

Nazareth University

PLAY THERAPY CENTER FOR CHILDREN AND FAMILIES

4245 East Avenue, Rochester, NY 14618

585-389-2545

Helping adults, children, and families achieve balance, wellness, and hope

Counseling Intake Form for Child Clients

Child's Name _____ Age _____ Birthdate _____

Gender Identity _____ Race/Ethnicity _____

Full Address _____

Parent/Caregiver _____ Age _____ Birthdate _____

Gender Identity _____ Race/Ethnicity _____

Full Address _____

Phone Number _____ E-mail _____

Is it OK to leave messages at these numbers regarding play therapy? Yes _____ No _____

Parent/Caregiver _____ Age _____ Birthdate _____

Gender Identity _____ Race/Ethnicity _____

Full Address _____

Phone Number _____ E-mail _____

Is it OK to leave messages at these numbers regarding play therapy? Yes _____ No _____

Emergency Contact: Name _____ Phone Number _____

Child's Physical History:

Is your child under a doctor's care? _____ Yes _____ No If yes, name of doctor _____

Doctor's Address _____ Phone Number _____

Last Appointment _____ Reason for doctor's care _____

Is your child taking any medication? _____ Yes _____ No

If yes, medication/dose? _____

Reason for medication _____

Has your child been hospitalized for a physical illness? ____ Yes ____ No
If yes, describe _____

Does your child have trouble with eating or sleeping? ____ Yes ____ No
If yes, describe _____

Family History:

Siblings:

Name _____ Gender Identity _____ Age _____

Name _____ Gender Identity _____ Age _____

Name _____ Gender Identity _____ Age _____

Name _____ Gender Identity _____ Age _____

Name _____ Gender Identity _____ Age _____

Name _____ Gender Identity _____ Age _____

Parents divorced/separated? ____ Yes ____ No
If yes, what year _____ Child's age at the time _____

Who has legal custody of the child _____ Relationship to the child _____

Custody/visitation arrangement _____

IF BOTH PARENTS HAVE JOINT LEGAL CUSTODY, THEN BOTH MUST CONSENT IN WRITING TO THE PROVISION OF THERAPY.

IF SEPARATED OR DIVORCED, A COPY OF THE SEPARATION OR DIVORCE DECREE MUST BE SUBMITTED PRIOR TO BEGINNING THERAPY.

History of family mental health concerns (please describe):

How would you characterize your relationship with your child?

School History:

School _____ Grade _____

Does your child have difficulty:

- Paying attention in school
- Staying focused
- Getting along with other children
- Going to school

Is your child experiencing any school related difficulties other than those listed (please describe):

Developmental History:

Besides parental relationships, with who else does your child have significant relationships with (for example, your child may be exceptionally close with a grandparent who baby sits regularly)?

Has your child experienced any stressful or traumatic events (including transitions, losses)?

My Child Is:

- A child who is generally cheerful, adapts to routines, easily adapts to new experiences, sociable, able to regulate emotions to the degree that is developmentally appropriate
- A child who has difficulty or does not easily accept new experiences, reacts negatively and/or intensely, reacts aggressively.
- A child who shy or fearful in new situations or is slow to adjust to new situations, displays negative mood in new situations.

Has your child experienced difficulties with developmental skills such as:

- ____ Yes ____ No Gross motor – i.e., sitting, walking, keeping balance
- ____ Yes ____ No Fine Motor – i.e., buttoning buttons, holding a crayon, or writing utensil, drawing
- ____ Yes ____ No Speech and Language – i.e., early speech, using short sentences,
- ____ Yes ____ No Cognition or Learning Difficulties – i.e., knowing numbers, letters, appropriate attention
- ____ Yes ____ No Social – playing with others, taking turns, sharing

If you checked "Yes", please describe:

Current Concern:

Please state why you decided to bring your child for counseling/therapy:

What are some goals that you hope your child works on?

What do you hope your child will get out of counseling/therapy?

Please report anything else in the space below that you think would be helpful for us to know.

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Confidentiality Statement

All records shall be kept confidential. Records will not be released to a third party without proper written consent. If you choose to have your child’s records shared or discussed with a third party (for example, your family pediatrician), it will be necessary to complete a “Release of Information” form.

Please note that there are exceptions to keeping confidentiality. These exceptions are:

1. When a client expresses a desire to injure self, another person, or is suicidal.
2. When there is a reasonable suspicion of child abuse or neglect.
3. When information is required by law or the court.

Please note that the clinician is a mandated reporter under the law.

Another note on confidentiality, we (Nazareth College faculty and student clinicians) will be sharing details about your child’s case with you; however, it is important to provide your child with confidentiality and privacy. Therefore, we will not discuss the particular details and communications with you unless said communications fall within the exceptions listed above. We will discuss general themes and patterns that arise in therapy that will benefit your child and allow us to have a collaborative relationship in providing care for your child.

It is important to remember that electronic communication such as e-mail and cell phone calls are not secure. Please keep this in mind when there is communication with a counselor. If you have any questions about confidentiality, please discuss them with your child’s clinician.

I have read or have had read to me the above information and agree to the confidentiality statement with the exceptions to confidentiality listed above.

Parent/Guardian

Date

Parent/Guardian

Date

Student Clinician

Date

Supervising Play Therapy Center Faculty

Date

Nazareth University

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Authorization to Assess and Treat Minor Children

I/We,

Parent/Guardian

Parent/Guardian

give consent to Dr. Stephen Demanchick, Ph.D, LMHC, RPT-S, NCC and/or Lindsey Macaluso, LCSW-R, RPT, licensed Play Therapy Center faculty, and an assigned student clinician _____ to meet with my child,

(Student Clinician Name)

Child's Name

Date of Birth

for the purpose of play therapy counseling and assessment without me/us being in the session.

I have read and signed this authorization and understand this information as it relates to the services provided to my child.

Parent/Guardian

Date

Parent/Guardian

Date

Student Clinician

Date

Supervising Play Therapy Center Faculty

Date

Patient/Parent Rights and Expectations

What is Play Therapy? According to the Association of Play Therapy, play therapy is defined as, "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." We believe that children best express social, emotional, and cognitive difficulties through play rather than talk. Therefore, we use both child-centered and therapist directed play strategies to help children overcome difficulties and problems in living. The precise methodology for working with your child will be discussed with you prior to therapy.

Appointments - It is expected that you will bring your child to all scheduled appointments on time. If you need to cancel an appointment, you are expected to notify the clinician within 24 hours of the cancellation. Counseling sessions last 50 minutes.

Clinician Credentials – It is important for you to know that Nazareth College Play Therapy Center for Children and Families is a training center for student clinicians. Therefore, students may be working solely with your child. Students will receive weekly supervision during their work with your child.

Fee – Play therapy services are offered to individuals and groups free of charge. If you so choose, you can make a donation. Services will be provided regardless of your donation.

Length of Therapy - Change can come at different rates; however, it is estimated that the course of therapy will last 15 to 20 sessions. Please note that each child is different, and this is not a guarantee.

Therapy Considerations - Please note that your child will be engaged in play therapy and be exposed to sand, water, art supplies including paint and markers, and a wide array of toys. Your child's clothes have the potential to get dirty or stained so please dress your child appropriately.

Use of Touch - There are times when the clinician may need to hold a child's hand, give your child a high five, or use touch to keep your child safe. Some children may

want a hug or to sit on a clinician's lap while reading a story; however the center policy is to use a "side hug" when possible and to prohibit a child from sitting on a clinician's lap. In all incidents of touch, we follow the Association of Play Therapy's *Paper on Touch* which provides us with clear ethical guidelines.

Limit Setting – We attempt to set as few limits as possible in the playroom; however, some playroom limits prohibit acts of physical aggression toward self or clinician, property destruction, removing toys from the playroom, and actions that create a safety issue. There are times when a child may need a time out from the playroom. We will discuss that with you if the need should arise.

Children – You are required to supervise any children, other than the child client, that you bring to the session. We do not provide child-care while a clinician is seeing your child.

Questions and Concerns - If you have any questions or concerns, at any time during the course of treatment, I strongly urge you to discuss these with the clinician ASAP.

I have read and agree with the stated policies.

Parent/Guardian

Date

Parent/Guardian

Date

Authorization/Consent to Videotape

I, _____ agree to allow the
(Parent's Name)

Nazareth College Play Therapy Center for Children and Families to video

my child's, _____ play therapy sessions.
(Child's Name)

I understand that the video will be used for the purposes of supervision. I understand that I can revoke this consent at any time.

I have read and signed the consent to video form and understand this information as it relates to the services provided to my child.

Parent/Guardian

Date

Parent/Guardian

Date

Student Clinician

Date

Supervising Play Therapy Center Faculty

Date

Release of Information Form

I grant permission to the Nazareth College PLAY THERAPY CENTER FOR CHILDREN AND FAMILIES to make inquiries through other professional individuals and agencies regarding medical status, emotional status, and results of examinations pertaining to emotional health and problems or the person named below. I understand that all documents received will be handled according to confidentiality rules of the Association of Play Therapy Best Practices and American Counseling Association Code of Ethics.

I grant permission to inform my child’s primary pediatrician/physician about the services he or she is receiving at the Nazareth College PLAY THERAPY CENTER FOR CHILDREN AND FAMILIES. **I understand a letter will be sent to my child’s pediatrician/physician informing him or her that my child is receiving Play Therapy Center services.**

I further grant permission to release the results of examinations or other clinical services carried out in the Nazareth College PLAY THERAPY CENTER FOR CHILDREN AND FAMILIES to the parties listed below.

Please list name, address and phone numbers. Be sure to include your child’s primary pediatrician/physician.

1.

2.

Client’s Name (print) _____ Date of Birth _____

Parent/Guardian

Date

Parent/Guardian

Date

Notice of Privacy Practices – HIPAA Health Insurance Portability and Accountability Act Regulations

This notice how medical information about you/your child may be used and disclosed and how you get access to this information. Please review it carefully.

Disclosure:

- Your/Your child's medical information may be shared with health care providers at Nazareth College in order to provide a continuum of quality care and in order for employees and students to perform their assigned tasks.
- Your/Your child's Personal Health Information (PHI) may be disclosed to health care professionals involved in your care.
- We may disclose PHI for administrative purposes and to evaluate the quality of treatment that you/your child receives.
- Your/Your child's PHI may be released without authorization for public health purposes and for emergencies based on a "need to know" basis. We may change the terms of this notice and our policies at any time. We will post changes in writing in our waiting rooms and treatments rooms.
- Data and demographic information that does not identify any individual(s) may be used for research, reporting, and education of our students.

Individual Rights:

- You have a right to receive a current copy of *Privacy Practices* upon request.
- Any record, paper or electronic, that contains a client's Personal, Protected Health Information is treated as strictly confidential.
- Most uses and disclosures of your health information will be made only with your/a legal guardian's written authorization to release the information and to whom the information will be released. If you sign a authorization to release/disclose information, you can later revoke that authorization, in writing, to stop any future disclosures.
- You have the right to request restrictions on uses or disclosures. We will consider your written request but are not legally required to accept it.
- You have the right to receive confidential communications upon written request.
- You have the right to access and to copy Personal, Protected Health Information (PHI) generated by the Nazareth College Play Therapy Center for Children and Families upon reasonable written request.

- You have the right to amend PHI. You have the right to request that we correct the existing information or add the missing information upon written request.
- All PHI recorded on electronically will be password protected.
- You have the right to receive an accounting of disclosures of PHI upon written request.

Continued on the following page

Complaints:

If you believe that your privacy rights have been violated, or you disagree with a decision we make about access to your records. You may contact the person below. You may also send a written letter of complaint to the Office of Civil Rights in the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Our Legal Duty:

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

Stephen P. Demanchick, Ph.D., LMHC, RPT, NCC
 Assistant Professor and Director of the Nazareth College Play Therapy Center for Children and Families
 Nazareth College
 4245 East Avenue
 Rochester, NY 14618
 585-389-2545
sdemanc8@naz.edu

I acknowledge that I have received a copy of this Notice of Privacy Practices:

Client's Name (print) _____

 Parent/Guardian

 Date

 Parent/Guardian

 Date