

CLIENT INFORMATION SHEET

Date of First Visit _____ Date of Birth _____

Client Name _____

Age _____ Gender _____

Address

City _____ State _____ Zip _____

Cell Phone _____

Home Phone _____

Business Phone _____

Email Address _____

Occupation _____

Relationship status:

Married _____ Committed _____ Divorced _____

Single _____ Separated _____ Widowed _____

How long in relationship? _____

Partner's Name

Date of Birth _____ Age _____

Phone _____

Occupation _____

Any children? list names & ages

Past Therapy Experience

Any Relevant Medical History

Current Relationship to Alcohol and Drugs

I learned about your practice or was referred by:

PAYMENT METHOD

Billing Method:

Check _____ Credit Card _____

If paying with a credit card:

Name _____

Role _____

Name on CC _____

Credit Card Number _____

Exp. Date _____ CCV _____

I authorize Colleen Stewart, LPC to bill the above credit card for professional services or missed appointments in accordance with policies described above. I will notify Colleen in writing if I no longer want my credit card billed.

X _____

Signature of Cardholder

Date

FEES AND PAYMENTS

Please read the following guidelines and review any questions you may have in your initial visit. Prices and payment policies must be kept clear to avoid interfering with the therapeutic process.

Fees for Professional Services: \$130/hour

- ❖ Phone calls lasting 15 minutes or longer will be subject to regular hourly fees – includes call on clients behalf, care consultation with other professionals
- ❖ Fees are periodically adjusted as needed. You will receive advance notice of any changes.
- ❖ Payment is to be made in full at each session. Payment options include Check, Cash, Visa/ Mastercard/ American Express/ Discover.
- ❖ I will not submit any claims to your insurance company. I will be happy to provide client statements and session receipts upon request. Please plan responsibly in advance for obtaining statements as rush preparation of statements is not guaranteed.

CANCELLATIONS

I have a 24-hour cancellation policy. Please give me at least 24-hours to change or cancel any scheduled appointment. **No-shows and late cancels will be billed at regular session fees.** Although I try to have all appointments re-confirmed the day before, a confirmation call or email is not guaranteed. It is your responsibility to keep track of your appointments or call the office with any scheduling questions.

CONFIDENTIALITY

Information discussed in counseling is confidential. I am legally and ethically bound to protect this confidentiality. There are three instances when a therapist must disclose information about a client:

At the Client's Request - When you sign a written release expressing consent to disclose information to a specific individual or organization.

Clear and imminent danger - If disclosures in a counseling session reveal an immediate threat of danger to you, another person, or the property of another person, confidentiality is outweighed by an ethical obligation to prevent harm.

Court order / subpoena

Attached is a separate handout regarding HIPAA privacy issues. Please read.

I have read and understand the above statement and I agree to the terms listed.

Signature _____

Date _____

Please Read Carefully

Informed consent and HIPAA Notice for *Colleen Stewart, MA, LPC, CIRT*

This document contains information so that you can understand your rights and responsibilities. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA),

Treatment Information

- Services Provided. Services provided include counseling, psychotherapy and client education. By signing this form, you are consenting to this service.
- Treatment is Optional and Not Required. Counseling, psychotherapy services are not required. I do not work with people who are forced to seek treatment by others. You are free to limit or end treatment at any time.
- Consultation. From time to time I consult with other professionals for clinical supervision. I will not provide your name. They will be bound by the same laws and ethical standards.
- Service Orientation and Approach. My approach to working with clients and patients is primarily educational and focused on problem solving with psychotherapy and counseling to support specific problems. I provide information, recommendations and therapeutic environment intended to give clients meaningful choices.
- Methods. Services provided include individual, group, family, couples, marital, crisis and education. The focus of services are primarily educational and interpersonal with some interpretation directed to providing insight. Cognitive, behavioral, interpersonal and humanistic methods are used to guide services. The primary focus is on education and problem solving that leads to actions.
- Unique Approaches. I use Imago Relationship Therapy for couples work, and a combination of primarily non-directive methods in individual work. I often link childhood pain to adult behaviors. This can be emotionally intense.
- Electronic Transmissions. I may rely on e-mail to keep in touch with you. I believe private (not an employer's) e-mail system is at least as secure as regular mail or the telephone. However, it is harder to tell if an e-mail has been opened. Be cautious, in some cases an employer can monitor, keep copies and open your e-mail. All electronic records are purged from servers and computers. Hard copies are placed in patient files. As an alternative, you may print any intake forms available on-line and complete it using a pen and mail it, it or bring it to your first appointment. You are not required to use e-mail or complete historical information on-line.
- Risk of Life Changes. Presumably, you are seeking therapy to change some aspect of your life. Therapy, counseling, crisis intervention, consultation and education services can have a profound impact. Change is up to you. This work can be very intensive and stressful. In most cases, you can expect improvement without unexpected problems. However, it is possible that there may be no change, problems or a disruptive change. For example, couples in conflict may decide to divorce. Children may become resistant to changes that you are making in your approach to parenting. Unexpected changes or results sometimes occur and cannot be predicted.
- Consent of Minors. It is my policy to work with children only when the parents are involved. I do not work with patients under the age of 14. I will not work with minors who object to our work with their parents as well. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, for children between 14 and 18, it is sometimes our policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of his concern. Before giving

parents any information, we will discuss the matter with the child, if possible, and do his best to handle any objections he/she may have.

- Legal Issues. I will not provide legal advice or forensic services as part of treatment. I may bring up issues for you consider, but we recommend you seek legal opinions. I do not provide assessments or recommendations in support of legal actions such as child custody, competency evaluations, lawsuits or criminal charges.
- Contacting Your Provider Due to my work schedule, we may not immediately available by telephone. While I am usually in the office between 9 AM and 6 PM, I will not answer the phone when I am with a client. When I am not available, our telephone is answered by an answering service that I monitor frequently. They have personal contact information for me and can usually reach me in case of emergency. I cannot guarantee but will make every effort to return your call on the same day you make it. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the for assistance regarding a mental health emergency. If I am unavailable for an extended time, I will provide the answering service with the name of a colleague to contact, if necessary.

Confidentiality

Confidentiality is a legal protection and assurance of your right to privacy to the fullest extent allowable Federal and State statutes. Psychotherapy, counseling, assessment and associated services that are related to diagnosis, evaluation and treatment services provided by licensed professionals are confidential and protected in accordance with state law pertaining to that license. This means that the patient has legal rights and effective steps he or she can take to keep their records and treatment relationship private. Confidentiality does not apply if you are not my client.

HIPAA Notice

Notice of Provider's Policies and Practices to Protect the Privacy of Your Health Information

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

"PHI" (Protected Health Information) refers to individually identifiable health information. PHI includes any identifiable health information received or created by this office or myself. "Health information" is information in any form that relates to any past, present, or future health of an individual. Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist. Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. "Use" applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of our [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose confidential information (including but not limited to PHI) for purposes of treatment, payment, and healthcare operations when your written informed consent is obtained. We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *"authorization"* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. *"Psychotherapy notes"* are notes I have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Patient's Rights and Provider's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- *Mental Health Provider's Duties:* We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will post these in our office and mail you a copy if reasonably possible when information is requested from your file.

IV. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

V. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice when information is requested.

Limits of Confidentiality

There are some situations where we are permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your (or your personal or legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, we may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, he/she automatically authorizes us to release any information relevant to that claim.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment. These situations are unusual in our practice.
- If there is a child abuse investigation, the law requires that we turn over our patient's relevant records to the appropriate governmental agency, usually the local office of the Department of Human Services. Once such a report is filed, we may be required to provide additional information.
- If there is an elder abuse or domestic violence investigation, the law requires that we turn over our patient's relevant records to the appropriate governmental agency, usually the local office of the Department of Human Services. Once such a report is filed, we may be required to provide additional information.
- If we believe that a patient presents a clear and substantial risk of imminent, serious harm to another person, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If we believe that a patient presents a clear and substantial risk of imminent, serious harm to him/her self, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

If such a situation arises, we will make a reasonable effort to fully discuss it with you before taking any action and we will limit our disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Agreed:

Client Signature

Date