

MOSAIC CHURCH AUSTIN COUNSELING PROGRAM
Christian Counseling Intake Form
(Minor Child)

This form will enable us to gain a quicker understanding of your child and it will become a part of their confidential file. Please answer each question as completely as possible.

Date: _____

Child Name: _____ Gender: Male Female Age: _____

Address: _____ City/State: _____ Zip: _____

Marital Status of Parents: Married Separated Divorced

Father's Name: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: _____ Email: _____

Where Employed: _____ Occupation: _____

Mother's Name: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: _____ Email: _____

Where Employed: _____ Occupation: _____

Stepmother's Name: _____ Age: _____

Stepfather's Name: _____ Age: _____

Emergency Contact Name: _____ Phone Number: _____

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Spiritual/Religious Information:

Church Name: _____ Number of years attending: _____

Church Attendance: _____ times per month

Is your child part of a small group? Yes No

Has your child been baptized? Yes No When? _____

Do you and your child openly discuss and encourage one another in your faith? Yes No

Describe your child's spiritual life: _____

Please note any recent changes in your child's spiritual life: _____

Health Information:

Primary Care Doctor/Clinic: _____ Phone: _____

Additional Doctor/Clinic: _____ Phone: _____

Is your child presently taking any medication? Yes No Prescribing Doctor: _____

Medication	Dosage	Frequency	Prescribed for	Date began taking

Current or Prior Counseling/Psychological Care:

Has your child had counseling before? Yes No

Has your child seen a psychiatrist before? Yes No Currently

Age	Dates	Counselor/Center	Issue/Topic/Diagnosis	Results

Has your child ever been hospitalized for a mental, emotional, or addiction issue? If so, list details:

Date Place For what reason?



Indicate how distressed you believe your child is on a scale of 1 – 10 (1=very little | 10=extreme): _____

Concern Checklist: (check all that currently or recently apply to your child)

Abuse, Physical	Family tension	Parenting
Abuse, Sexual	Fear	Peer Pressure
Abuse, Verbal	Financial Management	People Pleasing
Abuse in the Past	Forgiveness	Perfectionism
Addiction	Greed	Pornography
Anger / Frustration	Grief	Pre-Marital Sex
Anxiety	Guilt	Pride
Apathy	Homosexuality	Procrastination
Bad Memories	Humility	Purpose, Lack of
Bitterness	Identity	Rebellion
Chronic Pain	Impatience	Regrets
Communication Problems	Infertility	Rejection
Compulsions	Insecurity	Relationships
Conflict Resolution	In-Law Conflict	Respecting Parents/Spouse
Depression	Jealousy	Sexual Concerns

	Debt		Judgement		Self-Control
	Discontentment		Loneliness		Self-Injury
	Divorce Recovery		Lying		Shame
	Doubt Salvation		Manipulation		Social Anxiety
	Difficulty making decisions		Marital Difficulties		Spiritual Growth
	Eating Disorder		Moodiness		Suicidal Thinking
	Empty Nest		Online Sins		Time Management
	Envy		Panic Attacks		Trust

Are you okay with a supervised intern sitting in on your sessions for training purposes?

- Yes, an intern may sit-in on our sessions
- No, I prefer not to have an intern sit-in on our sessions

Please answer the following questions:

Please describe the current problem, as you understand it.

Please state what you have done so far to solve the problem(s) you mentioned above:

Please state your goals for counseling (how you hope to benefit from counseling):

What, if any, are your concerns about coming to counseling?

Is there any other information we should know?

Does your child have any current charges, or convictions within the last 7 years?

(a) aggravated crimes Yes No

(b) other violent crimes Yes No

(c) crimes of a sexual nature Yes No

If you answered yes for any of the crimes listed above, please explain

Does your child utilize IEP services at school? Yes No

Please be advised:

Parental involvement in the counseling process is crucial to a successful experience, which may include parent training, or family counseling sessions as determined necessary by your Counselor. By completing this form, you agree to be involved in the process at the Counselors direction and further you understand that the efficacy of your child's counseling sessions is directly tied to your involvement.

MOSAIC CHURCH AUSTIN COUNSELING PROGRAM PRIVACY POLICY

This Privacy Policy is provided to you to describe how personal, psychological and health information about your child may be used and disclosed, and how you may access it.

For the safety of employees, counselors, and visitors, Mosaic Church Austin employs security monitoring equipment. Security camera recordings are archived and only reviewed by an authorized supervisor if there is a reported threat against person or property, physical harm, or material loss on Mosaic Church Austin campus.

Your counselor may use your child's personal, psychological and health information information:

1. To provide counseling services to your child, including assessment, audits/administrative services, case management and care coordination.

You consent that your counselor may disclose your child's personal, psychological and health information information:

1. To parties which your counselor is required to disclose such information by law, ethical, or licensure requirements.
2. If you are a minor, to your parents.
3. To supervising pastor or elder of Mosaic Church Austin.
4. To parties which you have provided separate written permission to your counselor to disclose.

You have the following rights concerning the use/disclosure of your personal, psychological and health information:

1. To request restrictions on certain uses and disclosures. However, Mosaic and your child's counselor are not required to agree to a restriction you request.
2. To inspect and copy the information in your child's counseling file (other than your child's counselor's private notes).
3. To request to amend or correct information in your child's counseling file.

You agree that your child's counselor may use/disclose your personal, psychological and health information without your consent in the following circumstances:

1. Child Abuse. If your counselor has cause to believe that a minor has been or may be abused, neglected, or exploited, you agree that your counselor may report this to the proper authorities without your or your child's consent.
2. Elderly/Disabled Persons Abuse. If your counselor has cause to believe that an elderly or disabled person has been or may be abused, neglected, or exploited, you agree that your counselor may report this to the proper authorities without your or your child's consent.
3. Judicial/Administrative Proceedings. If you or your child is involved in a civil, criminal, administrative, or law enforcement proceeding which involves an order requiring information about your child's diagnosis and treatment, you agree that your child's counselor may comply with such order, including delivery to the requesting party of your personal, psychological and health information without your or your child's consent.
4. Serious Threat to Health and Safety. If your child's counselor determines (in their sole judgment) that your child poses a serious threat to the health and safety of themselves or another person, your child's counselor may disclose your child's relevant personal, psychological and health information without your or your child's consent to proper authorities.
5. Sexually Transmitted Disease. If your child remains sexually active after being informed that they have a sexually transmitted disease, and are potentially spreading the disease to other persons, your child's counselor may disclose such information to protect others that your child might put at risk.
6. Sexual Contact with a Mental Health Professional. If your child discloses sexual contact with a counselor, psychiatrist, psychologist, therapist, pastor, or other lay or professional counselor or mental health professional, your child's counselor may disclose such information to proper authorities and such party's supervising authorities.

**MOSAIC CHURCH AUSTIN COUNSELING PROGRAM
COUNSELING AND APPOINTMENT POLICY**

1. Counseling provided under Mosaic Church Austin (“Mosaic”) counseling program may be provided by licensed professional counselors (“LPCs”), pastoral counselors, and/or lay counselors. LPCs are subject to licensure and regulation by the state of Texas. Pastoral and lay counselors are not subject to such requirements. However, it is the policy of Mosaic to require all counselors to adhere to the requirements set forth in this document and the foregoing Privacy Policy.
2. All counseling services provided by counselors under Mosaic’s counseling program is provided in accordance with Christian religious and biblical principles and standards as interpreted and adhered to by Mosaic and is not necessarily provided in adherence or conformance with any local, state, or national psychological or psychiatric practices, association, or methodology.
3. Mosaic is committed to providing biblical counseling guided by the Christian scriptures as interpreted and adhered to by Mosaic. In sessions your child’s counselor may listen, explain, pray with your child, and give homework. Your child’s responsibility is to be open and honest, to complete homework assignments, and to work diligently toward the goals which your child and their counselor establish for your counseling. You may end your child’s counseling relationship with their counselor at any time. While benefits from counseling are expected, specific results are not guaranteed. You have the right to discuss or refuse any counseling techniques that you believe might be harmful for your child.
4. Counseling sessions are scheduled for sixty (60) minutes. Longer sessions or sessions held more or less often than once per week will be decided on an individual basis.
5. All counseling services are donation based. No fees are charged. Mosaic will not refuse to provide counseling services to persons for the mere reason that they are unable or unwilling to make a donation. Donations can be made online, via text, or by cash or check at the time of appointment. Suggested donation per session with Staff Counselor is \$60.
6. You agree to provide no less than twenty-four (24) hours prior notice of cancellation of any counseling appointment. Your first missed appointment without proper prior notice will be excused. Subsequent missed appointments without proper notice will result in termination of your child’s eligibility to receive counseling services from Mosaic unless the suggested donation amount is given for the missed appointment.
7. The number of counseling sessions provided to your child will be determined by you and your child’s counselor; provided, however, that you, your child’s counselor, or Mosaic may refuse to offer or to continue offering counseling services to your child at any time.
8. To schedule an initial appointment, please email Nathan Brown at nathan@mosaicchurchaustin.com. If you need to cancel or reschedule an appointment, please call 512-537-0027 and leave a message. For health emergencies, please call 911, or go to your closest emergency room. For serious psychological or psychiatric emergencies or distress, please contact Shoal Creek Psychiatric Hospital at 324-2000.

9. If you are dissatisfied with the counseling services your child receives, please advise your child's counselor to resolve your concern. If you cannot resolve it with your child's counselor, please notify Nathan Brown at nathan@mosaicchurchaustin.com so Mosaic can work to resolve your concern with you and your child's counselor. If your child's counselor is a licensed professional counselor (LPC) and Mosaic cannot resolve your complaint about counseling services to your satisfaction, you may contact:

Texas State Board of Examiners of Professional Counselors
1100 West 49th Street, Austin, TX 78756
(512) 834-6658

or call:
Consumer Complaint Line
1-800-942-5540

10. If your counselor is a Licensed Marriage and Family Therapist (LMFT) or a Licensed Marriage and Family Therapist Associate (LMFT Associate) and Mosaic cannot resolve your complaint about your counseling services to your satisfaction, you may write to:

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369

or call:
1-800-942-5540

to request the appropriate form or obtain more information. This number is for complaints only.

**MOSAIC CHURCH AUSTIN COUNSELING PROGRAM
ACKNOWLEDGMENT AND SIGNATURE PAGE**

I acknowledge receipt of the foregoing Counseling Intake Form, Privacy Policy, and Counseling and Appointment Policy for the counseling program of Mosaic Church Austin. Collectively, the foregoing documents are referred to as the "Agreement".

I am signing the Agreement on my own behalf and on behalf of my minor child, our assigns, representatives, heirs, executors, and administrators and I agree to be specifically bound to all terms and conditions of the Agreement. I have read the entirety of the documents comprising the Agreement, fully understand that I am giving up substantial rights by signing it, am aware of its legal consequences, have signed this Agreement freely and voluntarily, and knowingly accept all the terms and conditions as set forth above.

I hereby release and hold harmless Mosaic Church Austin, its pastors, employees, volunteers, licensed counselors, and lay counselors working in the counseling program of Mosaic Church Austin from any and all liability, claims, and/or expenses related to or arising from any counseling services received (or not received) under the Agreement. I acknowledge that I do not waive, release, or hold harmless any licensed professional counselor participating in the counseling program of Mosaic Church Austin from any claims or causes of action which are not waiveable or may not be released under Texas law.

I understand that all statements made by me or my child to my counselor are of a confidential nature and generally, except as noted below, may not be disclosed by my counselor without my consent. I further understand and accept as a condition of receiving counseling, that certain statements made by me, by my child or certain situations may require my counselor to take action or make disclosure when my counselor believes it is necessary for the protection of life or when my counselor may be required by law to disclose or report threats or past instances of harm to myself, or threatened harm or past instances of harm to a third person. These disclosures will be made at the sole discretion of my counselor.

I understand issues may be discussed during counseling that could be upsetting in nature and that this may be necessary to help me (or my child) resolve my child's problems.

I understand records and information collected about my child will be held and released in accordance with Mosaic's foregoing policies and state laws regarding confidentiality of such records and information.

I understand that Mosaic's foregoing policies and state and local laws may require my child's counselor to report cases in which there exists a danger to others or myself, such as suspected abuse or neglect of minors or vulnerable adults.

I understand there may be other circumstances in which Mosaic's foregoing policies and the law requires my counselor to disclose confidential information.

I have read and understand the entirety of the Agreement and agree to the terms and policies contained in it.

Signature of Guardian
Print Name of Guardian: _____

Date:

Print Name of Minor Child Counselee: _____