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CHILD INTAKE FORM

CONFIDENTIALITY DISCLOSURE:

This agreement is between you and your therapist from Coastal Haven Counseling, LLC.

I agree to meet with my counselor at Coastal Haven Counseling, LLC. We will usually meet 2-4 times per month, and our meetings will last about 60 minutes. When we meet, we may talk, play games, or other things to help the therapist get to know me better and understand my problems, strengths, and goals.

I understand that my parent (or parents) or my guardian has a right to know about how I am doing in therapy. I agree that my therapist may talk with my parent/guardian to discuss how I am doing. They may also talk about concerns and worries they may have about me or they may talk about things the therapist and I decide my parent/guardian needs to know. Sometimes my therapist may meet with my parent/guardian without me. At other times we may all meet together.

The things I talk about in my meetings with my therapist are private. I understand my therapist will not tell others about the specific things I tell him/ her. He/ she will not repeat these things to my parent/guardian, my teachers, the police, or probation officers.

However, there are **four exceptions to confidentiality:**

First, because of the law, the therapist will tell others what I have said if I talk about seriously hurting myself or someone else. My therapist will have to tell someone who can help protect me or the person I have talked about hurting.

Second, if I am being seriously hurt by anyone, this therapist has to tell someone for my protection.

Third, if my therapy records are court ordered, they must be turned over as per court order.

Forth, the therapist will staff cases with their supervisor(s) and/or colleagues as needed. The supervisor has access to all applicable paperwork associated with client, if needed.

I understand that sometimes I may not feel good about some things we may talk about in our meetings. I may feel uncomfortable talking to my therapist because I don't yet know him/her very well. I may feel embarrassed talking about myself. Some of the things we talk about may make me feel angry or sad. Sometimes coming to meetings may interfere with doing other things I enjoy more. But I also understand that coming to therapy should help me in the long run. I may find that I will trust this therapist and can talk about things that I can't talk about to anyone else. I may learn some new, important, and helpful things about myself and others. I may learn some new and better ways of handling my feelings and problems. I may feel less worried or angry and come to feel better about myself.

Any time I have questions or am worried about the things that are happening in therapy, I know I can ask my therapist. He/she will try to explain things to me in a way that I can understand. I also know that if my parent/guardian has any questions, my therapist will try to answer them. I understand that my parent/guardian can stop my coming to therapy if he or she thinks that is best. If I decide therapy is not helping me and I want to stop, the therapist will discuss my feelings with me and with my parent/guardian. I understand that the final decision about stopping is up to my parent/guardian.

My signature below means that I read this agreement, or had it read to me. I understand what this agreement says and agree to act according to it.

Name of Child/Teen: (printed name): _____

Signature of Child/Teen _____ Date: _____

Signature of Guardian/ Parent: _____ Date: _____

Therapist: _____ Date: _____