



Mosaic Counseling

**1703 S. Despelder St.
Grand Haven, MI 49417**

School Outreach Intake Form WMAAA Public Schools

To make a referral to the School Outreach Program for the 2023-2024 school year, e-mail completed form, release, and consent to the School Outreach Coordinator at schooloutreach@mosaiccounseling.com

Student Name: _____ Date: _____
Last First

Address: _____
Street Apt. No. City Zip

Gender: M/F Age: _____ DOB: _____ Grade: _____ Ethnicity: _____

Parent/Guardian: _____

Parent/Guardian Phone: () _____ Parent/Guardian Email: _____

School Attending: _____

Classroom Teacher(s): _____

School Outreach Therapist Name: _____ Does student have an IEP? YES NO

Presenting Issues (circle any that apply):

- | | | | |
|-----------------|-------------------|--------------------|-------------------------------|
| Depression | Anxiety | Anger | Grief |
| Family Conflict | Coping Skills | Social Interaction | School Attendance/Performance |
| Self Harm | Suicidal Ideation | Behavioral | Other: |

Are you aware of this student having reported thoughts of suicide or harming others? YES NO

If yes, has an assessment and safety planning been completed? YES NO

Additional Information:



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, **we use or share** payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.
-

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
-

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
-

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.
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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
-

Do research

- We can use or share your information for health research.
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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
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Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and • We can share health information about you in response to a court or **legal actions** administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.



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K-6 Admission Symptom Checklist

School: _____

Date: _____

Student: _____

Form Completed By: _____

Please mark under the heading that best describes you/the student:

	Never	Rarely	Sometimes	Often	Always
I feel sad, unhappy	—	—	—	—	—
I feel worrisome	—	—	—	—	—
I am irritable or angry	—	—	—	—	—
I do not have a lot of fun	—	—	—	—	—
I am not interested in friends/school	—	—	—	—	—
I am absent from school	—	—	—	—	—

ADMISSION: Goals for counseling

Christopher Pease Counseling

PROFESSIONAL DISCLOSURE STATEMENT

Christopher R Pease L.P.C.

509 Franklin Grand Haven Mi 49417 (616) 928-4838

Education and Experience:

I hold a Bachelor of Science in Psychology from the University of Phoenix November 2013 and Master of Arts in Counseling from Grand Rapids Theological Seminary August 2016. My formal education and training have prepared me to work with individuals, couples, parents and families.

Description of Practice

I utilize a multi-modal approach to counseling. Relying on research, I integrate an array of therapeutic interventions that will yield optimum results for the individual and the issues presented. I work with children, adolescents, and adults. I work to provide a safe place to challenge current or past thinking, giving the client a new perspective on their life and situation.

Confidentiality

Confidentiality will be kept with clients except for the following.

1. If there is reason to believe that the client is a danger to themselves or another
2. If there is reason to believe that a minor, elderly, or disabled person is, or has been in danger of physical, sexual, or emotional abuse or neglect.
3. Upon a legitimate subpoena by a state or federal court, or any other provision covered under Michigan law. Or if my defense requires disclosure because of a lawsuit.
4. If client records are used for the purposes of professional development and research, to preserve confidentiality in such cases, all identifying information is removed.

Should you be engaged in couples, marital, or family counseling, and there is a session that does not involve all parties, I will keep confidential (within the limits cited above) the content of that session, but reserve the right to disclose information to the other members that I believe to be important to the therapeutic process. Such a disclosure will not be done without your knowledge. I encourage open communication between family members: should I judge a secret to be detrimental to the therapeutic process, I reserve the right to terminate counseling.

Communication

I can be reached by phone only. (You may leave message 24-hours a day) I will return the message within one business day; the phone contact is for scheduling purposes only. Messages will not be checked on the weekend or on holidays. ***(Please Note I will Not Respond to Text Messaging)***

Client Therapist Contact

I ask that the client make no attempt to contact me on social media or that of my loved ones for my privacy and the integrity of the therapeutic relationship. If we should encounter one another in public I will not

Christopher Pease Counseling

acknowledge you in order to protect your confidentiality and privacy rights. I do understand if you choose not to acknowledge me. If you should choose to greet me, I will respond in kind but will not disclose myself as your therapist.

SUBSTANCE ABUSE

Should you arrive to our session under the influence of alcohol or illegal drugs, I reserve the right to (1) cancel the session immediately and ask you to reschedule for another time, or (2) terminate the counseling relationship. If you drove to the session under the influence, I will ask that you call for a ride, if you attempt to drive under the influence, I will call the police.

CORRESPONDENCE, CONSULTATIONS, COPIES, AND REPORTS:

Phone calls, email correspondence, consultations, and reports are not considered counseling services. Each report generated will require an out of pocket fee ranging from \$50.00 to \$150.00 and *must be paid for at the time of request*. Consultations, phone calls and email correspondence will require an out of pocket fee based on \$20 for 15 minutes and must be paid at time of service. A photocopy fee of \$1.00 per/page will be charged and must be picked up at the office, allowing a 14-business day turnaround time for all request. A Release of records form must be signed by the patient/guardian and the fee must be paid at the time the records are requested. Requests must be made in writing.

ACCEPTANCE OF SUBPOENA AND COURT APPEARANCES:

Deposit for courtroom testimony will be paid prior to appearance, Court fee appearance is \$200.00 per hour with a 3-hour minimum and a covering of all travel expenses. The \$600.00 will have to be paid before the court date, a expense report will be sent out after the court date to include the remainder of the fee.

Fees

I ask that all fees are paid the same day as the service provided. Payments can be made by Credit Card or Check or Cash. Missed appointments can be charged \$25. Appointments CANCELLED after 24 hours prior to the appointment time will be charged \$25 as if the appointment was missed. Note if a pattern of missing appointments occurs the client may be asked to prepay for the next session.

Typical sessions last 55min rates are as followed.

Initial Assessment \$130 Individual Session \$120 Family Session \$130 Couple Session \$130

Emergencies

Should an emergency arise after hours or if I am unable to be reached immediately, please use one of the following options, depending on the situation:

1. Call 911 for police or EMS.
2. Go to the nearest Hospital Emergency Room.
3. Call the 24-hour Crisis Intervention Helpline at 1.866.512.4357.
4. Contact supportive family or friends.
5. Call the local CMH Help Line at 616.842.4257.

