



SUBMIT FORM

Patient Registration

Date: _____

Patient Information

Name: _____ Date of birth: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip _____

SS# _____ Sex: M F Marital Status: _____

Home phone { } _____ - _____ Message OK? Yes No Occupation: _____

Work phone: { } _____ - _____ Message OK? Yes No Employer: _____

Other phone: { } _____ - _____ Message OK? Yes No Email address: _____

Emergency Contact: _____ Relationship to Patient: _____

Emergency Contact home phone: { } _____ - _____ Emergency Contact work phone: { } _____ - _____

Billing information (if different from above or patient is a minor)

Name: _____ Date of birth: _____ Age: _____

Address: _____ City: _____ MA: _____

SS# _____ DL# _____ Sex: M F Relationship to Patient: _____

Home phone: { } _____ - _____ Work phone: { } _____ - _____ Other phone: { } _____ - _____

Occupation: _____ Employer: _____ Email: _____

Journey to Peace Counseling

Informed Consent, Privacy Practice and HIPAA

THE PROCESS OF THERAPY: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Psychotherapy requires your very active involvement, honesty, and openness in order to change. Your therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. During therapy, remembering or talking about painful memories, unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings. This may include anger, sadness, worry, fear, shame, anxiety, depression, insomnia, etc. Your therapist may challenge some of your assumptions and/or perceptions and propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing perceptions, beliefs, behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, your therapist is likely to draw on various psychological approaches according, in part, to the problem that is being treated and their assessment of what will best benefit you. Sometimes more than one approach can be helpful in dealing with a certain situation. These approaches may include, but are not limited to: cognitive-behavioral, psychodynamic, EMDR, behavioral, existential, systems/family of origin, developmental (adult, child, family), bibliotherapy, or psycho-educational. Initial _____

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, your therapist will discuss with you their working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about the course of your therapy, the possible risks, your therapist's ability, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that your therapist does not provide, they have an ethical obligation to assist you in obtaining those treatments.

Initial _____

Termination: You have the right to terminate therapy at any time. Ideally, this happens when the goals of therapy have been met. If at any point during psychotherapy, your therapist believes they are not effective in helping you reach the therapeutic goals, they are obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, they would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, your therapist will talk to the new psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, your therapist will assist you in finding someone qualified, and with your written consent will provide her or him with the essential information needed. Initial _____

Dual Relationships: A dual relationship exists when you have some type of relationship with your therapist outside the clinical setting. This may include civic and philanthropic groups, religious communities, sports leagues, etc. Appropriate dual relationships are not unethical. Therapy never involves sexual or any other dual relationship that can be exploitative in nature, or impairs your therapist's objectivity, clinical judgment and/or therapeutic effectiveness. Appropriate non-sexual dual relationships can be clinically beneficial, and may, in fact, be the reason you chose your therapist. Your therapist will discuss with you the potential benefits and difficulties that may be involved in dual relationships and will discontinue the dual relationship if it interferes with the effectiveness of the therapeutic process.

Initial _____

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact your therapist between sessions, please leave a message on the office v-mail and your call will be returned as soon as possible. Your therapist checks messages a few times a day, unless they are out of town. Understand that your therapist may charge you for services rendered over the phone. Please clarify with your therapist about their policy in this regard. If an emergency situation arises, please indicate it clearly in your message. *If you are experiencing a medical emergency visit your nearest emergency room or call 911. If you are experiencing an emotional crisis and need to speak with someone immediately, please call the crisis hotline at 1-877-288-1828.*

Initial _____

PAYMENTS & Billing: Patients are expected to pay the standard fee of \$65.00 for individuals and \$85.00 for couples per 50 minute session at the end of each session unless other arrangements have been made. Premarital Counseling sessions are 100 per session for a total of 8 sessions. Telephone conversations and Telehealth virtual sessions are the same price as a regular session. Report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, 65.00 per hour. Court appearances, travel time, document preparations etc. will be charged at the rate of 300 per hour. Please notify your therapist if any problem arises during the course of therapy regarding your ability to make timely payments. Health insurance is a contract between you and your insurance company. Patients who carry insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. As was indicated in the section *Health Insurance & Confidentiality of Records*, be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/ conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

Initial _____

PROFESSIONAL RECORDS The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] Clients will be charged an appropriate fee for any professional time spent in responding to information requests. I will be happy to send the summary to another mental health professional who is working with you. [This service will be provided without any additional charge.] [You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly.] [There will be an additional charge for this service.]

Initial _____

Telehealth The [World Health Organization \(WHO\)](#) defines Telehealth as health care services that use telecommunications and virtual technology to deliver health care outside of traditional health-care facilities. These technologies include videoconferencing, the internet and wireless communications. While I can guarantee confidentiality on my end, it's your responsibility to guarantee confidentiality on your end.

Initial _____

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to act to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child [elderly person, or disabled person] is being abused, I must [may be required to] file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Journey to Peace Counseling

Confidential Personal Health History

Date: _____

Name: _____
Education level: _____ Current Occupation: _____
Satisfied with your occupation? Yes No Comment: _____
Ethnicity: _____ Religion: _____

Complete if different from patient registration:

Sex: M F Age _____ Language spoken at home? English Other: _____
Present Address: _____ # _____
City: _____ State _____ Zip _____
Home Phone # { } _____ - _____ Work Phone # { } _____ - _____ Email: _____

Marital Status (Check all that apply): Years Married _____
 married living together never married
 divorced separated
 custodial parent remarried non-custodial parent remarried
Are there current marital problems? Yes No Comments: _____

Spouse's Name _____ Highest level of education _____
Occupation _____ Satisfied with job? Yes No

Children

Name _____ Sex M F Age _____
Name _____ Sex M F Age _____
Name _____ Sex M F Age _____

Mother's Name _____ Stepmother? Yes No
Occupation _____ Highest level of education _____

Father's Name _____ Stepfather? Yes No
Occupation _____ Highest level of education _____

Siblings

Name _____ Sex M F Age _____
Name _____ Sex M F Age _____
Name _____ Sex M F Age _____

With whom were you raised (Check all that apply)?

Biological Parents Parent and Step Parent Foster Parents
 Single Parent Adoptive Parents Relatives
 Institution Legal Guardian Other: _____

Marital Status of Parents (Check all that apply): Years Married _____

married living together never married divorced separated
 custodial parent remarried non-custodial parent remarried

Comments: _____

Journey to Peace Counseling

Please list any major medical conditions in your family: _____

Your medical conditions or health issues: _____

Current Physician: Dr. _____ Phone # { } _____ - _____

Date of most recent visit: _____ Reason _____

Medications you take: I do not take prescription medication at this time

Medication: _____ For what condition: _____

Please describe other serious illnesses or injuries: _____

Is there any family history of treatment for psychological/psychiatric conditions? Yes No

Comments: _____

Have you had previous counseling or psychotherapy? Yes No

With whom and when: _____

Have you ever felt suicidal? Yes No Do you feel that way now? Yes No

Comment: _____

Are involved in any legal proceedings? Yes No comment: _____

Have you ever been arrested? Yes No Have you been convicted of a crime? Yes No

Comment: _____

Do you drink alcohol? Yes No What type: _____ Frequency: _____

Do you use tobacco? Yes No What type: _____ Frequency: _____

Do you use other drugs? Yes No What type: _____ Frequency: _____

What are your main concerns/reasons for seeking treatment? _____

Did a specific event lead to this session? Yes No Comment: _____

Have you been a victim of physical or sexual abuse/assault? Yes No Comment: _____

Is there anything significant you would like to add? _____

