

INFORMED CONSENT FOR FAMILY THERAPY SERVICES

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CONFIDENTIALITY:

Confidentiality and privileged communication remain rights of all clients according to state and federal law.

- However, some courts have held that if a client intends to take harmful or dangerous action against another human being, or against himself/herself, a therapist should warn: A) the person who is likely to suffer the result of harmful behavior, B) the potential victim's family, C) the family of the client who intends to harm himself/herself, or D) authorities.
- In cases of suspected child, elder, or disabled person abuse, the therapist is required to notify the appropriate authorities of such suspicions.
- Court orders, especially in cases involving children's safety, can sometimes require disclosure of records.
- Third-party payment from an insurance company will require some level of disclosure of confidential information to the insurance company. My signature below authorizes my therapist to file insurance claims for my services [if relevant], releasing the required information.

I understand that my record may be protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient/Client Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations above.

The therapist will, whenever possible, share with the client the intent to notify relatives or authorities before release of any confidential information occurs. In cases of threatened homicide or suicide or exposure of a spouse to AIDS, every effort will be made to resolve the issue before such a breach of confidentiality takes place.

FINANCIAL POLICIES:

- In order for Dr. Yingling to file insurance claims on the client's behalf, the client must contact their insurance company and complete the following **before the first appointment date**:
 1. Verify that your policy covers requested services by Dr. Yingling.
 2. Request pre-authorization for services.
 3. Verify what your plan copay or deductible amount is.
 4. Understand and accept that a mental disorder diagnosis will be required by your insurance company when the insurance is billed; any assessments necessary to make that diagnosis will be required by Dr. Yingling.
- If no qualifying insurance coverage is requested and confirmed in advance, the sliding fee scale applies and payment is due at the time of service.
- For any services not covered by insurance, I am responsible for payment according to the following sliding fee scale :

Below \$25,000	= \$ 50 / hour	\$75,000 - \$99,999	= \$125 / hour
\$25,000 - \$49,999	= \$ 75 / hour	\$100,000-\$149,999	= \$150 / hour
\$50,000 - \$74,999	= \$100 / hour	\$150,000 & over	= \$200 / hour
- Notice of rescheduling an appointment must be received no less than 24 hours before the appointment in order to avoid being charged for the scheduled appointment time.
- Court testimony is not covered by insurance; travel time, wait time, and court time will be payable according to the sliding fee scale by the party who issues the subpoena with a deposit of 4 hours required to be paid 24 hours before the hearing in order for the therapist's clients to be rescheduled.

I have read the above and agree to the therapist's policies regarding confidentiality and fee payment. I have reviewed a copy of Dr. Yingling's brochure describing the services she offers and am seeking to become a client for one or more of those services.

Date _____ Client Name _____ Client Signature _____

Date _____ Client Name _____ Client Signature _____

Client file no: _____

GARF Self-Assessment for Families

form developed by Lynelle C. Yingling, PhD

Directions: *Think of each of the items below in terms of your family and how well it functions now. In the blank to the left of each item, assign a rating of 1-10, with 10 being the best and 1 being the worst. If you think some important characteristic of family functioning is left out, add that item on the "Other" line under the category it best fits and then rate it. After rating each item, circle the 3 items from the entire list you believe would need to change in order to make this family work well.*

A. Problem solving/interactional skills for making this family work well

- 1 _____ Negotiating family goals, rules, & routines
- 2 _____ Adapting to stress
- 3 _____ Communicating
- 4 _____ Resolving conflict
- 5 _____ Other: _____

B. The way this family is organized and structured

- 1 _____ Maintaining boundaries so that each individual has some personal "space"
- 2 _____ Keeping "space" for parents separate from kids
- 3 _____ Parents working together to lead this family effectively
- 4 _____ Distributing the power, control, & responsibility appropriately
- 5 _____ Other: _____

C. How members of this family feel about being a part of this family

- 1 _____ Feeling free to experience a wide range of feelings
- 2 _____ Showing a high quality of caring, empathy, involvement & attachment/commitment to each other
- 3 _____ Sharing of values
- 4 _____ Showing affection, respect, & regard
- 5 _____ Experiencing a high quality of appropriate sexual functioning
- 6 _____ Other: _____

Scoring Instructions: *Add the points under each of the "A", "B", and "C" categories and record in the Total Points blank below. Divide the Total Points by the number of items in that category to calculate the Average Raw Score for that category. Multiply each Average Raw Score by 10 to calculate the GARF score for each of the 3 areas. These scores can then be plotted on the GARF Profile Chart.*

A. Problem solving/interactional skills:

- _____ Total Points [sum of ratings under this category]
- _____ Average Raw Score [sum of ratings divided by the number of items scored in the category]
- _____ **GARF Score** [Average Raw Score multiplied by 10]

B. Organizational structure:

- _____ Total Points [sum of ratings under this category]
- _____ Average Raw Score [sum of ratings divided by the number of items scored in the category]
- _____ **GARF Score** [Average Raw Score multiplied by 10]

C. Emotional Climate:

- _____ Total Points [sum of ratings under this category]
- _____ Average Raw Score [sum of ratings divided by the number of items scored in the category]
- _____ **GARF Score** [Average Raw Score multiplied by 10]

Please circle which family member you are:

mother /wife father /husband other: _____ Date of completion: _____

Client file no: _____

Systemic Assessment of the Family Environment [SAFE] ADULT VERSION

By Dr. Lynelle C. Yingling, LMFT

Directions: For each of the descriptions below, mark a response describing relationships in your family now: place an X anywhere along the line showing whether you think the relationship is more like the description on the left or the description on the right. Think of your family and how you all relate to each other when problems come up.

X = as it is now when we are under stress

A. Me and My Spouse/Ex-Spouse/Partner [circle who describing]

share openly with each other _____ keep many secrets from each other
listen to each other _____ never listen to each other
understand each other well _____ always misunderstand each other
work together with each other _____ work against each other
try new ways when one doesn't work _____ never change the way to solve problems
support each other _____ abandon each other
both work together equally _____ one controls & the other submits

B. Me and My Kids

free to tell anyone anything _____ keep a lot of secrets from each other
when I talk, someone listens _____ no one seems to listen to me
everyone understands when we talk about things _____ no one understands what to do after we've talked
family members work together as a team _____ we seem to be playing on different teams
when one way doesn't work, we try another _____ we never try new ways to solve problems
everyone feels extra support when they need it _____ everyone feels abandoned when they really need support
parents are ultimately in charge in this family _____ kids seem to have more control than parents

C. Me and My Own Parents

tell each other important things _____ keep many important secrets from one another
listen to each other respectfully _____ always butt in or ignore each other
get across well to each other _____ never seem to understand each other
work together when necessary _____ fight when cooperation is needed
try new ways to solve problems _____ do it the way it was always done
there for each other when really needed _____ always in the way or never there when needed
treat each other as adults _____ act like parents and children

Please circle which family member you are:

mother /wife father /husband other: _____

Date of completion: _____

Client file no: _____

INFORMATION ABOUT ME AND MY FAMILY

My age: _____ years

client file number _____

My race:

_____ African American

_____ Hispanic

_____ American Indian or Alaskan Native

_____ Middle Eastern

_____ Asian

_____ White/Caucasian

Number of times I have been married: ___none; ___one; ___two; ___three; ___more than three

Children in this family: ___total number; ___age of oldest; ___age of youngest

I am the: ___wife/mother **OR** ___husband/father

Children live primarily with:

___both parents living together

___me separate from other parent

___other parent separate from me

___other: _____

We are:

___married living together

___unmarried living together

___considering divorce

___in the process of divorcing

___already legally divorced

___never legally married or lived together

I have a current protective order against the other parent: ___yes **OR** ___no

USE THIS SCALE TO ANSWER QUESTIONS ABOUT DISPUTES:

These response choices are some different ways couples act when in a dispute. In answering the questions below, please write in only the highest number that indicates the way it was in disputes between you and your spouse/partner/ex spouse.

1 = Discuss an issue calmly and/or get information to back up one's side of things and/or to bring in (or try to bring in) someone to help settle things.

2 = Yell or raise voices. Insult or swear at each other. Curse, cry, do or say something to spite the other.

3 = Refuse to talk to the other, hang up phone or stomp out of room or house. Sulk, talk negatively to others (or the children) behind each other's back.

4 = throw something at other or at wall or floor. Hit something. Push, grab, or shove other. Slap other.

5 = Kick, bite, or hit other with a fist. Hit or try to hit other with something. Beat other up. Choke other.

6 = Threaten other with a knife or gun. Use a knife or fire a gun.

_____ a. This is the most extreme way I recall us being in disputes during our living together.

_____ b. This is the most extreme way I recall us being in disputes since we started to get divorced [if applies].

_____ c. This is the most extreme way I recall us being in disputes during the past month.

_____ d. This is the most extreme way my spouse/partner/ex spouse has ever been with me in disputes.

_____ e. This is the most extreme way I have ever been with my spouse/partner/ex spouse in disputes.

PARENTAL RELEASE FORM

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Child/children name/s

has my permission to participate in the services offered by Dr. Lynelle C. Yingling of J&L Human Systems Development. It is my understanding that all client material is confidential and will not be released to any agency or person without the written permission of all family members participating, with some legal/insurance requirement exceptions. The parents agree not to subpoena records or testimony for litigation purposes. In order to make the work with the child more productive, the parents agree to not request information about the child's individual private sessions with Dr. Yingling. Dr. Yingling agrees to share with the parents any information which is necessary for the safety of the child.

Parent's/legal custodian's signature

Date

Parent's/legal custodian's printed name: _____

Parent's/legal custodian's address: _____

Parent's/legal custodian's telephone number: _____

Complete only if divorced or otherwise directed by a court-ordered parenting plan:

My last official parenting plan court order from _____ County dated _____ identifies me as a managing conservator with the right to authorize psychological services for the named child/ren:

_____ yes or _____ no

I agree to provide a copy of the latest court order to the parenting coordinator.

Client file no: _____

Systemic Assessment of the Family Environment [SAFE] CHILD VERSION

By Dr. Lynelle C. Yingling, LMFT

Directions: For each of the descriptions below, mark a response describing relationships in your family now: place an X anywhere along the line showing whether you think the relationship is more like the description on the left or the description on the right. Think of your family and how you all relate to each other when problems come up.

X = as it is now when we are under stress

A. My Parents / Stepparents [circle who describing]

share openly with each other _____ keep many secrets from each other
listen to each other _____ never listen to each other
understand each other well _____ always misunderstand each other
work together with each other _____ work against each other
try new ways when one doesn't work _____ never change the way to solve problems
support each other _____ abandon each other
both work together equally _____ one controls & the other submits

B. Me and My Parents/Stepparents

free to tell anyone anything _____ keep a lot of secrets from each other
when I talk, someone listens _____ no one seems to listen to me
everyone understands when we talk about things _____ no one understands what to do after we've talked
family members work together as a team _____ we seem to be playing on different teams
when one way doesn't work, we try another _____ we never try new ways to solve problems
everyone feels extra support when they need it _____ everyone feels abandoned when they really need support
parents are ultimately in charge in this family _____ kids seem to have more control than parents

C. My Parents and Grandparents

tell each other important things _____ keep many important secrets from one another
listen to each other respectfully _____ always butt in or ignore each other
get across well to each other _____ never seem to understand each other
work together when necessary _____ fight when cooperation is needed
try new ways to solve problems _____ do it the way it was always done
there for each other when really needed _____ always in the way or never there when needed
treat each other as adults _____ act like parents and children

Please circle which family member you are:

daughter son other: _____ Date of completion: _____

Client file no: _____