



Dear Parent(s)/Guardian(s):

I am looking forward working with your son or daughter soon. What follows is a background form that provides me with a thorough introduction to your child/adolescent so I can best understand her/his needs in the context of his/her history and life experiences. It is best if this form can be completed *prior* to your child's initial appointment, so as to allow us more time to discuss the concerns you and your child have and to begin planning initial goals for therapy. This form can be returned to me at the address listed below or brought with you to the initial intake appointment.

If you are able to mail this background form ahead of time, please send to:

Attention: Dr. Rigby  
Community Counseling Center  
4810 Wrightsville Avenue  
Wilmington, NC 28403

Or via email to: [drbenrigby@gmail.com](mailto:drbenrigby@gmail.com)

If any questions or concerns arise as you complete these forms, please to call our office staff at **910-452-7370**.

Best regards,

*Ben J. Rigby, Ph.D.*

**Background Information Form-**  
**Child/Adolescent Therapy Clients**

The purpose of this questionnaire is to gather information about your child and family for your child's intake appointment. Along with the intake appointment itself, your answers to this form will assist Dr. Rigby in planning therapy to address your child's (and family's) specific needs. Do not worry if you do not have all the information to answer every question, as we will be discussing this further at your child's intake appointment. Your time and effort in completing this background form is greatly appreciated!

**General Information**

Date: \_\_\_\_\_ Form Completed By: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last) ("Nick Name")

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_ School District: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Best Phone # to reach \_\_\_\_\_ Best Phone # to reach \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Best email address to contact you \_\_\_\_\_

Does your child have other parent(s)/stepparent(s)/primary caregivers?  Yes  No

If yes, please provide the following information:

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to this child: \_\_\_\_\_ Relationship to this child: \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Is your child adopted?  Yes  No

With what adult(s) does this child live? \_\_\_\_\_

At what age did the child come into the current living situation? \_\_\_\_\_

Please list ALL brothers and sisters, AND any other children living in the home with the client.

Age	Sex	Relationship to this Child	Living at home?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **Pregnancy and Birth History**

Did any complications occur during delivery?  Yes  No

If yes, please explain:

Birth weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz      What was the baby's condition following delivery?

Please describe any specialized treatment provided to baby following delivery: \_\_\_\_\_

What was the mother's condition following delivery? \_\_\_\_\_

Length of hospital stay following delivery: \_\_\_\_\_ Mother \_\_\_\_\_ Baby

Any concerns during the newborn period (e.g., colic, excessive crying, feeding difficulty)?  Yes  No

If yes, please state: \_\_\_\_\_

### **Health and Medical History**

Who is your child's primary care physician? \_\_\_\_\_

Had a medical check-up within the last 12 months?

Has your child had any chronic or serious health problems?  Yes  No      If so, please state \_\_\_\_\_

If yes, what surgeries or procedures and why? \_\_\_\_\_

What medications is your child currently taking? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been given a diagnosis (e.g., anxiety, ADHD)? If so, please state diagnosis or diagnoses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Developmental History

Was your child delayed in meeting any major developmental milestones?  Yes  No If yes, state which milestone(s) were delayed and note whether your child was just a little slower than typical or if there was a significant delay: \_\_\_\_\_

### School History

What schools have your child attended? (please list in chronological order beginning with nursery/preschool)

What are your child's academic strengths? \_\_\_\_\_

In what areas does your child have more difficulty? \_\_\_\_\_

Are you worried when you compare your child to other child his/her age academically?  Yes  No

If yes, please describe \_\_\_\_\_

Does your child like to attend school?  Yes  No

Has your child ever repeated a grade?  Yes  No Which? \_\_\_\_\_ Reason? \_\_\_\_\_

Does your child receive extra school help?  Yes  No If yes, explain:

Has/did your child ever receive special education services?  Yes  No

If yes, why were these services initiated (e.g., speech, reading difficulty)? \_\_\_\_\_

If services have been discontinued, when and why did this occur? \_\_\_\_\_

### Social and Behavioral History

Do you have concerns about your child's social interactions with other children his/her age?  Yes  No

If yes, please describe \_\_\_\_\_

How easily does your child make friends?  Worse than average  Average  Better than average

Who does your child get along with best?  Older children  Same-age children  Younger children

How many *close* friends does your child have? \_\_\_\_\_

Does your child have a best friend?  Yes  No

If yes, how old is he/she? \_\_\_\_\_ How long have they been friends? \_\_\_\_\_

What are your child's main hobbies or interests? \_\_\_\_\_

Please list the things your child does well: \_\_\_\_\_

What are the most positive features about your child? \_\_\_\_\_







## Consent for Treatment and Professional Disclosure Statement

Ben T. Rigby, Ph.D., Licensed Psychologist in North Carolina (#4093)

Community Counseling Center

4810 Wrightsville Ave., Wilmington, NC 28403

As a staff member of the Community Counseling Center (hereafter CCC), Dr. Rigby provides psychological services to individual children, adolescents, and adults, as well as to couples, families, and groups without regard to race, gender, sexual orientation, or religious affiliation. Dr. Rigby offers psychotherapy for a variety of concerns including depression, anxiety, relationship/marital conflict, parenting, stress, AD/HD, Autism Spectrum, and unwanted behaviors. He also offers consultations for individuals who are not seeking psychotherapy but who wish to work with a psychologist to provide them with information, guidance, and/or support in goal setting, decision-making or in discerning a more productive way to interact with family member(s) or work colleague(s). These types of consultations are not considered psychotherapy, do not involve a diagnosis, and cannot be billed to insurance.

In the context of psychotherapy, Dr. Rigby primarily uses cognitive-behavioral therapy (CBT) techniques, including acceptance and commitment therapy (ACT), as well as positive psychology and mindfulness techniques all of which are tailored to meet individual client's needs. The initial intake/diagnostic interview usually takes place over the first 1-2 sessions. At the start of treatment, the client [and/or parent(s)/legal guardian(s)] and Dr. Rigby will make a treatment plan based on the client's reported symptoms and concerns. This treatment plan will likely include a diagnosis, which will become part of the client's confidential records. Dr. Rigby will refer clients to a primary care physician or psychiatrist when there is need for medication or psychiatric evaluation. When psychological evaluation is needed, he will typically refer clients to a psychologist who specializes in providing psychological evaluations.

The content of all sessions is completely confidential, as are the records of treatment. Please note that Dr. Rigby may discuss cases in peer supervision and by signing you give permission for these discussions, when consultation is to aid him in providing effective therapy. Peer supervision is clinical consultation with another clinician at the Community Counseling Center, who is also bound to keep client information confidential. Outside of peer supervision, Dr. Rigby will not disclose information regarding a client unless authorized to do so by the client in writing. Exceptions to confidentiality are when a client indicates potential physical harm to self and/or others, when reported or suspected child or elder abuse or neglect is reported, when a court order requires producing records, or when needed for insurance purposes. Dr. Rigby will make an attempt to notify the client before sharing records for any of these reasons.

**Fees:** When clients are using insurance, the Center will accept allowable amounts per insurance plan. For self-pay/out-of-network clients, diagnostic interview sessions are \$150 each and psychotherapy sessions are \$135 each. When a client is unable to afford the fee, reduced fees are available through the financial support of local organizations, churches, and individuals who are donors to this Center. Reduced fees are negotiated on an individual basis and are recorded on an addendum document. Payment is required at time of service. The CCC accepts cash, personal checks and credit cards. Without 24-hour notice, the full fee is required for missed sessions. The CCC will bill clients' insurance companies if such coverage is available. Clients are responsible for co-pay and deductible costs. All other services, including phone calls, letters, telephone consultation, meetings attended on your behalf and at your request (including travel time) are billed at the rate of \$50 per 15-minute increment. Insurance does not cover these services. **Testifying:** Participating in court for custody or any other matter is not an expected service. Should Dr. Rigby be subpoenaed, the rate is \$300 per hour or \$2000 total, whichever amount is greater, for all time related to responding to the subpoena regardless of whether he is called to testify. This may include time reviewing notes and talking with attorneys, as well as any phone calls or letters written on your behalf. If required to appear in court, he must cancel all other clients for that day, even when placed on "stand-by" status. You will be charged for the entire day. The rate is the same for depositions of fact or expert witness, as well as testimony. The party sending the subpoena is responsible for the entire bill. Preparing an affidavit will cost \$500 or \$300 per hour, whichever is greater.

**Cancellations and no-shows:** There is a charge for missed appointments and appointments cancelled with less than 24-hours' notice. This charge is the sole responsibility of the client. Clients who do not show for two scheduled appointments will not be rescheduled. Clients are most successful in therapy when they find a way to make it one of their priorities, and committing to attending sessions helps clients to prioritize this time for personal growth. The full fee is charged for intake, therapy, and consultation appointments that are missed or cancelled less than 24 hours in advance. However, there will be no charge if: (1) you are ill, (2) you experience an emergency, (3) driving conditions are hazardous because of inclement weather.

**Late Fees & Returned Checks:** The returned Check fee is \$30. If you do not pay in full on the date services are rendered and no prior arrangements were made, 10% of the original charge will be added each week you are late. Regarding



delinquent accounts, you are responsible for, in full, and will be charged for, in full, any fees due and/or any and all fees of any outside services hired to collect the debt.

**Separation/Divorce Policy:** The parent who initiates services will be held financially responsible. CCC does not bill another person or former spouse unless we are notified in writing of his or her willingness to pay for rendered services.

**Children & Treatment Consent:** To provide consent for treatment for a child you must either have sole legal custody OR shared legal custody OR legal guardianship. If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, then Dr. Rigby's services fall under this, and you may be in violation of a court order if you fail to inform the other parent of Dr. Rigby's services with your child. By signing this form you are stating that you have the legal right to consent for this child's treatment. Unless parental rights have been terminated, either parent is entitled to access to his/her child's therapist and to participate in their child's therapy, as appropriate.

**Request for Records:** Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is especially important in securing and maintaining that trust. By signing this agreement, you will be waiving your right to access your or your child's treatment records except for treatment summaries provided upon request. If Dr. Rigby is required to testify, a judge may order Dr. Rigby to produce records. A subpoena signed by an attorney will not be enough for us to release your child's therapy records.

**Phone Messages:** During regular office hours calls are answered by office staff or Dr. Rigby, when not in session. In the evening, calls will go to voicemail. Dr. Rigby/office staff attempt to return calls within 24 hours. However, if you call and do not receive a call back within 24 hours during the work week, please call again. If you leave a message to cancel an appointment, Dr. Rigby will leave it up to you to call back when you are ready to reschedule.

**Email:** CCC prefers use of emails primarily for office procedures, billing practices, or administrative matters. CCC has a general office email address but please do not use it for content related to therapeutic matters. Emails should contain non-urgent matters only. If you are experiencing an emergency Dr. Rigby's private voice message has information on how to contact him after hours. If it is a dire emergency, call 911 or go to the closest emergency room.

**Social Media and Text Messages:** Dr. Rigby does not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook). As a general rule, Dr. Rigby does not accept text messages. Adding clients as friends on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

**Ending Therapy:** Generally, therapy ends when you have accomplished the goals we established at the beginning of therapy; however, therapy can be ended at any time by either the client or the therapist. If you stop attending sessions, Dr. Rigby understands that sometimes it is just not the right time to devote the energy necessary for successful therapy and he generally will do not call out of respect for your choice. If you decide at a later date that you are ready to become involved in therapy again, please feel free to call and ask to resume therapy. If you are unhappy with therapy, please share your concerns directly with Dr. Rigby and perhaps changes can be made to make therapy more helpful to you. Complaints regarding treatment can be directed to: North Carolina Psychology Board, Executive Director, 895 State Farm Road, Suite 101, Boone, NC 28607.

I have thoroughly read this document and give my consent for treatment. I have read and understand the policies and agree to the conditions. If CCC is assisting in filing insurance claims, I also authorize Ben T. Rigby, Ph.D., and CCC on his behalf, to release any and all information to assist in filing my claim with insurance. I authorize payment of benefits to CCC for psychological services rendered. If an insurance claim is denied, I agree to pay the balance in full.

Client \_\_\_\_\_ Date \_\_\_\_\_

Parental or Guardian consent for client under age 18: I \_\_\_\_\_ certify that I have legal custody or am the legal guardian for medical purposes for \_\_\_\_\_ (child's name). I give me permission for him/her to receive treatment.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Therapist \_\_\_\_\_ Date \_\_\_\_\_



## COMMUNITY COUNSELING CENTER

Jonathan R. Kelley, D.Min., LPC  
Susan H. E. Lewis, LCSW  
Ben T. Rigby, Ph.D., LP  
Elizabeth W. Hartman, LCSW

4810 Wrightsville Avenue  
Wilmington, NC 28403  
(910) 452-7370

### Notice of Privacy Practices (Brief Version)

---

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **Our commitment to your privacy:**

We believe confidentiality is an essential feature of psychotherapy. We maintain very strict standards of confidentiality in our practice, and we do everything we can to guard the privacy of clients. We commend the laws that are designed to protect your personal health information. This is a shorter version of our full, required notice of privacy practices. After you have read these notices, we ask you to sign a Consent to Receive Treatment form to let us know you understand our privacy policy.

#### **How we use and disclose your protected health information**

Primarily we use the information about you to provide you with treatment. We may also use certain information about you to arrange for payment for our services. Also, strictly within the Center, your information may be used in a limited fashion to facilitate office functions, such as scheduling or storage of client files.

#### **Disclosing your health information without your consent**

There are some times when the laws *require* us to use or share your information. These are not common. For example:

1. We must share information with the proper authorities when there is a suspected or reported serious threat to your or another person's health and safety or to the public.
2. We must share information when there is suspected or reported child abuse.
3. We must share information when we are required by legal or court proceedings.

We are eager to discuss any questions you have about how we handle your privacy. Please contact our privacy officer, who is Jonathan Kelley and can be reached by phone at: 910-452-7370