ of your clinical rate.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____



CANCELLATION/MISSED APPOINTMENTS

Last minute cancelation is charged for the session rate. It is strongly suggested you cancel timely which is 48 hours before your appointment for complete cancelations and 24 hour notice if you need to reschedule. However, we understand there are many reasons for client cancellation. However, the following conditions apply:

- ***INACTIVITY***

When a client has not had in person, virtual or telephone contact with their assigned therapist, the file is considered “inactive” and archived for the state mandated period. The person can return for the original rate unless it has exceeded six months and the individual will pay the current rate for services. You must be seen at least once monthly to be ACTIVE client. Inactive clients are archived after 45 days.

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____

- ***INCLIMATE WEATHER OR SPECIAL CIRCUMSTANCES***

Sometimes things happen that are beyond our control. In these situations, if you cannot make the appointment, let’s have a conversation about it. A Telehealth virtual or telephone appointment may be your best solution. **Less than 24-hour notice, you will be charged for the session, however we will give you a chance to select an alternative date.**

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____

- ***CANCELLATIONS OF SCHEDULED APPOINTMENTS***

In the event that you cannot make the session, **a 48-hour notice** based on your appointment time is required a no fee. To cancel your appointment, please contact your assigned therapist or leave a text or voice message on the direct line (626-862-3837).

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____

- ***MISSED APPOINTMENTS***

Appointments less than 48-hour notice will be charged at the rate of a 100% of regular session, however a **one-time make-up** date in person, virtual, or telephone. To reschedule your appointment, please contact your assigned therapist or leave a text or voice message on the direct line (626-862-3837).

Please note, if you miss a session without cancelling or cancel with less than 48-hour notice, you will be responsible for 100% of the service rate.

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____

FILING A COMPLAINT

If at any point during treatment you believe that I have acted in an unprofessional manner or unethically, you have the right to contact the Program Director/CEO, LaLisa Morgan to discuss the incident and find a solution. Additionally, there is a Consumer Protection Mandate, with the California Board of Behavior Science is also responsible to ensure consumers receive services from safe practitioners and investigation of complaints is used to determine ability to practice safely. If you feel that a complaint should be filed by anyone who believes that a licensee, registrant or applicant has engaged in unprofessional conduct, related to his or her professional responsibilities. The Board will review each complaint regardless of the source. [Board of Behavioral Sciences](#) can be filed online or in writing, Board of Behavioral Sciences, 1625 North Market Blvd., Suite S200, Sacramento, CA 95834. Telephone: (916) 574-7830.

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

OTHER RIGHTS

If you are disappointed or unhappy with the services provided, please speak with our Program Director or your individual therapist. We, at Journey to Healing take all complaints seriously and will work hard to see to it that the matter is resolved. In the State of California, discrimination by any business establishments, including discrimination on the basis of race, color, religion, sex, ancestry, national origin, disability, medical condition, genetic information, sexual orientation, citizenship, primary language, immigration status, and other protected classifications is protected under law.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____

THERAPY NEVER INCLUDES SEXUAL BEHAVIOR

Therapy Never Includes Sexual Behavior California’s lawmakers and licensing boards want the public to know that professional therapy never includes sexual contact between a therapist and a client. It also never includes inappropriate sexual suggestions, or any other kind of sexual behavior between a therapist and a client. Sexual contact of any kind between a therapist and a client is unethical and illegal in the State of California. Additionally, with regard to former clients, sexual contact within two years after termination of therapy is also illegal and unethical. It is always the responsibility of the therapist to ensure that sexual contact with a client, whether consensual or not, does not occur.

Primary Client-Initials: _____ **Parent or Partner (if applicable) Initials:** _____ **Therapist Initials:** _____

WALKING & TALK THERAPY UNDERSTANDING OF LACK OF CONFIDENTIALITY

In the age of screens, Walk & Talk Therapy is a great option to get outside, get a little exercise, be in nature, and connect together and with yourself. People sometimes find that by walking together and being in nature, they are able to connect with themselves and open up more. As we do this—literally *walk and talk*—we can process what you’re dealing with and learn practical and personalized strategies to combat life’s stressors

I understand that I can opt to participate in Walk & Talk Therapy as part of my psychotherapy. I understand that “Walking & Talking Therapy” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education in a not so private setting. I understand that I have the following rights with respect to Walking & Talking Therapy:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my medical information also apply to W&TT. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. (3) I understand that there are risks and consequences from W&TT, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: my medical information could be could be overheard or interrupted by unauthorized persons; and/or my medical information could be accessed by unauthorized persons. I may be recognized or overheard as W&TT occurs in a public setting. In addition, I understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. in office) my psychotherapist will help arrange for such services. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improve, and in some cases may even get worse.
- (4) I understand that I may benefit from W&TT, but that results cannot be guaranteed or assured.
- (5) I understand that I have a right to access my medical information and copies of medical records in accordance with California law.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____

TERMINATION OF CARE

It is important to discuss the reason and purpose of terminating to ensure a proper transition to your next step in managing your mental health needs. Celebrating your wins in therapy and reflecting on growth allows for you to feel a sense of accomplishment and determine your self-worth and self-love. In the unfortunate event that you must terminate services prematurely, for any reason, please discuss with your current therapist or the Program Director/CEO, LaLisa Morgan, LCSW. Community Mental Health providers are available through calling 2-1-1 in Los Angeles County. We want to make sure you have a health closure for your therapeutic experience.

Primary Client-Initials: _____ Parent or Partner (if applicable) Initials: _____ Therapist Initials: _____

I have thoroughly read the above agreement and Notice of Privacy. I have initialed each page as indicated and understand each policy statement, signified by my signature below.

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|

| | | |
|----------------|-----------|------|
| Therapist Name | Signature | Date |
|----------------|-----------|------|



CHRISTIAN COUNSELING

Christian counseling, also known as biblical counseling and Christian psychology, combines your faith with the principles of psychology to improve your mental health and relationships. More specifically, this therapy approach uses scripture and biblical teachings to help you deal with life's challenges.

"I appeal to you, brothers and sisters, in the name of our Lord Jesus Christ, that all of you agree with one another in what you say and that there be no divisions among you, but that you be perfectly united in mind and thought." 1 Corinthians 1:10

Statement of Faith

Journey to Healing believes that spirituality is part of your healing journey and at the center of your healing process. We believe this will lead to the most successful counseling sessions, and any further details around theological leanings needn't be pressed. In order to reach common ground on what we believe are the most fundamental truths, all counseling members of our platform have agreed to the following core tenets of faith:

- ❖ *We believe that the Holy Bible is the word of God, a collection of divinely-inspired writings that have been preserved for each generation, inspired by the Holy Spirit, and the only authoritative and infallible rule of Christian faith and practice. ("All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work." 2 Timothy 3:16-17 ESV)*
- ❖ *We believe in the Triune nature of God (Trinitarianism), that He is Father, Son, and Holy Spirit in one. ("Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold, I am with you always, to the end of the age." Matthew 28:19-20 ESV)*
- ❖ *We believe the only true basis of Christian fellowship is Christ's (agape) love, which is greater than differences one may possess, and without which we have no right to claim ourselves Christians. ("Jesus said to him, "I am the way, and the truth, and the life. No one comes to the Father except through me." John 14:6 ESV)*
- ❖ *We believe salvation is by God's grace through faith in Jesus Christ who died for our sins and rose again, providing eternal redemption to those who believe. It is not by our works or works of the law. ("For by grace you have been saved through faith. And this is not your own doing; it is the gift of God, not a result of works, so that no one may boast." Ephesians 2:8-9 ESV)*

I have chosen to participate in Christian Counseling alongside other therapeutic services as part of my treatment plan. By signing this form, I am attesting to choosing to use biblical references, pray, and participate in spiritual healing practices that are fundamental to the faith as a Christian. This is not denomination specific, and may include discussions for Catholics, Jehovah Witness, Protestant, Baptist, etc which share some of the same fundamental beliefs. I continue to have my right to change my mind at any time.

Name

Signature

Date

Name

Signature

Date

Therapist Name

Signature

Date



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

HOLD HARMLESS

COVID-19 PROTOCOLS AND WAIVER FOR IN-PERSON THERAPY TREATMENT

The **Covid-19, novel coronavirus**, has been declared a worldwide pandemic by the World Health Organization. Covid-19 is extremely contagious and believed to be spread mainly by person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many location, prohibited the congregation of groups of people. [Coronavirus Disease 2019 \(COVID-19\) updates are available by contacting the local public health organization or the Center for Disease Control \(CDC\)](#). CDC website is www.cdc.gov. **JOURNEY TO HEALING, a program of Generations 1865-Counseling, Consulting, and Coaching, LLC**, (Hereafter, Journey to Healing) will remain open in the community provide Psychotherapy, Counseling, Coaching, and Consulting services based on the mental health needs of the community and according to state law. The COVID-19 virus is a serious and highly contagious disease which has required State and Local health officials to provide guidelines in order to manage the spread of the virus. **JOURNEY TO HEALING** have used these guidelines as the minimum standard for **in-person** counseling services. For your safety and the safety of our staff and community, you must comply with all measures and protocols in order to receive in person services at **JOURNEY TO HEALING**. These protocols are subject to change based on the best information we have from those health officials.

JOURNEY TO HEALING will continue to provide individual, couples and family therapy via a telehealth platform (telephone and virtual) and in-person to meet the needs of all our clients who want to have the best in mental health care. **We strongly suggest that clients continue to use telehealth for therapy services and that in person sessions be used for clients with whom telehealth is not possible or suggested, such as clients with privacy or safety issues, clients who receive therapy by certain modalities that are not conducive to telehealth, and clients who need a higher level of care.** By choosing in person sessions over telehealth, you recognize the increased risk of contracting the virus in the office and accept that risk. However, **JOURNEY TO HEALING** cannot guarantee that you will not become infected with Covid-19.

- **The Building Management requires all staff and visitors to wear masks or facial covering according to the current federal/state standards; All clients must wear a mask or facial covering in the therapist office.**
- **All clients must wash or disinfect their hands upon entering the building, after they use the restroom, and anytime they touch their face.**
- **All clients and guests must wear a mask when in the common spaces.**
- **All clients must maintain 6 feet of distance from anyone in the building, unless they are from the same household.**
- **All clients must wait to enter the office until the start time of their session. Please wait outside or in your car until your therapist notifies you that they are ready. Currently, our waiting room is closed to more than one person.**
- **Only clients are allowed in the office. For children under 18, one parent/guardian may accompany client. Children and family members who are not clients of JOURNEY TO HEALING are not permitted into the office.**
- **All clients understand they will be asked COVID-19 screening questions about any symptoms they have. JOURNEY TO HEALING staff have the right to ask you to reschedule using telehealth if you say “Yes” to any questions:**
 - (a) **It is strongly recommended that all clients understand that they have a temperature above 100.4 will not be able to attend their therapy session in-person, and will be asked to engage in telehealth for two weeks or until cleared by a doctor.**
 - (b) **All clients will be required to wash and sanitize their hands upon entering the office.**
 - (c) **Clients who identify as a member of the vulnerable/high risk population are strongly recommended to continue telehealth therapy until further notice. All clients who attend in person therapy sessions agree that they are not a member of the vulnerable or high risk population.**
 - (d) **Any Clients who test positive for COVID-19, or a member in their household tests positive for COVID-19 and have attended an in-person therapy session in the past 2 weeks must notify their therapist immediately. If you should test positive for COVID-19, in-person services will be paused and telehealth will resume, for the duration of two weeks or until you are cleared by a doctor. A copy of the clearance should be provided to JOURNEY TO HEALING, a program of Generations 1865-Counseling, Consulting, and Coaching, LLC.**
 - (e) **In person visits may not be available for every therapist of JOURNEY TO HEALING due to their personal needs.**
 - (f) **We reserve the right to require telehealth appointments of any or all clients versus in person appointments if we feel it is necessary to maintain the safety of JOURNEY TO HEALING staff and our clients.**



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Due to the long incubation period of the COVID-19 virus, as well as the reality that an individual may be a carrier of the virus without any symptoms or awareness, face to face contact with any other member of the community increases risk of transmission of the virus.

Patient/Client Acknowledgement

█ I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in coming to this office and being in this office for in person sessions. I understand and accept the additional risk of contracting COVID-19 from contact at this office or alternative location and hold harmless JOURNEY TO HEALING, a program of Generations 1865-Counseling, Consulting, and Coaching, LLC as making reasonable efforts to ensure cleaning practices stated above. I also acknowledge that I could contract the COVID-19 virus from a multitude of sources outside this office and unrelated to my visit here. I acknowledge it would be very difficult for anyone to prove from whom or where they contracted COVID-19. I assume the risk of being in this office and proceeding with services at JOURNEY TO HEALING, a program of Generations 1865-Counseling, Consulting, and Coaching, LLC. Additionally, to prevent the spread of COVID-19, and reduce the potential risk of exposure to our workforce and visitors, JOURNEY TO HEALING, a program of Generations 1865-Counseling, Consulting, and Coaching, LLC will be conducting a simple visitor questionnaire. Your participation is important to help us take the precautionary measures to protect you and everyone in the facility.

█ I also understand that I have the option to participate in video conferencing through Psychology Today or telephone conference call in lieu of in person therapy.

█ I release JOURNEY TO HEALING, and affiliated companies, current and former partners, officers, directors, employees, insurers, agents and representatives from any liability or claims for any damages arising out of , related to an /or by reason of my VOLUNTARY decision to obtain in-person therapy or coaching services.

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|

| | | |
|----------------|-----------|------|
| Therapist Name | Signature | Date |
|----------------|-----------|------|



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

My Counseling & Coaching History Mental Health Screening Tool

Knowing your past history with coaching will help me to serve you better, and to tailor my coaching to meet your needs in a way that makes the most sense to you. Please take a few minutes and answer the following questions about your past coaching experiences.

Client Name: _____

I have worked with _____ licensed therapist (MFT/LCSW), psychiatrist, psychologist (or other) in the past. (List dates and durations below – names are not necessary)

Tell me why you chose the licensed professionals you worked with. What made them appealing to you?

I have worked with _____ Substance Abuse Counselor, Christian counselor, Pastoral Counselor or Minister (or other) in the past. (List dates and durations below – names are not necessary)

Tell me why you chose the counselors you worked with. What made them appealing to you?

I have worked with _____ business or life coach(es) in the past. (List dates and durations below – names are not necessary)



Tell me why you chose the coaches you worked with. What made them appealing to you?

List your 3 biggest accomplishments that directly resulted from your previous experiences with professional or private counseling sessions.

If you were in the same place and time again, knowing what you now know, would you work with these counselors or coaches again? Why or why not?



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

Any additional information that I should know as your therapist?



Beck Anxiety Inventory (BAI)

About: This scale is a self-report measure of anxiety. The total score is calculated by finding the sum of the 21 items. **If completed by PDF, please put the answer in GREEN HIGHLIGHT.**

| | NOT AT ALL | Mildly, but it didn't bother me much | Moderately – it wasn't pleasant at times | Severely – it bothered me a lot |
|----------------------|------------|--------------------------------------|--|---------------------------------|
| ALL QUESTIONS | 0 | 1 | 2 | 3 |

References: Beck, A.T., Epstein, N., Brown, G., & Steer, R.A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897. Items: 21 Reliability: Internal consistency for the BAI = (Cronbach's $\alpha=0.92$) Test-retest reliability (1 week) for the BAI = 0.75 (Beck, Epstein, Brown, & Steer, 1988) *Validity*: The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25) (Beck et al., 1988).

| | NOT AT ALL | Mildly, but it didn't bother me much | Moderately – it wasn't pleasant at times | Severely – it bothered me a lot |
|-------------------------|------------|--------------------------------------|--|---------------------------------|
| Numbness or tingling | 0 | 1 | 2 | 3 |
| Feeling hot | 0 | 1 | 2 | 3 |
| Wobbliness in legs | 0 | 1 | 2 | 3 |
| Unable to relax | 0 | 1 | 2 | 3 |
| Fear of worse happening | 0 | 1 | 2 | 3 |
| Dizzy or lightheaded | 0 | 1 | 2 | 3 |
| Heart pounding/racing | 0 | 1 | 2 | 3 |
| Unsteady | 0 | 1 | 2 | 3 |
| Terrified or Afraid | 0 | 1 | 2 | 3 |
| Nervous | 0 | 1 | 2 | 3 |
| Feeling of choking | 0 | 1 | 2 | 3 |
| Hands Trembling | 0 | 1 | 2 | 3 |
| Shaky/ Unsteady | 0 | 1 | 2 | 3 |
| Fear of losing control | 0 | 1 | 2 | 3 |
| Difficulty in breathing | 0 | 1 | 2 | 3 |
| Fear of dying | 0 | 1 | 2 | 3 |
| Scared | 0 | 1 | 2 | 3 |
| Indigestion | 0 | 1 | 2 | 3 |
| Faint/Light headed | 0 | 1 | 2 | 3 |
| Face flushed | 0 | 1 | 2 | 3 |
| Hot/Cold Sweats | 0 | 1 | 2 | 3 |
| TOTAL | | | | |

FINAL SCORE: _____

Score of 0-21 = low anxiety

Score of 22-35 = moderate anxiety



Score of 36 and above = potentially concerning levels of anxiety

Beck's Depression Inventory

The scoring scale is at the end of the questionnaire. Please circle your response for each question. There are 21 questions. **If completed by PDF, please put the answer in GREEN HIGHLIGHT.**

1. 0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
1 I am disappointed in myself.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

- 2 I am disgusted with myself.
3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score _____

Levels of Depression

- | | |
|---|--|
| <input type="checkbox"/> 1-10 _____ | These ups and downs are considered normal |
| <input type="checkbox"/> 11-16 _____ | Mild mood disturbance |
| <input type="checkbox"/> 17-20 _____ | Borderline clinical depression |
| <input type="checkbox"/> 21-30 _____ | Moderate depression |
| <input type="checkbox"/> 31-40 _____ | Severe depression |
| <input type="checkbox"/> Over 40 _____ | Extreme depression |



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Adverse Childhood Experiences Study (ACES)

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest of its kind which explored the results of childhood abuse, neglect, and household challenges and later-life health and well-being. The household challenges are defined as situations which cause extreme stress, such as domestic violence, families going through divorce, as well as traumatic experiences such as physical, emotional and sexual abuse. While the original study was not done on urban communities, later studies found that people of color were largely impacted in urban communities by additional factors not listed in the original study. I have included this information so you can check your score and have conversations with your medical provider or therapist about your journey. Please use as a self-exploration tool and the results are not validated with any new study. Here is the **Adverse Childhood Experience (ACE) Questionnaire-Finding your ACE Score available online at www.odmhsas.org/picis/TraningInfo/ACE.pdf**. For more reading on the ACE Study, please go to the Center for Disease Control Website, <https://www.cdc.gov/violenceprevention/aces/index.html>

Adverse Childhood Experience (ACE) Questionnaire-Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ...

Swear at you, insult you, put you down, or humiliate you?

Or Act in a way that made you afraid that you might be physically hurt?

Yes ____ No ____

If yes enter 1 ____

2. Did a parent or other adult in the household often ...

Push, grab, slap, or throw something at you?

Or Ever hit you so hard that you had marks or were injured?

Yes ____ No ____

If yes enter 1 ____

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way?

Or Try to or actually have oral, anal, or vaginal sex with you?

Yes ____ No ____

If yes enter 1 ____



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

4. Did you often feel that ...

No one in your family loved you or thought you were important or special?

Or Your family didn't look out for each other, feel close to each other, or support each other?

Yes ____ No ____

If yes enter 1 ____

5. Did you often feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes ____ No ____

If yes enter 1 ____

6. Were your parents ever separated or divorced?

Yes ____ No ____

If yes enter 1 ____

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes ____ No ____

If yes enter 1 ____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes ____ No ____

If yes enter 1 ____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes ____ No ____

If yes enter 1 ____

10. Did a household member go to prison?

Yes ____ No ____

If yes enter 1 ____

Now add up your "Yes" answers: This is your ACE Score

TOTAL _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Expectations:

What do you expect to get out of these coaching or counseling/therapy sessions?

Tell me something about yourself that you think I should know to coach/counseling you better?

Briefly share your overall life goals. Where do you see yourself in...

1 Year: _____

5 Years: _____

10 Years: _____

Briefly share your overall business/career goals. Where do you see yourself in...

1 Year: _____

5 Years: _____

10 Years: _____

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

DEFINITION OF TERMS

Throughout this document, the terms “therapist,” “therapy,” and “client” will be used. “Therapist” refers to anyone who is licensed to practice psychotherapy, or is training to become licensed, and includes:

• Physicians and Surgeons (Psychiatrists are Physicians and Surgeons) • Psychologists • Registered Psychologists • Psychological Interns • Psychological Assistants • Licensed Clinical Social Workers • Registered Associate Clinical Social Workers • Social Work Interns • Licensed Marriage and Family Therapists • Registered Associate Marriage and Family Therapists • Marriage and Family Therapist Trainees • Licensed Professional Clinical Counselors • Registered Associate Professional Clinical Counselors • Professional Clinical Counselor Trainees • Licensed Educational Psychologists • Registered Research Psychoanalysts

“**Therapy**” includes any type of counseling from any of the licensed or registered professionals listed above.

“**Client**” refers to anyone receiving therapy, or counseling, or other services.

“**Sexual contact**” means the touching of an intimate part of another person, including sexual intercourse.

“**Sexual behavior**” means inappropriate contact or communication of a sexual nature. This definition does not include the provision of appropriate therapeutic interventions relating to sexual issues.

“**Touching**” means physical contact with another person either through the person’s clothes or directly with the person’s skin. “Intimate part” means the sexual organ, anus, groin, or buttocks of any person, and the breast of a female.

“**License**” includes certificate, registration, or other means to engage in a business or profession regulated by Chapter 1, General Provisions, section 475 of the Business and Professions Code. Social Work Interns, Marriage and Family Therapist Trainees, and Professional Clinical Counselor Trainees are still in their master’s degree program and have not yet earned their graduate degree. They also are not registered with the Board of Behavioral Sciences yet. Complaints about these individuals should be directed to their supervisor, the agency that employs them, or their academic institution

“**Telehealth**” is the mode of delivering health care via information and communication technologies, including, but not limited to, telephone and/or internet. Licensees may deliver health care, under their scope of practice, via telehealth, under certain conditions. Licensees are responsible for understanding all applicable laws, to deliver health care via telehealth. Failure to comply with any provisions regarding telehealth may be subject to disciplinary action by the Board



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

“Clinical Social Work And Psychotherapy (§4996.9.) is the practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work. Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

Community Resources

**If You're Having a Crisis or Medical Emergency Call 911, You May Also Contact the Following
Emergency/Crisis Hotlines for Support:**

California Department of Rehabilitation

For The Local Office
Near You Go to
<https://www.dor.ca.Gov/>

California Victim Compensation Board

1-800-777-9229

Email: info@victims.ca.gov

victims.ca.gov

Cal-VCB can help victims and their families recover from violent crimes.

Counseling, Medical & dental treatment, Income loss, funeral & burial expenses, residential security, home or vehicle modifications for victims who become disabled, Crime-scene clean up, relocation, and Service Dogs.

Child Help National Child Abuse Hotline

1-800-4-A-Child (1-800-422-4453)

Child Protection Hotline (Los Angeles)

1-800-540-4000

Disaster Distress Helpline

1-800-985-5990

Los Angeles County Department of Mental Health

<https://dmh.lacounty.gov>

National Suicide Prevention Lifeline

1-800-273-8255 (Talk)

National Domestic Violence Hotline

1-800-799-7233 (Safe)

National Sexual Assault Hotline

Call 800-656-Hope (4673)

211 Los Angeles County

Dial 2-1-1, or

If You Are Calling from Outside Los Angeles County or Cannot Directly **800-339-6993**



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

National Alliance On Mental Illness (NAMI)

Www.Nami.Org Or 800-950-6264 Or, In A Crisis? Mental Health Crisis Text Line – Text NAMI to 741-741

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline 1-800-662-Help (4357)

Here Are Some Options for Black/Brown Therapists/Mental Health Providers That Can Be Found On the Following Websites:

The Association of Black Psychologists www.abpsi.org

Psychology Today www.Psychologytoday.Com/Us/Therapists/African-American

Therapy For Black Girls www.therapyforblackgirls.com

VIDEOS:

Adverse Childhood Experiences (ACES)

<https://youtu.be/W-8jTTIsJ7Q>

Adverse Childhood Experiences (ACES)

(ANIMATED) <https://youtu.be/XHgLYI9KZ-A>



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

CREDIT CARD AUTHORIZATION

I _____ (Print) hereby authorize LaLisa Morgan/Kingdom Journey to Healing, a program of Generations 1865-Counseling, Consulting and Coaching, LLC to charge my card for the amount agreed upon, plus a credit card usage fee of \$5.00 or 5% convenience fee on all credit card transactions, whichever is greater. Credit Card will automatically be charged unless paid by cash, check, or electronic transfer of funds and receipt will be provided upon request.

NAME ON THE CREDIT CARD: (PRINT)

CREDIT CARD NUMBER:

Note: A copy of Card and government issued identification must be on file.

CREDIT CARD EXPIRATION DATE:

CREDIT CARD SECURITY CODE:

ZIP CODE/WHERE THE CARD IS MAILED:

BILLING ADDRESS:

TELEPHONE:

EMAIL:

Initial Here: _____ I am authorizing card use for someone other than myself. The name of the recipient of services is: _____

I, _____, AM THE AUTHORIZED USER OF THIS CARD. BY SIGNING BELOW AS THE CREDIT CARD HOLDER, I AGREE TO PAY THE CARD ISSUER THE AMOUNT PERSUANT TO THE CARD HOLDER AGREEMENT. AS THE CARD HOLDER, I AUTHORIZE, LaLisa Morgan, LCSW, Kingdom Journey to Healing, a Program of Generations 1865-Counseling, Consulting, and Coaching to charge my card for future purchases for services based on our agreement and with any verbal approvals indicated by me as long as I am a ACTIVE client and services are being used. Generations 1865 will keep credit card information confidential. We do not give refunds or reminders. Any scheduled appointment is considered confirmed.

Name

Signature

Date



KINGDOM JOURNEY TO HEALING, a program of
Generations 1865-Counseling, Consulting, and Coaching, LLC

SERVICE HOURS

Journey to Healing regular business hours are as follows:

| | |
|------------------|-----------------------------------|
| MONDAY | Scheduled appointment only |
| TUESDAY | Scheduled appointment only |
| WEDNESDAY | 10:00am to 2:00pm |
| THURSDAY | 10:00am to 2:00pm |
| FRIDAY | 10:00am to 2:00pm |
| SATURDAY | Scheduled appointment only |
| SUNDAY | CLOSED |

When the business is closed, please utilize the protocol set forth in the **“Between Sessions & Emergency Care For Mental Health Needs”** section.

If there is a medical or psychiatric emergency, please call 9-1-1 or go to the nearest emergency room.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Practice Policies

APPOINTMENTS AND CANCELLATIONS:

Payment for all appointments must be made 24 hours in advance unless special arrangements are made with the Chief Executive or Program Manager.

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours and if we cannot reschedule within the same week. No show for appointment is the amount of the session fee. When insurance is involved, the client will pay the full fee as this may not be covered by insurance.

The standard meeting time for psychotherapy is Individual (45-50 minutes) and Couples/Family (85-90 minutes), which includes time to set up the next appointment. It is up to you, however, to determine the length of time of your sessions. Requests to change the session time needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$50.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

-

TELEPHONE/TEXT MESSAGING ACCESSIBILITY: If you need to contact me between sessions, please leave a message on my voice mail or send text message. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions may be available. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. You are welcome to visit the company website or "like or share" the Facebook page.

If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he, she, or they would consider important information that you may not recognize as significant to present verbally the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

-

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

-

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Generations 1865: Counseling, Consulting, and Coaching Inc

NOTICE OF PRIVACY PRACTICES



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. GENERATIONS 1865'S PLEDGE REGARDING

HEALTH INFORMATION:

Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff understand that health information about you and your health care is personal. We are committed to protecting health information about you. I create a record of the care and services you receive from me. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. I also describe your rights to the health information the agency or representative keep about you, and describe certain obligations the agency or representative has regarding the use and disclosure of your health information. The agency or representative am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

The agency or representative can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW THE AGENCY OR ITS REPRESENTATIVES MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures I will explain what

Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

“treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. As a psychotherapist, Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff will not use or disclose your PHI for marketing purposes.

Sale of PHI. As a psychotherapist, Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Subject to certain limitations in the law, Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff can use and disclose your PHI without your Authorization for the following reasons:

When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

For health oversight activities, including audits and investigations.

For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

For law enforcement purposes, including reporting crimes occurring on my premises.

To coroners or medical examiners, when such individuals are performing duties authorized by law.

For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

For workers' compensation purposes. Although Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

Appointment reminders and health related benefits or services. Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff may use and disclose your PHI to contact you to remind you that you have an appointment with me. Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff are not required to agree to your request, and I may say “no” if I believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The Right to Choose How Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.

The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff will give you will include disclosures made in the last six years unless you request a shorter time. Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff may say “no” to your request, but Generations 1865: Counseling, Consulting, and Coaching, its Chief Executive, and associate licensed staff will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Confidentiality & Privacy Policy

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission.

Exceptions include:

- Suspected child abuse or dependent adult or elder abuse, for which I am required by law to report this to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person/s, I must notify the police and inform the intended victim.
- If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.

COUNSELING AND PSYCHOTHERAPY SERVICES For the purposes of this document, “therapy,” “counseling,” and “psychotherapy” are considered to be equivalent terms. Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. The American Counseling Association defines “counseling” as a “professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.” During the process of therapy or counseling treatment plan, please be aware that this process can bring up uncomfortable feelings and reactions. The range of human emotions is normalized as part of this process, which may include, but not limited to sadness, anger, rage, anxiety, joy, enlightened. This process is a normal response to working through the unresolved life experiences and the licensed clinician is going to work with me to process the emotions, thoughts, and feelings. The process of healing can expect that this treatment will be successful, however as the client, you must fully understand that there are many factors beyond our control, such benefits and desired outcomes cannot be guaranteed. Your commitment to the agreed upon treatment plan is necessary for you to experience the most successful outcomes. Please note that the success of counseling depends, in large part upon the willingness of the client to desire change, share thoughts and feelings honestly, explore behavioral patterns and relational dynamics, and to experiment with alternative ways of perceiving and interacting with others. Initially, as a result of this explanation, it may feel as though “things are getting worse instead of getting better.” Keep in mind that even though this may be uncomfortable, these feelings are usually temporary and reflect a sign of progress. **RISK AND BENEFITS** Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because, the process of counseling often requires discussing the unpleasant aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. Counseling often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are not guarantees about what will happen. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. We explore many therapeutic treatment models to include, but not limited to the following: • Cognitive Behavioral Therapy (CBT) • Solution Focused Therapy (SFT) • Emotion Focused Therapy (EFT) • Solution Focused Therapy (SFT) • Christian Counselling • Positive Psychology • Trauma Therapy • Attachment • Grief **NOTE: CLINICAL THERAPY CAN ONLY BE PROVIDED BY A LICENSED CLINICIAN IN THE CURRENT STATE OF WHICH THE CLIENT RESIDES.**

COACHING SERVICES Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. It is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals. Career or Personal Life Coaching is available at KINGDOM JOURNEY TO HEALING.



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

TELEHEALTH (a) All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, with a client who is physically located in this State must have a valid and current license or registration issued by the Board. (b) All psychotherapy services offered by board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional face-to-face services do. Therefore, all psychotherapy services offered via telehealth are subject to the board's statutes and regulations. (c) Upon initiation of telehealth services, a licensee or registrant shall do the following: (1) Obtain informed consent from the client consistent with Section 2290.5 of the Code. (2) Inform the client of the potential risks and limitations of receiving treatment via telehealth. (3) Provide the client with his or her license or registration number and the type of license or registration. (4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area. (d) Each time a licensee or registrant provides services via telehealth, he or she shall do the following: (1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session. (2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation. (3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium. (e) A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction. (f) Failure to comply with these provisions shall be considered unprofessional conduct. Note: Authority cited: Sections 4980.60 and 4990.20, Business and Professions Code. Reference: Sections 2290.5, 4980, 4989.50, 4996, 4999.30 and 4999.82, Business and Professions Code.

CHRISTIAN COUNSELING Christian counseling, also known as biblical counseling and Christian psychology, combines your faith with the principles of psychology to improve your mental health and relationships. More specifically, this therapy approach uses scripture and biblical teachings to help you deal with life's challenges. "I appeal to you, brothers and sisters, in the name of our Lord Jesus Christ, that all of you agree with one another in what you say and that there be no divisions among you, but that you be perfectly united in mind and thought." 1 Corinthians 1:10 Statement of Faith KINGDOM JOURNEY TO HEALING believes that spirituality is part of your healing journey and at the center of your healing process. We believe this will lead to the most successful counseling sessions, and any further details around theological leanings needn't be pressed. In order to reach common ground on what we believe are the most fundamental truths, all counseling members of our platform have agreed to the following core tenets of faith: ☩ We believe that the Holy Bible is the word of God, a collection of divinely-inspired writings that have been preserved for each generation, inspired by the Holy Spirit, and the only authoritative and infallible rule of Christian faith and practice. ("All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work." 2 Timothy 3:16-17 ESV) ☩ We believe in the Triune nature of God (Trinitarianism), that He is Father, Son, and Holy Spirit in one. ("Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold, I am with you always, to the end of the age." Matthew 28:19-20 ESV) ☩ We believe the only true basis of Christian fellowship is Christ's (agape) love, which is greater than differences one may possess, and without which we have no right to claim ourselves Christians. ("Jesus said to him, "I am the way, and the truth, and the life. No one comes to the Father except through me." John 14:6 ESV) ☩ We believe salvation is by God's grace through faith in Jesus Christ who died for our sins and rose again, providing eternal redemption to those who believe. It is not by our works or works of the law. ("For by grace you have been saved through faith. And this is not your own doing; it is the gift of God, not a result of works, so that no one may boast." Ephesians 2:8-9 ESV) I have chosen to participate in Christian Counseling alongside other therapeutic services as part of my treatment plan. By signing this form, I am attesting to choosing to use biblical references, pray, and participate in spiritual healing practices that are fundamental to the faith as a Christian. This is not denomination specific, and may include discussions for Catholics, Jehovah Witness, Protestant, Baptist, etc which share some of the same fundamental beliefs. I continue to have my right to change my mind at any time.

DEFINITION OF TERMS Throughout this document, the terms "therapist," "therapy," and "client" will be used. "Therapist" refers to anyone who is licensed to practice psychotherapy, or is training to become licensed, and includes: • Physicians and Surgeons (Psychiatrists are Physicians and Surgeons) • Psychologists • Registered Psychologists • Psychological Interns • Psychological Assistants • Licensed Clinical Social Workers • Registered Associate Clinical Social Workers • Social Work Interns • Licensed Marriage and Family Therapists • Registered Associate Marriage and Family Therapists • Marriage and Family Therapist Trainees • Licensed Professional Clinical Counselors • Registered Associate Professional Clinical Counselors • Professional Clinical Counselor Trainees • Licensed Educational Psychologists • Registered Research Psychoanalysts "Therapy" includes any type of counseling from any of the licensed or registered professionals listed above. "Client" refers to anyone receiving therapy, or counseling, or other services. "Sexual contact" means the touching of an intimate part of another person, including sexual intercourse. "Sexual behavior" means inappropriate contact or communication of a sexual nature. This definition does not include the provision of appropriate therapeutic interventions relating to sexual issues. "Touching" means



KINGDOM JOURNEY TO HEALING, a program of

Generations 1865-Counseling, Consulting, and Coaching, LLC

physical contact with another person either through the person's clothes or directly with the person's skin. "Intimate part" means the sexual organ, anus, groin, or buttocks of any person, and the breast of a female. "License" includes certificate, registration, or other means to engage in a business or profession regulated by Chapter 1, General Provisions, section 475 of the Business and Professions Code. Social Work Interns, Marriage and Family Therapist Trainees, and Professional Clinical Counselor Trainees are still in their master's degree program and have not yet earned their graduate degree. They also are not registered with the Board of Behavioral Sciences yet. Complaints about these individuals should be directed to their supervisor, the agency that employs them, or their academic institution "Telehealth" is the mode of delivering health care via information and communication technologies, including, but not limited to, telephone and/or internet. Licensees may deliver health care, under their scope of practice, via telehealth, under certain conditions. Licensees are responsible for understanding all applicable laws, to deliver health care via telehealth. Failure to comply with any provisions regarding telehealth may be subject to disciplinary action by the Board. KINGDOM JOURNEY TO HEALING, a program of Generations 1865-Counseling, Consulting, and Coaching, INC "Clinical Social Work and Psychotherapy (§4996.9.) is the practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work. Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.