

SOZO COUNSELING LLC

Emily R. Riley, MACC
Licensed Minister of the Gospel
SozoCounselingLLC@gmail.com

2327 Technology Dr.
O'Fallon, MO 63368
636-344-0121

CLIENT INTAKE FORM

Please complete **ALL** pages, **ALL** questions!

PERSONAL INFORMATION

Date: _____ Birth date: _____ / _____ / _____

Name: _____ Gender: Male Female Age: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone Number: _____ Can a message be left here: Yes No

Email Address: _____

Occupation/Employer: _____ Avg. Hours/Week: _____

Highest degree(s) earned: _____ School: _____

How did you hear about counseling at *Sozo Counseling LLC*?

List the life issue(s)/transition you would like help with in counseling: _____

What are your expectations or concerns in coming to counseling? _____

Have you had counseling before? Yes No Have you seen a psychiatrist before? Yes No Currently

If yes, list counselor/therapist, issues/topics/diagnosis:

What was the outcome? _____

With Whom Do You Currently Live: Please check **ALL** that apply: Alone Parent(s) Spouse Children

Boyfriend Girlfriend Other: _____

Circle which best describes how you would rate your current living situation on a scale of 1 – 10 (10 being

OUTSTANDING!): 1 2 3 4 5 6 7 8 9 10

PERSONAL & FAMILY INFORMATION

Name of Spouse: _____ Your Spouse's Age: _____

Address: (same as above) _____

Cell Phone #: _____ Have you ever been separated? Yes No

If YES, When and How Long?: _____ Date of Marriage: _____

Give **brief** information about any previous marriages:

List children names, ages, and gender: _____

PERSONAL HEALTH INFORMATION

Circle any of the following words which best describe you **now**:

active | ambitious | quiet | self-confident | persistent | nervous | hardworking | impatient | shy impulsive |
moody | often-blue | excitable | imaginative | calm | serious | easy-going | good-natured | introvert | extrovert |
likable | leader | submissive | self-conscious | perfectionist | content | high-strung | intelligent | follower |

Circle ALL of the following struggles you are experiencing at this time:

- | | | | | |
|-----------------|----------------------|---------------|-------------|------------------|
| NERVOUSNESS | DEPRESSION | FEARS | SHYNESS | STRESS |
| SEXUAL PROBLEMS | SUICIDAL THOUGHTS | SEPARATION | DIVORCE | ABUSE (any kind) |
| FINANCES | ANGER | SELF-CONTROL | FRIENDS | FAMILY |
| SLEEP PROBLEMS | ADDICTION (any kind) | WORK/SCHOOL | ANXIETY | HEADACHES |
| TIREDNESS | LEGAL MATTERS | MEMORY | AMBITION | ENERGY |
| INSOMNIA | MAKING DECISIONS | LONELINESS | INFERIORITY | CONCENTRATION |
| EDUCATION | CAREER CHOICES | MARRIAGE | DEATH/LOSS | RELATIONSHIPS |
| TEMPER | NIGHTMARES | CHILDREN | INFERTILITY | EATING PROBLEMS |
| UNHAPPINESS | PARENTING | IN-LAWS | PARENTS | THOUGHTS |
| GUILT | SHAME | PERFECTIONISM | GAMBLING | WEIGHT ISSUES |
| RESENTMENT | UNFORGIVENESS | OTHER: _____ | | |

Have you been abused physically, sexually, spiritually, and/or emotionally? Yes No

If YES, by who? _____ When? _____

Have you ever addressed this issue in counseling? Yes No If NO, please explain why _____

Did you witness abuse between your parents/relative? Yes No

Did you witness abuse between parent/relative and a child? Yes No

Have you experienced any trauma, death of family/friend or life altering experiences in your life to date? Yes No

If YES, please explain: _____

Chemical use history: Please mark ALL that apply.

SUBSTANCE	CURRENT	PAST
Prescription Medication		
Over the Counter Medication		
Alcohol		
Marijuana		
Cocaine		
Heroine		
Ecstasy		
Narcotics		
Hallucinogens		
Barbiturates		
Amphetamines		
Other:		

SPIRITUAL / RELIGIOUS INFORMATION

Have you received Jesus Christ as your personal Lord and Savior? Yes No Uncertain Don't know what you mean by this, please explain to me

If you have NOT received Jesus Christ into your heart would you like to know how you can today? Yes No

Home Church Name: _____ Number of Years at Church: _____

Have you been filled with the Holy Spirit? Yes No When?: _____

Have you been Baptized? Yes No When?: _____

Please note any recent changes in your spiritual life: _____

CLIENT DECLARATION

I declare that the information on the Client Intake Form is accurate and complete to the best of my knowledge.

Client Signature

Client Printed Name

Date

Guardian Signature (if applicable)

Guardian Printed Name

Date

INFORMED CONSENT

SOZO COUNSELING AGREEMENT: In order to be fully informed about the professional Pastoral counseling you will be receiving, please read through this following agreement, sign and date it at the bottom of the page. This form must be signed and the Client Intake Form must be completed to begin the counseling relationship.

DESCRIPTION OF PROFESSIONAL PASTORAL COUNSELING: The goal of professional Pastoral counseling is to help an individual think biblically about their current struggles in the context of a confidential, caring environment. A professional Pastoral counselor relies on Scripture as the sole authority for faith and conduct and recognizes that lasting change is the result of the power of God, the grace of Christ and the indwelling ministry of the Holy Spirit. Guided by biblical principles, the counselor's role is to utilize guided questioning, empathetic support, problem definition, reflection/reading assignments, encouragement, and prayer to provide wise, biblical and faithful counsel to those who are hurting and in need.

QUALIFICATIONS: Emily R. Riley, MACC is not a Missouri State Licensed Counselor. Under Missouri legislature, Emily R. Riley, MACC is legally fit to provide professional counseling services as a member of clergy. **See Missouri Law 337.505 – License required — Exempted Professions and Occupations** Emily has received a Master's in Christian Counseling from International College of Ministry. She is a Licensed Minister of the Gospel under the Assemblies of God. Emily has completed certification and/or graduate level training in:

- Psychological First Aid
- Skills for Psychological Recovery
- Trauma Focused - Cognitive Behavioral Therapy Training
- Grief, Loss, and Trauma
- Substance and Behavioral Addiction
- Counseling for Adolescents and Children

REFERRAL POLICY/DISCLAIMER: After reviewing the Client Intake Form and after the initial consultation, Emily will determine whether or not she can provide you with the appropriate services and level of care needed to begin the counseling relationship. Clients will be referred outside of Sozo Counseling LLC when treatment required is beyond the scope of care available here.

PROFESSIONAL PASTORAL COUNSELING FEES: Emily provides a Sliding Scale Fee Schedule upon request, based on Annual Household Income and taking into consideration households having between 2-5 people average. The rates are based on a 1 HOUR SESSION, 60 MINUTES. Sometimes the sessions may require extra time depending on the situation we are discussing. She will NOT charge you for another session provided you do not go into 1 hour and 30 minutes (i.e., She will not charge for the quarter or half hours). **Emily does not take any insurance.** The Sliding Scale Fee Schedule allows Emily to work with her clients to ensure the fee is fair and reasonable for both parties.

CLIENT EXPECTATIONS: The client will be asked to work both in and outside the sessions. This may include but not limited to writing in a journal, writing letters, performing tasks, reading books from reputable resources, or completing other assignments between or during sessions. Faithfulness to a regular scheduled personal time of bible reading, meditation, study and attending a home church is preferable along with other work in and outside of sessions. At times, you may find counseling to provide rapid relief, or the work is arduous and painful. Also, you may feel progress has been made, and then later feel that nothing has been resolved. This is normal. The goal of counseling is to help provide you a vehicle to move and grow in a positive way while creating different ways of achieving end goals. The prayer is that you, the client, will be able to see how God is working in you during each session to restore and transform your current life situation.

If anything about what occurs in the counseling sessions or about the counseling process itself troubles or disappoints you, it is strongly encouraged that you talk about those concerns with Emily during your scheduled visit.

CONFIDENTIALITY: Emily adheres to commonly accepted codes of privacy and confidentiality in counseling ethics. There are situations, however, in which the law requires that certain information can be revealed without your consent. Under her discretion, if there is any indication that you may be a danger to yourself or others, or are involved in the abuse of a minor or elder, your information may be disclosed to appropriate mental health services or law enforcement.

NO COURT TESTIMONY: The counseling provided by Emily R. Riley, MACC is faith-based and spiritual in nature. As a professional Pastoral Counselor and Licensed Minister of the Gospel, Emily R. Riley, MACC **will not** provide court testimony or depositions of any kind, or copies of any/all documents that are in the client file. The client file is the property of Sozo Counseling LLC. By signing below you are acknowledging this strict confidentiality and further agree that neither you nor your legal representative will attempt to subpoena Emily. **SEE NO COURT TESTIMONY FORM Missouri Confidential Clergy Communications Privilege Statute 491.060(4)** for more detail.

RIGHTS AS A CLIENT:

1. You are entitled to information about any methods of counseling, techniques and duration of therapy.
2. You have the right to end counseling at any time without any moral, legal or financial obligations other than those already accrued.
3. You have the right to expect confidentiality within the limits described.
4. You have the right to authorize your counselor to consult with another professional about your therapy in writing.

MEDIATION, ARBITRATION, WAIVER OF LIABILITY: Disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of the initiation or arbitration. The mediator shall be a neutral third party chosen in agreement by Emily and client. The cost of such mediation, if any, shall be split equally. In consideration for receiving any form of pastoral, spiritual, or Christian counseling from Emily the person receiving the counseling agrees to release and waive any all claims of any kind against Emily R. Riley and or Sozo Counseling LLC, which may arise from, result out of, or be related to, conduct or advice given.

CANCELLATION/LATE POLICY: *Just like a primary care physician's office, scheduled sessions have been assigned specifically for you, the client.* If you cannot make your scheduled appointment, please notify Emily directly via her cell phone at 636-344-0121 (call or text) at least 24 hours in advance. Failure to do so could result in payment of fee equal to a session. This charge is expected to be paid before or at the time of your next appointment to continue in the counseling relationship. Exceptions are for sudden illnesses and emergencies only. Please be on time for appointments. If late then your session will be for the remaining time in the hour scheduled and full payment is expected. Please notify Emily if there is a delay. *In case of emergencies after-hours or in between sessions, please call 911, or go to your local emergency room or urgent care.*

By signing below, you are acknowledging that you understand and accept the Informed Consent as stated above on the front and back sides of this form.

Client Signature

Date

Client PRINTED First and Last Name

FC Counseling Ministry Agreement Form

This Agreement is made by and between Faith Chapel Counseling Ministries, the Professional Pastoral Counselor, and the undersigned client (and Legal Guardian if applicable).

1. Services to be Provided. Faith Chapel Counseling Ministries provides a resource to congregants and community members to easily access counseling services that align with the values and beliefs of Faith Chapel. Faith Chapel and Faith Chapel Counseling Ministries do not provide the Professional Counseling services, rather these services are independently provided by the Professional Counselors that Faith Chapel Counseling Ministries has promoted/recommended.

Initial: _____

2. Counselor and Ministry Agreement. The Professional Counselor that the Client has chosen to work with is not hired by Faith Chapel for Professional Counseling services. Faith Chapel shall not supervise, control, or direct the work of the Counselor. Rather Faith Chapel Counseling Ministries and the Professional Counselor have a written agreement that the Counselor aligns with the values and beliefs of Faith Chapel and Faith Chapel Counseling Ministries. The Professional Counselor is solely responsible for the services provided to Client.

3. Release of Liability. Client understands and agrees that Faith Chapel and Faith Chapel Counseling Ministries is not responsible for the counseling services provided by the Professional Pastoral Counselor, and the Client releases and discharges Faith Chapel and Faith Chapel Counseling Ministries from any and all liability, claims, and demands arising out of or in connection with the services provided by the Counselor.

Initial: _____

4. Confidentiality. The Professional Counselor shall maintain the confidentiality of Client's information in accordance with applicable laws and professional ethical standards. A copy of this form with the Client's name and contact information will be kept in a locked filing cabinet by the Ministry Lead of Faith Chapel Counseling Ministries. This is for the security and safety of the Professional Counselor as well as the Client and Faith Chapel Counseling Ministries. Additionally, this is necessary for the Ministry Leader to confirm that the client does or does not attend Faith Chapel so that they can receive the agreed upon 10% discount. Faith Chapel Counseling Ministries holds a strict confidentiality policy between the ministry and the rest of the church. Identifiable information about any client of the ministry will not be shared with any other staff member or congregant of Faith Chapel without the written consent of the Client (and Guardian if applicable). Faith Chapel has people working on site throughout the week and the

Client acknowledges that they may be seen or have an interaction with a Faith Chapel staff member or congregant, however they do not need to disclose that they are there for counseling services if they are meeting in person. If the possibility for this type of interaction is uncomfortable for the Client, they may arrange an alternative entry into the building if they have an onsite session or they can move to online or phone sessions.

Initial: _____

5. Security Cameras. Faith Chapel has visual only security cameras posted throughout the church building. The Client acknowledges and consents to being on the security cameras if they have a session at Faith Chapel. The storage of these video files are kept secured and disposed of after the agreed upon time for church security, and in line with compliance rules.

6. Payment. Fees for the counseling services will be collected by the Professional Counselor from Client. The fees charged for counseling services are negotiable between the Professional Counselor and Client. The Client acknowledges and understands that Faith Chapel and Faith Chapel Counseling Ministries does not receive income for the counseling services provided to the Client. This does not include reserving rooms and resources from Faith Chapel for space to administer the Professional Counseling services and the Counselor may reimburse Faith Chapel for these spaces and supplies used. Faith Chapel and Faith Chapel Counseling Ministries are not responsible for any financial liability incurred by the Client.

Initial: _____

7. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the state in which Professional Counseling services are provided and received in.

8. Entire Agreement. This Agreement constitutes the entire understanding between Client, Professional Counselor, and Faith Chapel Counseling Ministries and supersedes all prior discussions, negotiations, understandings, and agreements, whether written or oral.

Client hereby acknowledges that he or she has read and understands this Agreement and agrees to the terms and conditions set forth herein.

Client Signature

Printed Name

Date

Guardian Signature (if applicable)

Printed Name

Date

Faith Chapel Counseling Ministries Lead

Printed Name

Date

NO COURT TESTIMONY – Missouri Confidential Clergy Communications Privilege Statue 491.060(4)

The counseling services provided by Emily R. Riley, MACC is faith-based and spiritual in nature. As a Licensed Minister of the Gospel and as pursuant to the *Missouri Confidential Clergy Communications Privilege Statue 491.060(4)* Emily R. Riley, MACC will **not** provide court testimony (i.e., Deposition and/or Trial) on client’s behalf nor will she provide a copy of the client file for review by any legal representation or by any other person other than herself. Missouri law prohibits compelled disclosure of these counseling exchanges, notes or records in any court of law. **BOTTOMLINE: DO NOT HAVE EMILY R. RILEY SUBPOENAED!!**

The client file is the property of Sozo Counseling LLC and Emily R. Riley, MACC as the professional Pastoral counselor. Please **do not** list Emily R. Riley, MACC on any document(s) you receive from any legal representation for past, present or future legal disputes. Emily **is not** a medical doctor. Please **do not** sign any release forms to have your file released from Sozo Counseling LLC.

Client’s Responsibility to Pay Counselor and Legal Fees:

If Emily R. Riley, MACC is subpoenaed by client’s legal counsel or defendant’s legal counsel the client will be responsible to pay and will be billed for **ALL** time incurred outside of counseling as it relates to the subpoena at a rate of **\$200.00 per hour**. If Emily needs to obtain legal representation of her own because of the subpoena or any other legalities she is brought into by the client, the client will be responsible to pay **100% OF ALL LEGAL FEES(minimum of \$1,500) for Emily R. Riley’s personal legal representation, counsel, court, etc.**

CLIENT DISCLOSURE:

Are you, the client, currently involved in any legal disputes as it relates to personal, business, medical, divorce, child custody, etc. (Small Claims, General Civil, Family Law, Business Law, Landlord/Tenant, Probate, Juvenile, Criminal or other cases like Name Changes, Elder/Child Abuse, Civil Harassment, etc.)?

YES _____ OR NO _____

If YES, please explain the case you are involved in: _____

Attorney Name, Firm & Phone Number: _____

CLIENT ACKNOWLEDGMENT:

By signing below, you, the client, are acknowledging this strict **CONFIDENTIALITY** and further agree that neither you nor legal representatives will attempt to subpoena Emily R. Riley, MACC for testimony and/or for the client file that is created within the office of Sozo Counseling LLC. You, the client, also acknowledge full disclosure of any legal disputes and will **not** involve Emily R. Riley, MACC/Sozo Counseling LLC in any/all past, present or future legalities.

_____	_____	_____
Client Signature	Client Printed Name	Date
_____	_____	_____
Guardian Signature	Guardian Printed Name	Date

Sozo Counseling LLC
EMILY R. RILEY, MACC

FEE AGREEMENT FOR PROFESSIONAL COUNSELING SERVICES

ANNUAL HOUSEHOLD INCOME	FEE PER 1 HOUR SESSION
<\$20,000 - \$40,000	\$75.00
\$41,000 - \$60,000	\$90.00
\$61,000 - \$80,000	\$105.00
\$81,000 - \$100,000	\$120.00
\$101,000 or >	\$130.00

- Upon request, I provide my clients with a Sliding Scale Fee Schedule based on Annual Household Income and taking into consideration households having between 2-5 people.
- My rates are based on a full 1 HOUR SESSION, 60 MINUTES.
- If a client does not show for their appointment and does not communicate that they will be missing the appointment, they will be charged for their full scheduled session.
- Sometimes our sessions may require extra time depending on the situation we are discussing and if the schedule allows for additional time. I will NOT charge you for another session provided we do not go past 1 hour 30 minutes (i.e., I do not charge for going into the quarter or half hours).
- I see my clients based on their needs. Some start weekly then gradually spread the time out between sessions.
- Clients who attend Faith Chapel receive a 10% discount. If the client stops attending Faith Chapel while in the counseling relationship, I reserve the right to remove the 10% discount and reinstate the full amount.

AGREED UPON FEE: \$ _____ PER SESSION

CLIENT FIRST & LAST NAME PRINTED

CLIENT SIGNATURE (Or Guardian if Minor)

DATE

PASTOR EMILY R. RILEY, MACC

DATE