

Ray Wm. Smith, Ed.D., D.Min.  
*A Solution Focused Christian Counselor*

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# Client Registration

*Welcome to A Brief Counseling Center*

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**Dr. Ray Wm. Smith, Licensed Mental Health Counselor**

**A BRIEF COUNSELING CENTER**

The Holland Building ~ Suite A

9507 North Division Street

Spokane, WA 99218-1556

Phone (509) 466-6632

**DrRaySmith.com**

DrRay@DrRaySmith.com



# Client Information Form ~ Dr. Ray Wm. Smith

Please print and complete all entries. Thank you!

Insured's  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Car Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_ Other \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Landlord's Phone \_\_\_\_\_ Extension \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Previous Marriages \_\_\_\_\_

*Spouse's*  
*Name* \_\_\_\_\_ *Spouse's*  
*Date of Birth* \_\_\_\_\_ *Age* \_\_\_\_\_ *Spouse's*  
*Phone* \_\_\_\_\_

*Spouse's*  
*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Name of Spouse's Employer* \_\_\_\_\_ *Occupation* \_\_\_\_\_

*Spouse's Employer*  
*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Spouse's*  
*Work Phone* (\_\_\_\_) \_\_\_\_\_ *Spouse's*  
*Cell Phone* \_\_\_\_\_ *Spouse's*  
*Pager* \_\_\_\_\_

*Spouse's*  
*E-mail* \_\_\_\_\_ *Work*  
*E-mail* \_\_\_\_\_ *Spouse's*  
*Other* \_\_\_\_\_

*Spouse's*  
*Social Security Number* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *Spouse's*  
*Drivers License Number* \_\_\_\_\_

*Previous Marriages*  
*of Spouse* \_\_\_\_\_

Dependent Name	Date of Birth	Social Security Number	Telephone Numbers

## Emergency Contact Information

	Name	Relationship	Address	Telephone Number
Closest Friend				Home: Work:
Nearest Relative				Home: Work:
In Case of Emergency				Home: Work:
Family Physician		Specialty: Medications:		Home: Office:
Church Membership		Pastor's Name:		Pastor: Church:

Whom may we thank for referring you to us? Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who is financially responsible for the bill for counseling? \_\_\_\_\_

## Insurance Information *A photocopy of insurance cards can be substituted*

Primary Insurance Company Name:	Address	City, State, Zip Code	Telephone Number
Name of Insured:	Relationship: Date of Birth:	ID #: Employer:	Group #: Authorization #:
Secondary Ins. Company Name:	Address	City, State, Zip Code	Telephone Number
Name of Insured:	Relationship: Date of Birth:	ID #: Employer:	Group Number
Other Responsible Party Name: Relationship:	Address	City, State, Zip Code	Home Phone:  Work Phone:

Is your condition related to:       Employment       Auto Accident       Other Accident

Date of First Symptoms: \_\_\_\_\_ Dates of Similar Condition: \_\_\_\_\_

Dates Unable to Work: \_\_\_\_\_ Dates Hospitalized for Condition: \_\_\_\_\_



**I will be paying today by:**

- Cash
- Check No. \_\_\_\_\_
- American Express
- Discover/Novus
- MasterCard
- VISA

# Ray Wm. Smith, Ed.D., D.Min.

*Washington Licensed Mental Health Counselor*



Thank you for choosing Dr. Ray Wm. Smith as your counselor! You are in a safe place of hope and healing for the prevention and recovery of relational problems. You can ask any questions you may have about your counseling. Please take a moment to familiarize yourself with the following information.

## Disclosure Statement

The type of treatment that I provide is short-term, solution-oriented; suited to each client's needs.

I earned a Bachelor of Science degree from Central Missouri State University in Warrensburg, Master of Divinity and Doctor of Ministry degrees from Austin Presbyterian Theological Seminary, and a doctorate in Counseling from Memphis University. My internships were in Clinical Pastoral Education at St. Joseph Hospital in Houston, and in ministry at the historic First Presbyterian Church on Galveston Island.

I have served as a youth pastor at Madison Square Presbyterian Church in San Antonio, and at the First Presbyterian Church in Austin. I was pastor of the Grace Presbyterian Church in San Antonio, and the Shady Grove Presbyterian Church in Memphis. I was called to Spokane as the Associate Pastor for Pastoral Care and Counseling at the First Presbyterian Church, then as the head of staff there. Since 1992, I have led four highly conflicted congregations in the area during transitions in their leadership as their part-time interim pastor.

I started the Christian Counseling Center as a part-time ministry out of my home in 1986, then moved to the Christian Gift Center building when it opened in 1990. I joined the team of therapists at the Klopsch Professional Group in January 2000.

I am a Washington State Licensed Mental Health Counselor [LH00004487]. I am an ordained Presbyterian clergyman and a Diplomate in the treatment of eating disorders. I employ a licensed clinical psychologist as a professional consultant to review diagnoses, treatment plans, and client progress as necessary for quality assurance, and keep confidential all information about clients between the consultant and myself, according to state law and the American Psychological Association Ethical Guidelines.

## Dr. Ray's Office Policy

Sessions are by appointment only, and last 45 minutes each unless we mutually arrange for an adjustment to this policy. The cost of treatment alone will not determine whether you receive counseling with me. The normal fee for the initial intake interview is \$195.00, and sessions are \$135.00. The appointments scheduled for you are set aside expressly for you, and appointments scheduled but not kept will be billed unless canceled 48 hours in advance.

Telephone consultations are billed at the same rate as regular sessions, and fees for any written reports, court testimony, or special testing you may require will be discussed between us prior to those services. If you should decide to prepay any fees for service, these fees shall be held in a separate account on your behalf until the service has been rendered. If you should decide not to continue with treatment and there is a balance in your account originally designated for service, I shall reimburse you within 30 days of the last appointment scheduled.

Payments on any unpaid balances are due in full before the tenth of each month; there will be a late fee of \$30.00 on any payments received late. There will be a 1.5% monthly interest charge on any unpaid balance. This agreement shall be governed and enforced by the laws of the State of Washington and venue will take place in the State of Washington, County of Spokane, and City of Spokane. You will receive a statement itemizing your appointments and payments regularly. You may pay for your sessions by check, credit card, or in cash.

In some cases, you may request that I submit claims on your behalf to your health insurance company. Many companies do pay

for part of outpatient mental health services and it is your responsibility to determine the extent of those benefits and what portion of each session's charges is your portion, including annual deductibles or "copayments." It is customary in my practice and required by all insurance companies with which I am contracted that **these copayments are due at the time services are rendered**. Any adjustment of this policy is considered insurance fraud and cannot be adjusted or changed by my office in accordance with my contracts with these companies. If you are not sure what your copayment is, please call your benefits administrator prior to your sessions to determine your financial responsibility in your care. Please be aware that many companies require a diagnosis and occasionally a record of your treatment to determine eligibility for benefits (**see Confidentiality Guidelines**). If for any reason, your insurance company denies benefits to you, you are responsible for all charges.

## Confidentiality Guidelines

The State of Washington protects the communication between you and your counselor as privileged and therefore must be confidential. This means that any information you share in session with me is private and that I have the legal and ethical responsibility to keep it confidential. If your treatment includes communication between your spouse, pastor, attorney, etc., and myself, then you must sign a **Permission to Release Information**. Best practices and many insurance companies require that I communicate with your primary care physician about your diagnosis and treatment. There are special circumstances where the law of confidentiality will no longer apply in your treatment.

1. If you report to me or I discover that a child or dependent adult is being sexually or physically abused, or profoundly neglected, then I am required by law to report this.
2. If I believe that you are dangerous to yourself or others, I am required to contact authorities to protect you or to warn persons who may be in danger.
3. If you cannot care for yourself adequately, I am required to assist you in establishing care and protection.
4. If you decide to bring a civil suit against someone, you waive all rights of confidentiality, in that the court may subpoena my records and request testimony by me concerning the nature of your treatment.
5. If you commit an unlawful act and are charged and brought to a court of law, your records may be subpoenaed and I may be required to testify concerning the nature of your treatment.

## Complaints

Dr. Smith says, "I hope that if you should have any complaints in the future, you'd first call me and offer me an opportunity to answer your questions or to correct any problems. I want to serve you well." If that does not resolve the issue, then you may contact the Washington State Department of Health, Counselor Program, Professions Quality Assurance Division, Post Office Box 47869, Olympia, Washington 98504-7869. Their telephone number is 360-664-9098, and for Health Professional Services – Complaints – 360-586-4561.



# Ray Wm. Smith, Ed.D., D.Min.

*Licensed Mental Health Counselor*



## A Brief Counseling Center

The Holland Building ~ Suite A

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Spokane, WA 99218-1556

### Authorization for Service

I hereby authorize Dr. Ray Wm. Smith to render services to (your name): \_\_\_\_\_.

I have been provided a copy of the required disclosure information and an opportunity to read and understand the Client Registration Packet. I have had an opportunity to ask any questions about Dr. Smith and my counseling treatment.

I hereby:

- Authorize the release of any information necessary for the processing of third party payments.
- Authorize the release of any information to my primary care physician or prescribing medical personnel.
- Authorize Ray Wm. Smith to check my credit, employment and insurance references.
- Assign all medical and or mental health benefits to be paid to Dr. Smith. This assignment will remain in effect until revoked by me in writing.

A photocopy of this agreement is to be considered as valid as an original. This agreement shall be governed and enforced by the laws of the State of Washington and venue will take place in the State of Washington, County of Spokane, and City of Spokane.

Insurance is not a guarantee of payment; I will pay any costs in full from services rendered or appointment times reserved and not kept (unless canceled 48 hours in advance).

Payments are due at the time of service. Payments on any unpaid balances are due in full before the tenth of each month; there will be a late fee of \$30.00 on any payments received late. There will be a 1.5% monthly interest charge on any unpaid balance.

I understand my rights and responsibilities and those of Dr. Smith as outlined in the packet, and agree that its terms may change and to the conditions established by it.

**The normal confidential relationship between Dr. Smith and me does not cover the disclosure of child abuse, the intent to harm self or others.**

\_\_\_\_\_  
*Signature of Client(s) or Guardian*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ray Wm. Smith, Ed.D., D.Min.

\_\_\_\_\_  
Date



## Ray Wm. Smith, Ed.D., D.Min.

A Brief Counseling Center, 9507 N. Division, Suite A, Spokane, Washington 99218-1556  
Work Phone (509) 466-6632 ~ Facsimile (509) 466-0117 ~ DrRay@DrRaySmith.com

### WASHINGTON LICENSED MENTAL HEALTH COUNSELOR

#### SUMMARY

- National Board Certified Counselor
- Licensed Professional Counselor (Texas)
- Licensed Marriage and Family Therapist (Texas)
- Ordained Presbyterian Minister
- Diplomate in the treatment of eating disorders

#### EXPERIENCE

January 1, 2000

**Licensed Mental Health Counselor**, A Brief Counseling Center, Spokane

Diagnose and treat mental health, relational, and spiritual problems. Mentor a graduate student from the University of Idaho. Collaborate with a multidisciplinary team of Christian psychotherapists. Produce education and prevention programs for the public. Market to managed care and third party insurers. Establish electronic billing.

1998-1999

**Certified Mental Health Counselor**, Silk & Associates, Spokane

Assessed and treated clients. Mentored a graduate student from Gonzaga University. Presented workshops for counselors and abuse survivors. Initiated National Depression Screening Day campaign. Expanded network of HMO, EAP, and PPO contracts.

1986-1998

**Founder & Executive Director**, Christian Counseling Center, Spokane

Developed and incorporated a private practice. Hosted "Straight Talk" on Christian Radio. Published Prayers for the Tongue Tied. Taught interns and practicum students from Whitworth and Eastern Washington University. Keynoted for seminars, retreats and the Christian Workers Conference (a local convention of 6,000). Produced two televised continuing ed broadcasts for teachers and counselors through ESD101 in twelve western states.

1986-1990

**Associate Pastor for Caring Ministries**, First Presbyterian Church, Spokane

1981-1985

**Pastor & Head of Staff**, Shady Grove Presbyterian Church, Memphis

1978-1981

**Pastor**, Grace Presbyterian Church, San Antonio, Texas

#### EDUCATION

Memphis University, Ed.D., Counseling & Personnel Services, 1985  
Austin Presbyterian Theological Seminary, M.Div. & D.Min., 1978  
Central Missouri State University, B.S., Poli. Sci., Bus. Admin., 1974

#### PROFESSIONAL MEMBERSHIPS

American Counseling Association, American Psychological Association, American Association of Christian Counselors, Christian Association for Psychological Studies

#### CIVIC ACTIVITIES

President of the Spokane Memorial Association (10,000 members); founding President of Dismas House of Memphis; Chaplain of Jaycees and Sales & Marketing Association of Memphis; Board of Directors of Memphis Family Services; Board of Directors of Hospice of Spokane; past member of Committee on Ministry for Memphis Presbytery and the Presbytery of the Inland Northwest