

# Stress and Anger Management Institute of Oklahoma LLC

Alina Morrow LPC-S, CAMS II  
1945 W Concord Circle N, Suite B  
Broken Arrow, Ok 74012  
(918) 808-9288

## Client Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

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

## Emergency Contact

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Counselor Date

# Stress and Anger Management Institute of Oklahoma LLC

## Consent for Assessment

Thank you for making the decision to pursue an anger management assessment with me. This document contains important information about my professional services and business policies. Please read it carefully and discuss with me any questions or concerns you might have before signing it.

### **Credentials**

I hold a Bachelor of Science Degree in Psychology from Lucian Blaga University from Sibiu, Romania, a Master's of Science Degree in Psychological Counseling and Psychotherapy from Babes Bolyai University from Cluj-Napoca, Romania, and a Master's of Science Degree in Community Counseling from Oklahoma State University.

I am a licensed professional counselor and supervisor (LPCS) in the State of Oklahoma (No. 5106). I am a Certified Anger Management Specialist II (CAMS II) by National Anger Management Association. This certification is recognized by the court system in all 50 states.

### **Assessment Services**

The anger management assessment is a process that requires collecting and gathering information needed to determine if the client has an anger management problem, and if his or her challenges are due to an anger problem or stem from other factors. Please know that anger is not a mental health disorder, therefore it is not a formal diagnosis. Anger is a normal human emotion which only becomes a problem if (1) it is affecting interpersonal relationships and job performance, (2) it is the predominant coping mechanism used to deal with stress, frustration and pressure, (3) it reaches an intensity not accepted by client's social environment, and (4) it results in legal repercussions.

The assessment takes on average 90 minutes to complete. It consists of two parts: a self-reported questionnaire (which takes between 15 to 30 minutes), and a clinical interview (one hour).

The questionnaire used is The Novaco Anger Scale and Provocation Inventory (NAS-PI), a two-part self-inventory designed to assess anger as a problem of psychological functioning and physical health. The first part of the questionnaire is the Novaco Anger Scale. It consists of 60 items, (which focus on how an individual experiences anger), organized in four subscales: Cognitive (COG), Arousal (ARO), Behavioral (BEH), and Anger Regulation (REG). The second-part of the questionnaire, the Provocation Inventory, contains 25 items that focus on the kind of situations that lead to anger in five content areas: Disrespectful Treatment, Unfairness, Frustration, Annoying Traits of Others, and Irritations.

The clinical interview will focus on identifying and discussing the client's coping mechanisms, attitude towards various sources of stress and frustration, thought processes utilized in solving problems and addressing conflict, access to a support systems, and means of self-care. The clinical interview also focuses on exploring client's anger and impulse control, overall level of aggression or passivity towards self and others, capacity to acknowledge the effects of anger on others, ability to communicate feelings and needs clearly, anger expression, and capacity for change and motivation to improve. It is expected that client's behavior and attitude be adequate for the setting in which the assessment is carried as well as

## Stress and Anger Management Institute of Oklahoma LLC

the counselor. It is recommended that the client is forthcoming and honest in the information shared. Omitting the truth or presenting an inaccurate side of the situation will affect the results of the assessment.

### **Confidentiality**

In general, the privacy of communication between a client and a license professional counselor is protected by the law and the ethical code the counselor abides to. However, when undergoing an assessment the information provided by the client can become subject of disclosure depending on each client's situation. If the purpose of the assessment is to learn about your anger problem the information shared during the assessment will be kept confidential. If the assessment is required by a third party (spouse, attorney), the client will sign a release of health care information in order for any of the information shared to be disclosed to the third party. Please know that some information provided during the clinical interview will be included in the formal evaluation in order to support the findings of the assessment and the recommendations made. There are also legal and/or ethical limitations to confidentiality which require a counselor to reveal information obtained during the assessment without the client's permission. Limits to confidentiality include the following:

1. If you threaten grave bodily harm or death to another person, I am required to inform the appropriate legal authorities and the intended victim.
2. If you express a serious intent to grievously harm yourself, it may be necessary for me to reveal information to family members and/or persons authorized to respond to such emergencies, in order to protect you from harm.
3. If a court of law issues a legitimate subpoena or court order, I am required to provide information that is specifically described in the document.
4. If you are being evaluated or treated by an order from a court of law, the results of the evaluation or treatment ordered must be revealed to the court.
5. If I have a good reason to suspect that a child or elder is a victim of physical abuse, sexual abuse, or neglect, these suspicions must by law be reported to the Department of Human Services.

### **Fee**

My standard fee is \$200. The fee is paid when the assessment is scheduled and it is not refundable.

### **Assessment Results**

After the assessment is completed, the results are analyzed and a formal statement will be provided to the client along with recommendations. This process takes seven days to complete. The results of the assessment can be emailed to the client, or can be picked up in person at the office. If you opt for a different person to pick up the document, a written consent will be needed. If the assessment concludes that you – the client, need to attend anger management, those services can be sought out from any agency or professional that offers anger management. The client is not expected nor required to receive anger management classes from Stress and Anger Management Institute of Oklahoma.

# Stress and Anger Management Institute of Oklahoma LLC

By signing this form, **I confirm that**

1. I read and understood the content of this document.
2. I understand and I am aware of the limitations of confidentiality.

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Client's Signature

Date

I acknowledge that this document has been discussed with me and all my questions had been answered. **I give my consent** to undergo the anger management assessment with Alina Morrow LPCS, CAMS II.

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Client's Signature

Date

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Counselor's Signature

Date

# Stress and Anger Management Institute of Oklahoma LLC

## Credit Card Guarantee

I agree that if I fail to confirm my scheduled counseling appointment 48 hours in advance, and I fail to make additional arrangements with my therapist or reschedule the appointment during that 48-hour time-period, I will pay the full fee for the missed session.

Credit Card Type:   \_\_\_ Visa   \_\_\_ MasterCard   \_\_\_ Amex   \_\_\_ Discover

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

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

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Three digit CID number: \_\_\_\_\_ (located on the back of card)

I agree to the above terms and authorize Stress and Anger Management Institute of Oklahoma LLC to charge the payment of the missed appointment.

---

Signature

Date

# Stress and Anger Management Institute of Oklahoma LLC

## Authorization for Release of Healthcare Records

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I hereby request and authorize

**Alina Morrow LPCS, CAMS II**  
1945 West Concord Circle N, Suite B  
Broken Arrow, OK 74012  
(918) 808-9288

\_\_\_\_\_ To Disclose information to: \_\_\_\_\_ To Receive information from:

Provider/Person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Information to be disclosed includes copies of:

\_\_\_\_\_ Entire Record

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization will be effective for one year after the date signed, unless cancelled in writing. I understand that the cancellation will have no effect on information release prior to receiving the cancellation. A copy of this authorization is as valid as the original.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

Notice to recipient of information: This information has been disclosed to you from confidential records, which are protected by law. Unless you have further authorization, laws may prohibit you from making any further disclosures of this information without the specific written consent of the client or legal representative.