



Client Enrollment Form

www.securechoices.org | areed@securechoices.org | info@securechoices.org

Updated fillable packet for easier client completion

Client Information

Full Legal Name

Date of Birth

Phone Number

Email Address

Alternate Phone

SSN / Last 4 (if needed)

Street Address

City / State / ZIP

Referral / Court Information

Referral Source / Officer / Attorney

Referral Phone / Email

Court / Case Number

Supervision Type

Required Completion Date

Program Selection

Requested Service(s) - check all that apply

☐ 12-Week Anger Management ☐ Life Skills ☐ Peer Recovery Support ☐ Reentry Coaching ☐ Other

If Other, describe

Preferred Format

☐ In Person ☐ Virtual ☐ Hybrid

Emergency Contact

Emergency Contact Name

Relationship

Phone Number

Client questions, accommodations, or notes



Program Participation Agreement

www.securechoices.org | areed@securechoices.org | info@securechoices.org

Conduct, attendance, confidentiality, and court communication

Program Description

You are enrolling in Secure Choices LLC services, including the 12-week Anger Management Course when selected. The anger management program is facilitated by qualified staff and is recognized as a court-ready educational program. Participants may receive materials and a completion certificate when requirements are met.

Court-Ordered Disclosure

If you are attending because of a court order, probation, parole, pretrial supervision, attorney referral, or other legal requirement, Secure Choices LLC may share attendance, progress, compliance, completion, non-completion, and safety-related concerns with authorized referring parties.

Authorized Court / Probation / Parole / Attorney Contacts

Participant Rules - Initial Each Item

	Initials
Respect: I will speak respectfully to the facilitator and other participants.	
Punctuality: I will arrive on time and understand repeated lateness or absences may affect completion.	
Participation: I will actively participate in discussions, assignments, and exercises.	
Confidentiality: I will protect group privacy except where disclosure is legally required.	
Substance-Free: I will not attend class under the influence of alcohol or drugs.	
Compliance: I will follow facilitator instructions and program guidelines.	
Non-Discrimination: I will not engage in harassment, threats, discrimination, or demeaning behavior.	

Secure Choices LLC may remove a participant from group sessions for safety reasons, disruptive behavior, threats, harassment, or other conduct that prevents a productive learning environment.

Consent and Signature

I acknowledge that I have read, understood, and agree to the terms above. I consent to participate in Secure Choices LLC services and understand my responsibilities regarding attendance, conduct, confidentiality, and court communication where applicable.

Client Signature (type name for electronic signature)

Date



Telehealth Services Informed Consent

www.securechoices.org | areed@securechoices.org | info@securechoices.org

For virtual, hybrid, phone, messaging, and digital service delivery

Definition of Telehealth

Telehealth involves electronic communication that allows Secure Choices LLC to deliver services when the client and provider are not physically in the same location. This may include video conferencing, phone calls, secure messaging, email, and other digital technologies.

Client Rights and Responsibilities

- ☐ Telehealth participation is voluntary, and I may request in-person services when feasible.
- ☐ Confidentiality protections apply to telehealth, except where disclosure is required by law.
- ☐ I understand possible risks, including technology failure, privacy limitations, or incomplete transmission of information.
- ☐ I will participate from a private and safe location whenever possible.
- ☐ I will provide my location and emergency contact information when requested for safety planning.

Address / Location Where Client Will Usually Attend Telehealth

Emergency Contact for Telehealth

Emergency Contact Phone

Preferred Platform / Phone

Consent to Use Telehealth

By signing below, I consent to receive telehealth services from Secure Choices LLC. I understand that I may withdraw this consent in writing at any time.

Client Signature (type name for electronic signature)

Date



Insurance and Payment Authorization

www.securechoices.org | areed@securechoices.org | info@securechoices.org

Billing information and client payment responsibility

Authorization to Bill Insurance

I authorize Secure Choices LLC to bill my insurance company for covered services. I understand that I am responsible for any charges, copays, deductibles, or balances not covered by my insurance plan unless otherwise agreed in writing.

Client Full Name

Date of Birth

Phone Number

Address

Insurance Provider

Member ID Number

Group Number

Policy Holder Name

Policy Holder DOB

Relationship to Client

Payment Method / Plan

☐ Pay in full

☐ Payment plan

☐ Sliding scale requested

☐ Organization / court paid

Selected Fee / Rate

Amount Paid Today

Balance Due

Billing notes / responsible party details

I certify that the information provided is correct. This authorization allows Secure Choices LLC to release necessary information to my insurance company or payer for billing and claims processing. This authorization remains in effect until revoked in writing.

Client Signature (type name for electronic signature)

Date

Secure Choices Representative

Date



12-Week Anger Management Pre-Test

www.securechoices.org | areed@securechoices.org | info@securechoices.org

Complete before beginning the program

Instructions

Choose the best answer for each question. This pre-test helps Secure Choices LLC understand your starting knowledge and does not prevent enrollment.

1. Anger itself is not a problem; the way you express it can be the problem.

- ☐ True ☐ False

2. Triggers are events or situations that can set off angry feelings.

- ☐ True ☐ False

3. Physical cues like rapid heartbeat or muscle tension are unimportant when learning to manage anger.

- ☐ True ☐ False

4. Thought stopping is a strategy that helps interrupt escalating angry thoughts.

- ☐ True ☐ False

5. Stress management techniques, such as deep breathing or exercise, can reduce the intensity of anger.

- ☐ True ☐ False

6. Which of the following is a cognitive cue of anger?

- ☐ A) Sweating ☐ B) Self-talk ☐ C) Clenched fists ☐ D) Headache

7. The Anger Meter is used to:

- ☐ A) Record other people's anger ☐ B) Measure weekly anger incidents ☐ C) Help individuals rate their own anger
☐ D) Replace therapy sessions

8. Which of the following is NOT an effective coping strategy?

- ☐ A) Walking away ☐ B) Deep breathing ☐ C) Planning revenge ☐ D) Talking calmly

9. Which best describes the ABCD Model?

- ☐ A) A way to measure anger intensity ☐ B) A strategy to challenge irrational thoughts ☐ C) A relaxation technique
☐ D) A type of medication

10. A strong support system in anger management is important because:

- ☐ A) Guarantees you never feel angry again ☐ B) Provides encouragement and accountability
☐ C) Eliminates self-awareness ☐ D) Allows you to avoid responsibility

Client Signature (type name for electronic signature)

Date



Pricing and Completion Acknowledgment

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Clear payment options and completion requirements

Pricing Summary

Offering Type	Duration / Format	Standard Price	Discounted / Group Rate
Individual / Private Client	12 weeks, weekly class, materials and certificate	\$700	\$630
Small Group Enrollment	5-10 individuals from same community or organization	\$630	\$550 or agreed group rate
Organizations / Non-profits	11-25 individuals	Bulk pricing	Up to 5% additional discount
Hospitals / Clinics	26+ individuals or ongoing partnership	Partner pricing	10%-15% discount where approved
Sliding Scale / Subsidized	Demonstrated financial need	By approval	\$400-\$500 when available

Client Acknowledgment

Materials and certificate are included when the participant meets completion requirements. Payment plans may be approved by Secure Choices LLC. Missed sessions, cancellations, or failure to complete assignments may affect completion status and any reports sent to court, probation, parole, or referring parties.

- ☐ I understand the program fee, payment responsibility, and any approved payment plan.
- ☐ I understand that completion requires attendance, participation, and compliance with program rules.
- ☐ I understand that court/referral reports may state completed, active, non-compliant, or incomplete status.

Selected Program / Service

Start Date

Expected Completion Date

Client Signature (type name for electronic signature)

Date

Secure Choices Representative

Date