

Barbara Wyer, MMFT

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615-241-0234

Practice Policies

Office Location: 522 Franklin Rd., Franklin, TN 37069

My office is in a tan brick house at the front of the GracePointe Church property. Look for "JourneyWorks Counseling" sign on the front of the building. Park in the gravel parking lot on the side and walk around, or you may park out front. Either way, please enter via the front door and take a seat just inside. I will come get you when it is time. To use the restroom, open the white sliding door in the entryway and turn left down the hall; it is the first door on the right.

Practice Policies

Please read the following practice policies regarding confidentiality and services, and let me know if you have any questions. I value you as a client and am pleased to have the opportunity to serve you.

Fee Policy

Payment is due at the beginning of the session so that we can fully focus on you. My fee is \$85 per 55-minute session (\$130 for 90 minutes). You may remit by cash, check, or credit/debit card. (Credit card payments, please add \$3 for processing fees). I do not take insurance but am happy to provide a receipt with codes for service(s) provided; please note I cannot guarantee that your insurance company will accept it for reimbursement. There is a \$25 charge on returned checks.

Cancellation Policy

I appreciate your giving me as much notice as possible if you need to cancel or reschedule. Less than 24-hour notice will incur a missed session fee of \$50, payable at the start of our next session. Emergencies and special circumstances could result in waiving of cancellation charges.

Professional Services

I am available for appointments at selected times throughout the week. I check messages during the day and typically return calls within 24 - 48 hours. If we need to consult by phone, my fee is pro-rated in increments of 15 minutes. If for some reason you are unable to contact me during an emergency, you may obtain assistance by calling Crisis Help Line at (615) 244-7444 or by going to your local hospital ER.

Confidentiality

Professional ethics and Tennessee State law indicate the client controls confidential information. This means that, as a general rule, information shared in session with a counselor will be held in confidence. There are three exceptions. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee state law requires that child or elder abuse in any form be reported to the Department of Human Services or another authority, such as a juvenile judge. Thirdly, if I am subpoenaed for court I may be required to disclose some confidential information.

Benefits and Risks of Counseling

Persons contemplating counseling should realize they might make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as parents, friends, children, relatives, etc. While I will support clients in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

Termination

Termination of counseling may occur at any time and may be initiated by either the client or the therapist. I request that if a decision to terminate is being made, you give a seven-day notice in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself may be a constructive and useful process.

Credentials

I hold a Masters degree in Marriage and Family Therapy from Trevecca Nazarene University. I am under supervision by Alice Stricklin, LMFT (License #824). I have advanced training in Emotionally Focused Therapy, have completed Level I & II Eye Movement Desensitization and Reprocessing therapy (EMDR) and am currently receiving further advanced training. I am certified to administer the Prepare-Enrich Inventory for premarital counseling.

Clients Who Are Dependents

If you are requesting therapeutic services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practices outlined above apply. As your child's counselor, it is important that your child be able to completely trust me. As the parent or guardian, you have the right and responsibility to question and understand the nature of my activities and progress with your child, and I must use my discretion as to what is appropriate disclosure. In general, I will not release specific information that your child provides to me, unless the information falls within the bounds of confidentiality outlined above. However, I do feel it is appropriate to discuss your child's progress in broader terms and value your participation in their counseling experience.

Professional Boundaries

If we happen to see each other outside of therapy, I will not acknowledge the existence of our relationship unless you initiate it. The therapeutic relationship is a professional relationship and therefore will not be a social or business relationship at any time. Such a relationship, in my view, would be detrimental to our purposes of therapy. If you need to contact me between sessions, the best way to do so is by text (if the message is brief) or email.

Social Media

I do not accept friend requests from current or former clients on social media sites. I believe that adding clients as friends on these sites can compromise confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I maintain a public Twitter account and professional LinkedIn and Facebook pages, and while you may visit those sites, keep in mind that "liking" or connecting with them may compromise the confidentiality of our relationship since your name will be viewable by others. My primary concern is your privacy. For that reason I request that clients do not communicate with me via online messaging or social networking websites. Also, please note that I do not follow clients on blogs or Twitter, and so if there are things from your online life that you wish to share with me, please bring them into our sessions where we can explore them together during the therapy hour.

Please complete the Intake Form prior to our first session as this will save valuable time as we begin. I look forward to meeting you in person and beginning our journey together!

**Barbara Wyer, MMFT
Confidential Intake Form**

Please complete, sign, and bring to your first appointment.

This confidential information is for the sole use of the above named provider unless you sign a release permitting sharing with other, specifically named entities. It is designed to build a foundation for our work together. Please mark N/A if not applicable.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Messages may be left? YES NO

Private email? YES NO

Age: _____ Date of Birth: _____ Occupation: _____

Place of Employment: _____

Marital Status (*circle*): Married Single Partnered Cohabiting Divorced Dating Engaged Widowed Separated Remarried

Years Married: _____ Age when married: _____ Previously married (If so, how long?): _____

Spouse/Partner's Name: _____ Age: _____ Date of birth: _____

Occupation: _____ Place of Employment: _____

Names, ages, birth dates of children – (Note: Mine; Spouse's; Ours) Live with you?

Religious affiliation _____

Briefly describe the nature of your spirituality (*active, searching, does not exist, corporate, private*)

Health Information

Please rate your current physical health: _____ (poor, good, excellent, other)

Primary physician & date of last appointment: _____

Current medical issues: _____

Current medications/vitamins: _____

Physical conditions impacting your mental health? Yes No If yes, please explain:

How did you hear about me? (referral source): _____

Have you seen a counselor before? Who? _____

Reason for visit/Length of time in therapy: _____

Was counseling beneficial? _____

What are your goals for therapy? _____

Ever hospitalized for mental health condition? Yes No When _____ Where _____

Have you previously taken medication for depression, anxiety, or other mental health conditions?

Yes No If yes, what? _____ *Initial* _____

Any immediate family (mother, father, sisters, brothers, children) ever diagnosed with mental health conditions? If yes, briefly explain: _____

Are you now, or have you ever had, suicidal thoughts? _____

Do you have troubling thoughts you cannot seem to get rid of? Any problems related to thinking, concentrating, memory? _____

Have you ever been prescribed sedatives to help you sleep? _____

Have you ever been prescribed medication to help with depression? _____

Do you drink alcohol on a regular basis? _____ Drinks per week _____ Smoke? _____

Have you ever taken/ used any illegal drugs? (*If yes, please indicate*) _____

Cocaine/Crack Amphetamines (speed) PCP (Angel dust) Marijuana Hallucinogens (LSD, Peyote, "magic mushrooms")
Inhalants (gas, glue, thinners) Heroin (morphine)

Do you have any sexual concerns? _____

Present Issues

Is your job or school situation unusually stressful? Yes No

Circle any significant stressors in your life, occurring in past 5 years. Indicate person(s) involved such as spouse, child, father, mother, sibling, self, etc.

- | | | |
|------------------------|-------------------|---------------------|
| Death in the family | Miscarriage | Divorce |
| Trouble with the law | Financial trouble | Job/School problems |
| Serious illness | Serious operation | Abortion |
| Mental illness | Alcohol problems | Drug problems |
| Interpersonal problems | Sexual abuse | Depression |
| Physical abuse | Suicidal thoughts | Suicidal attempts |
| Spiritual problems | Anger management | Unresolved conflict |

Current Relationship Issues

Please state your main relationship concern(s) and when distress began:

Please indicate how distressing your concern is right now:

1 2 3 4 5 6 7 8 9 10
Mild Distress Moderate Distress Very Upsetting Extremely Upsetting

How have you tried to resolve this concern?

Childhood and Family of Origin

Circle any that applied during your childhood/adolescence to you or anyone in your family:

happy	unhappy	emotional issues	eating disorder
family problems	physical abuse	alcohol abuse	sexual abuse
verbal abuse	legal problems	drug abuse	school problems
medical problems	financial problems	abortion	death in family

If you circled any problems above, or there is something else not listed here, please explain:

If you were not raised by your biological parents, who helped raise you? Between what ages/years?

What was your childhood like?

What was your relationship like with your father (or father substitute)?

How did he show affection and how often did he share his affection with you? His methods of discipline?

What was your relationship like with your mother (or mother substitute)?

How did she show affection and how often? Her methods of discipline?

What were the standard emotional overtones in your family while you were growing up?

Whom were you closest to and why?

Can you give me several words that describe your relationship with each parent or caregiver?

Have your relationships changed over time?

What was it like when you were separated, upset, felt threatened or fearful?

Why do you think your caregivers behaved the way they did?

How do you think those early experiences have impacted your development as an adult?

If you have children, how have these experiences affected your parenting style?

Your View of Therapy

In a few words, what do you think therapy is all about?

How long do you think therapy should last?

How do you think a therapist should interact with clients?

Please use this area to describe any other related matters you may have that have not been addressed.

Emergency contact information:

Name _____ Relationship: _____

Phone: _____

Client Signature: _____

Text Messaging and EMAIL Confidentiality Agreement

At times, I text or email message my clients to inform them of upcoming appointments, to change appointment times, or to reschedule appointments. By signing below, you are saying that you have considered and understand the limitations of confidentiality and agree that you are responsible for keeping your text messages private to the extent that you desire for them to be private.

I, _____, allow Barbara Wyer to email and/or text me regarding logistical matters (e.g., appointment times, dates) at the number/email address on page 1 of this form.

Signature: _____ Date: _____

Informed Consent

Do you have any questions about fees, confidentiality, or other matters? Yes ___ No ___

Have you read and do you agree with the conditions and provisions of Practice Policies? Yes ___ No ___

Signature: _____ Date: _____

Parent/Guardian Signature if Minor: _____ Date: _____

Witness: _____ Date: _____