

Date:

Personal

Name:

Date of Birth

Age:

Sex: Female _____ Male _____ Transgender _____ Other _____

Home Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Email:

Occupation:

Employer:

Work Address:

City:

State:

Zip Code:

Single

Married

Domestic Partner

Divorced

Long Term Relationship

Widowed

Spouse/Significant Other's Name:

Notify in case of emergency:

Name:

Phone:

Relationship to you:

Children/siblings/parents who live In your home:

Name:

Relationship:

Age:

Referred by:

Relationship:

MEDICAL

Do you have any medical problems? Please explain.

If you are currently under the care of a physician for a continuing health problem, please give me your physician's name and phone number:

Do you take regular medications? If so, please list:

Medication:

Dosage:

Frequency:

Do you smoke? Yes No

If yes, how much?

Do you drink alcoholic beverages? Yes No

If yes, how much?

Previous Mental Health Services

Type of Services:

Provider :

Dates of Services:

Current or expected legal involvement? Yes No
If yes, please explain.

Previous mental health services

Reason for seeking this service or situation for which you are

Briefly describe the goals you would like to accomplish in

services.

BACKGROUND & GOALS

Briefly describe the reason or situation for which you are seeking therapy:

Briefly explain the goals you would like to accomplish in therapy:

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POLICY REGARDING E-MAIL, TEXTING ETC.

EMAIL

The best way to reach me between sessions is to call and leave a voicemail. My e-mail is not a secure medium. It is not encrypted. Both of these methods should be used only for administrative reasons, including but not limited to scheduling appointments. You may also ask me questions and I will respond and if needed schedule a time to speak on the telephone. Please do not include any personal health information in your e-mail to me (i.e. social security number or date of birth). Messages are generally return within 24 hrs.

TEXT

If you choose to text me, please be aware that this is also not a secure medium. If you choose to text me, please only use it to confirm an appointment, let me know if you are running late or to cancel your appointment.

While technology provides other ways for people to communicate, the relationship between a therapist and client is unique, and so these methods are not a viable way for us to interact. To this end, I do not accept friend requests on sites like Facebook or Linked In.

Thank you for your understanding.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

SOCIAL MEDIA POLICY

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

FRIENDING

I do not accept friends or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

I keep a Facebook Page for my professional practice to allow people to share my blog posts and practice updates with other Facebook users. My code of ethics and HIPAA requires that I protect client confidentiality and for this reason, I am unable to reply to comments. Because I am unable to reply to comments, if you have a concern please feel free to contact me directly to discuss.

BUSINESS REVIEW SITES

You may find my psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find

my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

It is unethical for me to solicit testimonials.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in” from my office or if you have a passive LBS app enabled on your phone.

Client Signature:

Date:

Therapist Signature:

Date:

GENERAL INFORMATION

I have a Masters Degree in Clinical Social Work from Texas State University and I am licensed by the State of Texas as a Social Worker. I have been working as a therapist for over 15 years with adults in individual therapy and adults in couples therapy. I also have also worked in a hospital setting with adults.

CONFIDENTIALITY

All interactions with your therapist are confidential and will not be released without your permission. For the vast majority of clients, no exceptions to confidentiality are made. However, the law requires therapists to make exception in the following circumstances:

- You may request, in writing, that information be released to persons you designate.
 - If there is evidence that you pose a clear and imminent danger of harms to yourself and or others, I am legally required to report this information to the proper authorities.
 - Texas law required that anyone who learns of, or has strong suspicious of, abuse or neglect of any person under 18 years of age or of an elderly or disabled person must report this information to proper authorities.
 - A court ordered subpoena can require me to release information contained in records or require me to testify in a court hearing.
 - If you tell me of any sexual involvement with a mental health professional, I must report this to the appropriate State Examining Board.
 - I am required, under the Patriot Act, to disclose your personal health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. Under this law, I cannot reveal to you when I have disclosed such information to the government.
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ABOUT THERAPY

Therapy provides opportunity for individuals to deal with person crises and to learn to make better decisions, improve personal skills, develop increased confidence, overcome blocks to personal effectiveness, and acquire a keener awareness and appreciation of their needs and the needs of others. In the personal interaction with a therapist, a client is helped to explore and express feelings, examine beliefs and ways of thinking about the world, reflect on patterns of behavior, and work towards making health changes.

Personal commitment to therapy is crucial for success. Each session will typically start on time and last for 50 minutes. It is important that you keep appointments and participate in each session by discussing your feelings, including any uncomfortable ones you may be experiencing.

You have the right to terminate therapy at any time, although I may recommend that you continue. You should be aware that there are alternative to individual psychotherapy, including:

- *group therapy
- * couples therapy
- *family therapy
- * support groups (such as Alcoholics Anonymous and A-Anon)
- *reading self-help books

Therapy is sometimes a painful process and can result in change in an individual, couple, or family life which may be unsettling. If you have concerns about the outcome of your therapy, please feel free to discuss them with me.

FEES

My fee is \$150 per session.

I'm not an in-network provider for health insurance, however, I will be happy to assist you with the insurance paperwork so that you can file under your out-of-network benefits.

I accept personal checks or Credit Cards

For credit card payments, I use an encrypted, online credit card system, which will store your card number for convenience. Even though it is encrypted, it is important that you know that credit card transactions over the internet are vulnerable to theft. If you choose to use a credit card, please initial here to approve my use of a credit card with which you will provide me to charge for sessions or late cancellation fees. If it is used for a late cancellation fee, I will discuss this with you before charging.

I approve use of my credit card for the above-stated charges _____

LEGAL APPEARANCE FEES

Please note that because I am extremely reluctant to appear in court, as such testimony does not generally benefit the client-therapist relationship, my fee for expert testimony in court or deposition is \$750 per hour, whether appearing by agreement, or by commandment of subpoena, beginning when I leave my office to appear in court or deposition, to include all travel time, wait time and testimony time, whatever form they may take, and ending when I arrive back at my office. This fee is non-negotiable. If it becomes necessary that I appear in court on your behalf, I will provide you with a contract to sign for these services.

PLEASE READ THE FOLLOWING POLICIES REGARDING FEES CAREFULLY:

*Appointments not cancelled at least 24 hours in advance will be billed in full. IF YOU HAVE AN APPT ON A MONDAY, PLEASE LET ME KNOW BY THAT FRIDAY IF YOU WILL BE UNABLE TO ATTEND.

*Fees are due and payable at the end of each session.

PLEASE NOTE THAT I AM NOT AVAILABLE ON AN ON-CALL EMERGENCY BASIS. A MESSAGE MAY BE LEFT FOR ME AT THE ABOVE PHONE NUMBER AND I WILL RETURN THE CALL WITHIN 24 HOURS UNLESS OTHERWISE NOTIFIED.

Please feel free to discuss any of these policies with me before or during your time in therapy. Your signature below indicates that you have read, understood, and agree to abide by these policies.

A copy of this document will be provided to you upon request

I agree to the terms and conditions mentioned above:

Client Signature:

Date:

Therapist Signature:

Date: