

# Something To Believe In Counseling

3732 Lakeside Dr. Suite 100

Reno, NV 89509

Phone 775-870-6552 Fax 775-204-9293

Please fill in the information below and bring it with you to your first session.

Please note: information provided on this form is protected as confidential information.

## Personal Information

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

Parent/Legal Guardian (if under 18): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Cell/Work/Other Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Email: \_\_\_\_\_ May we leave a message?  Yes  No

*\*Please note: Email correspondence is not considered to be a confidential medium of communication.*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status:

Never Married

Domestic Partnership

Married

Separated

Divorced

Widowed

Referred By (if any): \_\_\_\_\_

## History

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

No  Yes, previous therapist/practitioner: \_\_\_\_\_

Are you currently taking any prescription medication?  Yes  No

If yes, please list:

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

Have you ever been prescribed psychiatric medication?  Yes  No

If yes, please list and provide dates:

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

## General and Mental Health Information

1. How would you rate your current physical health? (Please circle one)

Poor

Unsatisfactory

Satisfactory

Good

Very good

Please list any specific health problems you are currently experiencing: \_\_\_\_\_

\_\_\_\_\_

2. How would you rate your current sleeping habits? (Please circle one)

Poor                      Unsatisfactory                      Satisfactory                      Good                      Very good

Please list any specific sleep problems you are currently experiencing:

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3. How many times per week do you generally exercise? \_\_\_\_\_

What types of exercise do you participate in? \_\_\_\_\_

4. Please list any difficulties you experience with your appetite or eating problems: \_\_\_\_\_

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5. Are you currently experiencing overwhelming sadness, grief or depression?     No     Yes

If yes, for approximately how long? \_\_\_\_\_

6. Are you currently experiencing anxiety, panics attacks or have any phobias?     No     Yes

If yes, when did you begin experiencing this? \_\_\_\_\_

7. Are you currently experiencing any chronic pain?             No     Yes

If yes, please describe: \_\_\_\_\_

8. Do you drink alcohol more than once a week?             No     Yes

9. How often do you engage in recreational drug use?

Daily             Weekly             Monthly             Infrequently     Never

10. Are you currently in a romantic relationship?             No     Yes

If yes, for how long? \_\_\_\_\_

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship?

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11. What significant life changes or stressful events have you experienced recently? \_\_\_\_\_

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### Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes / no	_____
Anxiety	yes / no	_____
Depression	yes / no	_____
Domestic Violence	yes / no	_____
Eating Disorders	yes / no	_____
Obesity	yes / no	_____
Obsessive Compulsive Behavior	yes / no	_____
Schizophrenia	yes / no	_____
Suicide Attempts	yes / no	_____

**Additional Information**

1. Are you currently employed?       No     Yes

If yes, what is your current employment situation? \_\_\_\_\_

\_\_\_\_\_

Do you enjoy your work? Is there anything stressful about your current work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you consider yourself to be spiritual or religious?       No     Yes

If yes, describe your faith or belief: \_\_\_\_\_

\_\_\_\_\_

3. What do you consider to be some of your strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What do you consider to be some of your weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What would you like to accomplish out of your time in therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## What You Should Know about Confidentiality in Therapy

I will treat what you tell me with great care. My professional ethics (that is, my profession's rules about values and moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy. I cannot promise that everything you tell me will never be revealed to someone else. There are times when the law requires me to tell things to others. There are also other limits on our confidentiality. We need to discuss these, because I want you to understand clearly what I can and cannot keep confidential. You need to know about these rules now, so that you don't tell me something as a “secret” that I cannot keep secret. Please read these pages carefully and keep this copy. At our next meeting, we can discuss any questions you might have.

### **1. When you or other persons are in physical danger, the law requires me to tell others about it.**

Specifically:

a. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.

b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.

c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will attempt to get your permission first, and I will discuss this with you as soon as possible afterwards.

d. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have the legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics.

You may also want to talk to your lawyer.

In any of these situations, I would reveal only the information that is needed to protect you or the other person. I would not tell everything you have told me.

2. In general, if you become involved in a court case or proceeding, you can prevent me from testifying in court about what you have told me. This is called “privilege,” and it is your choice to prevent me from testifying or to allow me to do so. However, there are some situations where a judge or court may require me to testify:

a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt.

b. In cases where your emotional or mental condition is important information for a court's decision.

- c. During a malpractice case or an investigation of me or another therapist by a professional group.
- d. In a civil commitment hearing to decide if you will be admitted to or continued in a psychiatric

hospital.

e. When you are seeing me for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don't have to tell me what you don't want the court to find out through my report.

f. If you were sent to me for an evaluation by worker's compensation or Social Security disability, I will be sending my report to a representative of that agency and it can contain anything that you tell me.

3. There are a few other things you must know about confidentiality and your treatment:

a. I may sometimes consult (talk) with another professional or supervisor about your treatment.

This other person is also required by professional ethics to keep your information confidential

b. I am required to keep records of your treatment, such as the notes I take when we meet. You have a right to review these records with me. If something in the record might seriously upset you, I may leave it out, but I will fully explain my reasons to you.

4. Children and families create some special confidentiality questions.

a. When I treat children under the age of about 12, I must tell their parent or guardian whatever they ask me. As children grow more able to understand and choose, they assume legal rights. For those between the ages of 12 and 18, most of the details in things they disclose will be treated as confidential. However, parents or guardians do have the right to general information, including how therapy is going. They need to be able to make well-informed decisions about therapy. I may also have to tell parents or guardians some information about other family members that I am told, especially if these others' actions put them or others in any danger.

b. In cases where we treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. We may have different duties toward different family members. At the start of treatment, we must all have a clear understanding of our purposes and my role. Then we can be clear about any limits on confidentiality that may exist.

c. If you tell me something your spouse does not know, and not knowing this could harm him or her, I cannot promise to keep it confidential. I will work with you to decide on the best long-term way to handle situations like this.

d. If you and your spouse have a custody dispute I will need to know about it. My professional ethics prevent me from doing both therapy and custody evaluations.

e. If you are seeing me for couples' counseling related to addiction, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. The court, however, may order me to testify.

f. At the start of family treatment, we must also specify which members of the family must sign a release form for the common record I create in the therapy or therapies. (See point 7b, below.)

5. Confidentiality in group therapy is also a special situation. In group therapy, the other members of the group are not therapists. They do not have the same ethics and laws that we work under. You cannot be certain that they will always keep what you say in the group confidential.

6. Finally, here are a few other points:

a. We will not record our therapy sessions on audiotape or videotape without your written permission.

b. If you want me to send information about our therapy to someone else, you must sign a "release-of-information" form. We have copies you can see, so you will know what is involved.

c. Any information that you share within a session and also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.

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Signature of client (or person acting for client)

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Date

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Printed name

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Clinician Signature

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Date

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## Request for Nonsecure Communications

### General Information

Email and text are not typically considered “secure” or “confidential” means of communication, as a cyber “attacker” could potentially access your information in the event of a breach of security. Although this might be considered highly unlikely, it is possible.

### Text Reminders

For ease of care, we often provide text reminders to clients. This is sent from a messaging system and is considered “nonsecure”. However, we do not use personal identifiers such as your name or the name of my practice. An example is, “See you tomorrow at 3:00pm”

\_\_\_\_\_ Please initial here if you agree to receiving text appointment reminders

### Email Communication

At times clients request that information be sent to them via email. Examples of this might include a superbill, an appointment reminder, a list of coping techniques, a reminder related to HW, etc. Email also is not considered to be secure means of communication unless it is “encrypted”. I do not have the capacity to send “encrypted” emails but under HIPPA, clients have the right to receive unencrypted emails when they understand potential risks.

\_\_\_\_\_ Please initial here if you agree to receiving emails

### Important Note

We do not do therapy via text or email, but at times it can streamline services by allowing us to conveniently reschedule or exchange information quickly (as noted herein). In the event that you need to communicate between sessions for things related to therapeutic processes, please call the office number at (775)870-6552 and we will do our best to return your call. If you are experiencing an emergency, please dial 911.

I have read and understand this form and have initialed it appropriately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Cancellation Policy

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be charged a \$100 late cancellation fee, unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be expected to pay for your missed appointment at the time you reschedule your next appointment.

We appreciate your help in keeping the office schedule running timely and efficiently.

\_\_\_\_\_  
Client Signature (Client's Parent/Guardian if under 18)

\_\_\_\_\_  
Date

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## Insurance Information

Primary Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Relationship to primary insured: Self \_\_\_\_\_ Other \_\_\_\_\_

If Other:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Relationship to secondary insured: Self \_\_\_\_\_ Other \_\_\_\_\_

If Other:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

*\*Please include name, address, birth date and relationship to the individuals under whom insurance coverage exists to help us expedite your claim.*