

# The Place of Decision



"Where *there is* no counsel, the people fall; But in the multitude of counselors *there is* safety" Proverbs 11:14

Greetings,

The Place of Decision is an on-line (virtual), in-person, and phone accessible Christian Counseling Service offering emotional, spiritual and relational support to individuals, couples, groups, and families with a specific emphasis on incorporating faith, biblical principles, and spiritual support alongside a specialized therapeutic assessment tool to address issues impacting a client's wellbeing and helps individuals understand their strengths and weaknesses, and why they do what they do.

Our goal is to provide a support for healing and wholeness, and a deeper connection to their faith in Jesus Christ. TPOD is a supportive environment for understanding an individual's faith journey and how it relates to their issues and developing strategies for overcoming challenges.

Our services are offered by a Doctoral-level Licensed Clinical Pastoral Counselor (LCPC) and Certified Temperament Counselor (CTC), approved by the National Christian Counselors Association.

The next step in the counseling process is to complete the intake forms for the counseling process to start smoothly. We look forward to this journey with you and hope your heart is open to grace and healing.

Sincerely,

**Rev. Dr. Leroy Pendleton**

Rev. Dr. Leroy Pendleton, DCC, LCPC, CTC

**THE PLACE OF DECISION: CLIENT INFORMATION** *(Please Type or Print)*

Name

Today's Date:

DOB

Age Is client 18 years of age? Yes ☐ No ☐

Gender:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Street Address

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone:

Email:

Status:

<input type="checkbox"/>	single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed
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Occupation:

Church, You Attend: *(e.g., Baptist, Methodist, Catholic, etc.)*

**HOW DID YOU LEARN ABOUT THIS COUNSELING SERVICE?** *(Please specify)*

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. Please describe the current problem for which you are seeking Christian counseling.

2. What have you tried to do to alleviate the problem (if anything)?

3. What do you hope to achieve through the Christian counseling process? Briefly list two to three goals.

4. Have you sought other outside help? If so, from whom?

5. Are you a believer in Jesus Christ?

## ASSESSMENT

For each statement below, decide which of the following answers best applies to you. Place the number of the answer in the column on the left of the statement. Please be as honest as you can.

	1	I make an effort not to be by myself		32	When tasks or other jobs need completed, I try to have others do it my way
	2	I am easily guided by others		32	I allow others to make their own decisions
	3	When I make plans, I make an effort to include others		33	I attempt to be open and approachable with others
	4	I seek to get close and personal with others		34	I prefer when others behave in a deep and meaningful way toward me
	5	I make an effort to be around others		35	I seek to have deep connections with others
	6	I allow others to impact what I do		36	I freely allow others to guide me
	7	I make an effort to participate in clubs and social organizations		37	I seek to have deep and meaningful connections with others
	8	I work to have close relationships with others		38	I enjoy being included in conversations with others
	9	I make an effort to have others around me		39	I allow others to greatly impact my conduct
	10	I prefer when others act close towards me		40	I enjoy when others ask me to join in things
	11	I make an effort to be a part of what others are doing		41	I greatly assert what I think others should do
	12	I permit others to greatly impact what I do		42	I allow others to exert their leadership and take care of things
	13	I make an effort to join in with others doing activities together		43	My close relationships with others
	14	-I make an effort to have close, personal relationships with others		44	I want others interaction with me to be cool and distant
	15	16- When I can, I am inclined to associate in groups that gather together regularly		45	I behave somewhat distant and reserved with others

	16	When others socialize I am inclined to be part		46	I enjoy being asked to participate when other are doing things
	17	I prefer others to include me in what they are doing		47	Around others I try to exert my leadership to get things done
	18	When around others, I am the one in command of things		48	I prefer others to act distant towards me
	19	I prefer when others are deep and meaningful toward me		49	I make an effort to be deep and meaningful with others
	20	I attempt to have others do things how I would do them		50	I allow others to be in charge of what I do
	21	I enjoy when others invite me to be a part of what they are doing		51	I enjoy when others ask me to be included in what they are doing
	22	I greatly assert what I think others should do		52	I prefer when others act close toward me
	23	I prefer others to act distant toward me		53	I enjoy when others ask me to join in with what they are doing
	24	I make an effort to influence others to do what I want done		54	I enjoy when others behave kindly toward me
	25	I enjoy when others ask me to join in with what they are doing		55	When with a group of friends, I tend to go with the flow
	26	When I am around others, I make an effort to exert my leadership		56	When someone offers me good advice, I take it
	27	I enjoy when others ask me to be a part of what they are doing		57	I greet others with a smile and a handshake
	28	When around others, I make every effort to be the leader		58	When I see others having a good time I jump in with both feet
	29	I prefer that others behave aloof and reserved in their interaction with me		59	When I believe someone needs my advice, I give it freely
	30	I allow others to determine for themselves what to do		60	I prefer others to greet me with a hug, rather than a handshake

## EMERGENCIES

Contact us on **302-621-4443**, Monday to Friday, 10am to 6pm. We are not a 24-hour crisis/emergency center. If you are unable to reach us on time, you should contact your physician, a local emergency room or the local police department when necessary and right. It is your responsibility to seek the right resources in emergency situations.

## **PAYMENT**

Our fee schedule for counseling, and therapeutic services are below the national average. Our counseling fees begin at a rate of \$100.00 and are based on 50 – minute sessions and if a Temperament Analysis Profile is needed the charge is \$35.00. Emergency services outside of therapist's standard business hours or workdays may incur an added charge at the therapist's discretion. A complete fee schedule is available upon request. Additionally, there are miscellaneous charges including mileage and travel expenses if in-person sessions are held at an agreed upon location that require distant travel. We reserve the right to charge \$25.00 for a broken or cancelled appointment of less than 24 hours' notice. A convenient flexible payment option is available to help clients manage costs during financial hardship. Discuss your financial situation with the therapist and explain any concerns about affordability. Payment is due prior to each session.

Please show how you plan to pay for this and future sessions.

☐  
☐

Visa, Discover

Master Card

☐  
☐

Money Order

Cash

HIPAA Guidelines

All sessions are completely confidential per law and recognized professional standards. If your therapist needs to communicate with another about your case, you must give written permission to do so. The only exception to this is if in accordance with law such communication appears needed to protect you or others from harm, or in response to legal process, or in other proper circumstances, the privileged nature of your communication ceases. Exceptions include, but are not limited to, the following situations: child abuse, abuse of the elderly or disabled, threats of suicide or homicide. The "Health Insurance Portability and Accountability Act (HIPPA) requirements officially began on April 14, 2003. Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with services. HIPPA provides certain rights and protections to you as the client. We balance these needs with our goal of providing you with quality professional service and care. If you feel your privacy rights have been violated in any manner, please communicate this to your Counselor to resolve any issues.

## INFORMED CONSENT FOR COUNSELING

The Place of Decision is an on-line (virtual), in-person, and phone assessable biblically based counseling practice integrating biblical principles and sound therapeutic techniques by a professional Doctoral level Licensed Clinical Pastoral Counselor and Certified Temperament Counselor approved by the National Christian Counselors Association. Our goal is to aid you with the help of the Lord, the Word of God, and our professional training and experience. Therapy is an interactive process between client and therapist, and the results of therapy depend heavily on your cooperation. It is meant to promote change and understanding. Sometimes this process can be emotionally painful, and at other times, very fulfilling. You will be expected to contribute to all decisions about biblical and therapeutic interventions devised for you, including out of session assignments. While we will use our best efforts to help you, the nature of counseling services is that there can be no assurance of results, and no promises can be made about the outcome of any services provided. You should question the rationale of any services and interventions if these seem unclear to you. I understand and on my own free will accept and agree to this consent agreement as presented. I agree to release The Place of Decision, my counselor/therapist, and others associated from any liability in respect to counseling/therapeutic outcomes.

## RESPONSIBILITY

By signing this agreement, you acknowledge that you have read and understand the information in this form and have been informed of your HIPPA rights and responsibilities regarding the counseling services provided. You also understand that you have the freedom to discuss any concerns or questions with your Counselor at any time, ensuring that you are fully comfortable and informed throughout the therapeutic process. This consent agreement aims to create a clear and mutual understanding of our therapeutic journey. Our shared objective is to promote personal growth and healing by integrating biblical wisdom with professional expertise.

Print Name	Date
<input type="text"/>	<input type="text"/>

Client Signature	Date
<input type="text"/>	<input type="text"/>

Counselor Signature	Date
<input type="text"/>	<input type="text"/>