



## CLIENT ORIENTATION TO COUNSELING SERVICES

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### CHILD PROTECTIVE SERVICES – PURCHASED CLIENT SERVICES

**Purpose:** Client acknowledgement of the information received from the Contractor describing the services offered, hours of operation, after-hours emergency contact, local community's behavioral health care crisis response information, and Client rights, programs rules, and privacy protections.

**Contractor Directions:** Complete this form and provide to the Client at the Client Orientation.

<b>Client Name</b>	
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√	Services to be Provided
<input type="checkbox"/>	Individual Counseling Consists of private, face-to-face counseling between a Client and a counselor or therapist.
<input type="checkbox"/>	Group Counseling Consists of counseling provided simultaneously to at least two (2) unrelated individuals.
<input type="checkbox"/>	Family Counseling Consists of counseling provided simultaneously to two (2) or more members of a family. The family group may include parent/caregivers, children, and any other individuals who are close to or part of the family.
<input type="checkbox"/>	Other      psychosocial assessment/ Substance abuse assessment/ BIPP assessment

Provider Contact Information			
Address	8530 FM 1960 Rd E Ste 107		
City, State, Zip	Humble, Texas 77346		
Phone	(281)713-9004	Email	joe@behavioralsolutionsoftexas.com
Contact Person	Joseph Brown LCSW-S		
Program Rules	Appointments and cancellations should be made through the office. Cancellations must be made 24 hours prior to the appointment. Late cancels may be counted as No Show. 3 No Shows may result in Unsuccessful discharge. It is client responsibility to contact this office to schedule all appointments after initial contact.		

√	Day	Hours of Operation
<input checked="" type="checkbox"/>	Monday	9:00 am to 5:00 pm
<input checked="" type="checkbox"/>	Tuesday	9:00 am to 5:00 pm
<input checked="" type="checkbox"/>	Wednesday	9:00 am to 5:00 pm
<input checked="" type="checkbox"/>	Thursday	9:00 am to 5:00 pm
<input checked="" type="checkbox"/>	Friday	Administrative Day
<input checked="" type="checkbox"/>	Saturday	BIPP Group Only
<input type="checkbox"/>	Sunday	CLOSED

After-Hour Emergency Contact			
	Call 911 for Mental Health emergency		
Phone	(281)713-9004	Voicemail	Email joe@behavioralsolutionsoftexas.com
Contact Person	Joseph Brown, LCSW-S		

√	Information Provided
<input type="checkbox"/>	Local community behavioral health care crisis response information
<input type="checkbox"/>	Client Rights
<input checked="" type="checkbox"/>	Program Rules (as written above.)
<input type="checkbox"/>	Privacy Protections
<input type="checkbox"/>	If additional information is provided, please check the box at left and include what type of information here.

I acknowledge that Joseph Brown, LCSW-S has provided me with an orientation of the services that I will be receiving and has provided me with all of the information indicated on this form.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date



Behavioral Solutions of Texas, LLC  
8530 FM 1960 Rd E Ste 107  
Humble, TX 77346-1831  
Telephone: (281)713-9004

**Behavioral Solutions of Texas, LLC.  
CPS ZOOM SESSION RULES AND ATTENDANCE POLICY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

***These guidelines are necessary to maintain the integrity of our On Line therapeutic sessions.  
Groups must function as though clients and therapists are in an office setting.***

1. Client is responsible to be in clear and stable WIFI connection
  - a. If no clear connection is available in office sessions are required.
2. Client must be stationary - no driving or riding in a vehicle and no walking/moving around.
3. Client must be in a private location with no one else in the room/car.
4. Client must be fully and appropriately clothed during the session.
5. Client Must have face consistently visible in the camera - no cameras can be obstructed
  - a. Backgrounds may not obstruct a clear view of the clients face.
6. Clients may not be admitted to group after 5 minutes late, after 5 minutes late session will be counted as No Show. The session will not be counted.
7. 2 or more No Show or late Canceled sessions may result in unsuccessful discharge.
8. Clients will be responsible to reschedule sessions with the office 10:00 am to 2:00 pm Mon-Thu. Therapists may approve make up sessions during group only-- Email, text or phone calls with the therapist will not be considered as notification.
9. Failed Drug screens must be reported and an individual session scheduled-No exceptions. Relapse/drug or alcohol use should be reported during group.
- 10.No Smoking or Vaping during Group
- 11.Noncompliance with any of the above rules will be counted as No Show and the session will not be considered complete.

**I have read and understand that I may be not receive credit for Zoom sessions if I am not able to comply with these policies.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Name:

Email:

Date:

Race

Age:

Current Address:

Sex:

DWI/DUI/PI Arrest:

Phone/Cell:

Marital Status:

Total Arrests:

Prior Substance Abuse Treatments:

Inpatient

Outpatient

DWI/DUI Classes

None

Highest Grade Completed:

Employment Status:

Family Members in Household:

By Signing I understand that No Show (less than 24 hour notice) Intake appointments will result in a \$35 reschedule fee. It is my responsibility to be in a clear WIFI connection and that I may not be diving or riding in a vehicle.

Initials:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**RELEASE and WAIVER**  
**RELATING TO PROVIDING COUNSELING RECORDS AND COMMUNICATING PERSONAL**  
**HEALTH INFORMATION**

I, \_\_\_\_\_, in all capacities and in consideration of counseling and assessment services provided by **JOSEPH BROWN LCSW-S**, and any and all counselors and staff of Behavioral Solutions of Texas, LLC ( all collectively referred to as “Behavioral Solutions of Texas, LLC”), do hereby release them and hold them harmless from disclosing copies of and the content of my records, including my therapy and counseling records and assessments, as well as releasing them and holding them harmless for providing any oral or written communications relating to any information concerning my mental or emotional health, or substance abuse history or status.

Included in this release is my voluntary approval for the release by Behavioral Solutions of Texas, LLC of my personal health information described above, including to individuals or entities associated with state or federal agencies, such as the Department of State Health Services or Health and Human Services Commission or the Texas Department of Family and Protective Services. I understand that such information eligible to be disclosed encompasses all of my personal health information, including my substance abuse history, substance abuse issues, substance abuse-related information from the current CPS case, and results of drug tests.

I understand that a part of my care at Behavioral Solutions of Texas, LLC involves screening and assessment of my substance abuse status and what type of substance abuse services I may need. I specifically authorize Behavioral Solutions of Texas, LLC to disclose all of my personal health information as is needed to convey my history and current status, such disclosure being potentially made to Texas Department of Family and Protective Services, and those associated with them including attorneys, Department of State Health Services or Health and Human Services Commission, and to law enforcement, attorneys, and courts with jurisdiction over any matter where my personal health information would be relevant to their proceedings. I understand that there may be other individuals and entities to which the disclosure of my records and personal health information needs to occur, and I authorize Behavioral Solutions of Texas, LLC to make such disclosures as they deem necessary.

These individuals and entities are released of, from and against any and all demands, actions, liabilities, obligations, judgments, executions, causes of action or other claims (collectively called “claims”) in connection with any injuries or damages to myself allegedly caused by the alleged acts, omissions or other fault of the individuals and entity hereby released. This Agreement includes, but is not limited to, all matters relating to care and treatment provided at any time to me by Behavioral Solutions of Texas, LLC, **JOSEPH BROWN LCSW-S** and or his offices.

I am legally and mentally competent to execute this release agreement and have voluntarily done so.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_