

Intensive Application

Branches Recovery Center is a faith-based, non-profit, counseling center specializing in recovery from addiction, depression and shame. We offer value centered counseling and life coaching, recovery groups, and a number of support groups. We also offer onsite week long intensives for couples and individuals in crisis. The goal of an Intensive is three fold:

1. To reduce the level of pain in the crisis or trauma to a manageable degree.
2. To develop an ongoing, long-term treatment plan that leads to restoration.
3. And to offer genuine hope for complete emotional and spiritual healing.

The Intensive combines a number of different treatment modalities and the power of concentrated sessions that create a healing environment and speed the recovery process.

- **COUNSELING** Branches has a number of well qualified counselors who have a heart for people and a gift for listening. Our staff consists of both state licensed therapists and pastoral counselors, all with a heart for God and a passion to see His children find wholeness.
- **RECOVERY GROUPS** We believe in the power of shared insight and courageous confession to enhance the healing process. Groups meet throughout the week and teach transparency and trust.
- **EMDR** Eye Movement Desensitization and Reprocessing is a technique that mimics the natural healing of the brain during REM sleep. Our certified counselors are proficient in applying this amazing tool to broken people.
- **INNER-HEALING PRAYER** Above all else, we believe that the Holy Spirit is instrumental in healing. We believe that all healing comes from God. Inner-Healing Prayer reimagines the wounds of the past with the new presence of Christ in the story. That vision allows us move beyond our hurts and see the plan of God in our lives, past, present and future.
- **CHAPEL** Each day clients gather to be encouraged and empowered by the direct application of Scripture to their particular stories. Chapel ties all of the healing tools together in a Spirit charged atmosphere where new confidence and vision is created.

Every case is different and every person unique. An Intensive very often equates to a year of weekly counseling sessions. The Intensive program at Branches is a specialized and effective, God ordained opportunity for couples to reconcile, the depressed to recover hope, and for new life to begin.

Intensive Application

Please fill out and sign / date where indicated.

Client:

Name _____ **Date of Birth** _____

Address _____ **Phone** _____

_____ **SS#** _____

Consent to Treat

I, _____ do hereby consent for _____ and the staff at Branches to provide services to me or to my dependent. I understand that all services are voluntary. I affirm that I am a willing participant.

Without signature, we are unable to provide services.

Patient / Guardian signature

Date

Primary Care Physician

For coordination of care, we request that you provide the name of your primary care physician. We will contact your physician to inform of the services that you will receive here. This information along with your signature gives us authorization to contact your primary care physician, as required, in regards to your treatment.

If you do not have a primary care physician or you do not want us to make contact please leave this area blank.

Physician Name _____ Phone _____

Address _____

Patient / Guardian Signature

Date

Referral Source

We would like to thank whoever referred you to this office. By providing the following information and with your signature, this gives us authorization to send a "Thank you" letter to the referral source from this office.

If you do not wish us to do this, please leave this area blank.

Person who referred you _____ Phone _____

Address _____

Branches Recovery Center

Patient / Guardian Signature

Date

Client Name _____

Confidentiality

This is to inform you that all services received in this office are strictly confidential. Without your written consent for release of information your participation in services provided at this office will not be confirmed or denied nor will any other information be released. There are certain exceptions to confidentiality. Please ask you service provider for more information.

Patient / Guardian Signature

Date

May we call your home or work, recognizing ourselves as Branches Recovery center at :
Home: Yes No Work: Yes No (Circle one each)

May we talk to whoever answers, recognizing ourselves as Branches Recovery center at :
Home: Yes No Work: Yes No (Circle one each)

May we leave a message, recognizing ourselves as Branches Recovery center at :
Home: Yes No Work: Yes No (Circle one each)

May we add you to our Branches contact list?
Yes No (Circle one)

Patient / Guardian Signature

Date

Authorization for Release of Information

I hereby authorize Branches Recovery Center to furnish information to staff counselors concerning my illness and treatment. I further authorize the transfer of records from/to Branches Recovery Center and Insurance companies until such permission is canceled in writing by me.

Patient / Guardian Signature

Date

Witness

Date

Cancellation/ Check Return

\$500 deposit is required at the time the Intensive is scheduled. This deposit applies to the total cost of the Intensive. Because of scheduling requirements, an Intensive canceled less than one week from the beginning date will forfeit this deposit. All financial arrangements should be worked out with an admission coordinator before your arrival.

We accept cash, checks or VISA/MasterCard. If you wish to pay by credit card, simply fill out the information below. Your card will be charged at the end of each session for that session only. *There is a \$20.00 fee for checks that are returned due to non-sufficient funds.* A payment plan is also possible below.

I have read, agree to, and understand the cancellation and check return policy.

Patient / Guardian Signature

Date

Branches Recovery Center

Branches Recovery Center

1450 Battleground Dr.
Murfreesboro, TN 37129
(615) 904-7170

Sample Intensive Schedule for XXXXXXXXXX

May 19-24, 2010

Monday, May 19	8:00 am	Testing and Assessment
	9 am	Chapel
	10 am	Individual Session
	12 pm	Lunch and Educational Group
	2 pm	Individual Session
	4 pm	Therapy Group
	6:30 pm	Discipleship Group
Tuesday, May 20	7:30 am	Support Group
	9 am	Chapel
	10 am	Individual Session/Discipleship Group
	12 pm	Lunch and Educational Group
	2 pm	Individual Session/Temperament Therapy
	4 pm	Therapy Group
	6:30 pm	Celebrate Recovery
Wednesday, May 21	7:30 am	Support Group
	9 am	Chapel
	10 am	Individual Session/Discipleship Group
	12 pm	Lunch and Educational Group
	2 pm	Individual Session/Temperament Therapy
	4 pm	Therapy Group
	6:30 pm	Branches Recovery Support Group
Thursday, May 22	7:30 am	Support Group
	9 am	Chapel
	10 am	Individual Session
	12 pm	Lunch and Educational Group
	2 pm	Individual Session/Temperament Therapy
	4 pm	Therapy Group/Staff Assessment
	6:30 pm	Discipleship Group
Friday, May 23	7:30 am	Support Group
	9 am	Chapel
	10 am	Individual Session
	12 pm	Lunch and Educational Group
	2 pm	Exit Planning

Branches Recovery Center

PASTORAL COUNSELING SERVICES AGREEMENT

Our staff is made up of both Licensed Professional Counselors and Pastoral Counselors. Pastoral Counselors are under a different mandate and approach the counseling process from a different standpoint. This agreement for pastoral counseling services shall govern all professional relations between the parties. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator, considering first either a Pastor or other Minister of the client's or counselor's church.

- A. Our pastoral counselors are ordained counselors licensed by the NCCA as Pastoral Counselors – not state licensed therapists, nor are they affiliated with any state agency. However, they are held to strict academic, ethical, and moral standards by the licensing board of examiners with the National Christian Counselors Association.
- B. Pastoral Counseling at Branches Recovery Center is Christian Counseling. It should be investigated by the client and determined to be in their best interest before signing a commitment. Our counselors are trained and experienced in both pastoral and counseling ministry. Pastoral counseling is usually limited overall with an evaluation at the end of the program of counseling. Further treatment may be agreed upon at this time to continue counseling with the counselor or referred elsewhere, whichever is in the client's best interest.
- C. Fees and Insurance Policy - Client fees are to be determined before the first intensive using the fee chart. Full payment shall be made at least 7 days before the intensive begins. Where there is a financial need a scholarship may be applied for. Until the scholarship amount is agreed upon, full payment is expected.
- D. Confidentiality Policy – All therapeutic communications and records will be held in strict confidence. Information may be released, in accordance with the state law, only when (1) the client signs a written release of information indicating informed consent to such release; (2) the client expresses serious intent to harm himself/herself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elderly person (sixty-five years or older), or dependent adult; or (4) a subpoena or other court order is received directing the disclosure of information. The policy of Branches Recovery Center assert either (a) privileged communication in the event of #4 or (b) the right to consult with clients, if at all possible barring an emergency, before mandated disclosure in the event of #2 or #3. Although it cannot be guaranteed, it will be endeavored to inform clients of all mandated disclosures. Clients with any concerns or questions about this policy agree to raise them with their counselor at the earliest possible time to resolve them in the client's best interest.

Branches Recovery Center

- E. Work Agreement – It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. When relating disappointment or stress to the counselor, client will refrain from profanities of any kind whether client is just repeating another’s comments or their own. Client gain and self-respect is most important in pastoral counseling. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client

We, the undersigned pastoral counselor and client, have read and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another’s views and differences in their outworking. We have also agreed to an initial definition of counseling work and to the fee to be paid by the client. By signing below client acknowledges that he/she is fully responsible for any decisions he/she makes regarding his/her life and circumstances and hereby absolves the counselor from any and all liability regarding the counseling that is provided.

Client signature _____ Date _____

Client signature _____ Date _____

Client’s Parent or Guardian _____ Date _____

Counselor signature _____ Date _____

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WEEKLY INTENSIVE FEE CHART

It is the desire of **Branches Recovery Centers** to assist you by providing professionally trained Christian counselors for an intensive program. To keep this Christian practice viable we do our best to establish a fee that is as minimal as possible.

The normal cost for private individual counseling at this level is \$95.00 per session. Applying the hourly rate, a week long intensive would be \$4495, plus testing fees. Our fee for a one week intensive is **\$3500**. If you have an adequate income, it would be appreciated if you would provide payment in that amount.

There is a one time testing assessment fee of \$40.00 for everyone. This includes a temperament profile which provides valuable information to the counselor and the counselee to progress more efficiently in your sessions.

For those who have lower income, the following adjustable fee guide will assist you in determining a reasonable payment for each counseling session. If you use the fee guide, you are **not required** to bring proof of income. But, if you are on a fixed income or you have extenuating circumstances that would prevent you from receiving help even at the \$2300 level, please fill out the enclosed scholarship application and attach any pertinent information such as tax forms, excessive medical bills, child support payments, or anything that would apply to your situation in order to determine what your fee would be. The chart represents **combined family income**.

YEARLY GROSS PAY

ONE WEEK INTENSIVE

\$00,000	To	\$34,999.....	\$2300
35,000	To	44,999.....	\$2500
45,000	To	54,999.....	\$2700
55,000	To	64,999.....	\$2900
65,000	To	74,999.....	\$3100
75,000	To	84,999.....	\$3300
85,000	To	ABOVE.....	\$3500

FEE AGREEMENT

Based on my income, family circumstances, and other issues I am asking that my fee for the weekly intensive be the following:

Yearly combined family gross income \$ _____

Number of family members living in your home _____

Your Fee per weekly intensive \$ _____ **Also, circle fee amount above.**

Signature: _____ Date: _____

Signature: _____ Date: _____

Payment should be made in advance of arrival.

CHECKS SHOULD BE MADE OUT TO BRANCHES RECOVERY CENTER.