Welcome. I'm pleased that you have chosen to take this step. I look forward to working with you. Note: information you provide here is protected as confidential information. Please keep a copy of the 4 pgs under office policies for your own reference. **Deborah Owens, LPC**

Name: _____Birth Date: ------/------/----------

Address: _____ City, Zip:_____

Home Phone: _____May I leave a message? □Yes □No

Cell/ Phone:_____May I leave a VM? □Yes □No Text? □Yes □No

Email: _____ May I email you? □Yes □No

*Note: Email correspondence and texts are not guaranteed as a confidential method of communication. If you choose to use it please limit to details like scheduling and know that by checking the boxes you are allowing its use. ***Please initial here**:_____.

Referred by/how did you find me?:_____

Have you previously received any type of therapy or mental health services (psychotherapy, psychiatric help, counseling, self help, etc.)?

□ No □ Yes, previous therapist/practitioner and time table:
_____

Describe that process and if it was helpful: _____
_____

_____

Are you currently employed or in school? □ No □ Yes What is your situation?

_____

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

_____
□ Single □ Cohabitating/Domestic Partnership □ Married □ Separated □ Divorced □ Widowed

Any children/ages:_____

Are you currently in a committed relationship? □ No □ Yes
If yes, for how long? _____
On a scale of 1-10, how would you rate your relationship? _____

Describe any issues:
_____
_____
_____

Rate your current physical health? (please circle) Poor Unsatisfactory Satisfactory Good

Describe health:

Describe current sleeping habits (please circle) Poor Unsatisfactory Satisfactory Good

Describe any sleep problems you are experiencing:

Describe any difficulties with your appetite or eating patterns:

What hobbies, interests, or exercise, if any, do you participate in?:

Are you currently experiencing anxiety, panic attack, obsessions, compulsions, fears, phobias? □ No □ Yes If yes, when did you begin experiencing this?_____
Describe:_____

Are you currently experiencing sadness, grief, depression? □ No □ Yes If yes, how long? _____
Describe_____

Have you had or are you currently having thoughts of harming yourself? □ No □ Yes If yes, Describe:_____

Have you had any suicide attempts? □ No □ Yes: If yes, describe circumstances/dates:

Are you currently experiencing any acute or chronic pain? □ No □ Yes; If yes, describe:

Are you currently taking any medication including psychiatric meds? □ No □ Yes Please list medication(s) & who's prescribing it:

Have you ever felt you needed to cut down on your alcohol or drug use? □ No □ Yes

Has anyone criticized your use or shared concerns about it? □ No □ Yes

Have you felt guilty, worried, or stressed about your drinking or drug use? □ No □ Yes

Describe any alcohol or drug related details or concerns:

_____
_____
_____

Describe, if any, other addictive or compulsive type (internet, excessive gaming, gambling, sex, shopping, substances) behaviors?

_____
_____

How would you describe your uses of technology or online time and experiences?

_____
_____

What significant life changes or events have you experienced?

_____
_____
_____
_____

In the section below identify if there is a current or past ***history*** of any of the following or if you have been diagnosed as such. Explain if yes.

Alcohol/Substance Use Disorder y□ No □ Yes

_____

Anxiety y□ No □ Yes

_____

Depression □ No □ Yes

_____

Domestic Violence/Abuse y□ No □ Yes

_____

Eating Disorders y□ No □ Yes

_____

Schizophrenia □ No □ Yes

_____

Suicide/ Attempts □ No □ Yes

_____

Obsessive Compulsive Behavior/OCD □ No □ Yes

_____

Borderline Personality Disorder □ No □ Yes

_____

Bi-Polar Disorder □ No □ Yes

_____

Others?

_____
_____

Has anyone in your family had these issues? □ No □ Yes If so, please describe:
_____
_____
_____

What is your highest level of formal education?_____

Have you had or do you currently have any legal issues? □ No □ Yes
If yes, describe:_____

Do you consider yourself to be spiritual or religious? □ No □ Yes
If yes, describe your faith or belief:
_____

What do you consider to be some of your strengths or areas in your life that are going well?
_____
_____
_____

What do you consider to be some of the areas you need to improve? _____
_____
_____
_____
_____

What do hope to accomplish out of your time in therapy? _____
_____
_____
_____

What may happen if you don't change/address the issues that brought you here?
_____
_____
_____

How will you know therapy is working? Is there anything specific you want as an outcome?
_____
_____
_____

Is there anything else I should know about your story, history, or situation?

_____
_____
_____
_____

Go to next pg. for biz info.

OFFICE POLICIES/PRACTICES: Review carefully. Initial each box as you read/agree to it.

☐ **Informed Consent:** Participation in counseling can result in a number of benefits, including improving interpersonal relationships and resolution of the concerns that led you to seek therapy. Working toward these benefits requires effort on your part and your active involvement, honesty and openness in order to change. I will ask for your feedback and views on progress and other aspects of the therapy and expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a situation. Remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some assumptions or perceptions or propose different ways of looking at, thinking about, or managing situations that may feel upsetting or you may feel challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, work, substance use, school, or relationships. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes happen quickly, but more often takes time and patience on your part. There is no guarantee that counseling will yield positive or intended results. During the course of therapy, I may utilize therapeutic approaches according, in part, to the problem that is being treated, your choices, and feedback, and my assessment of what may benefit you. These may include but are not limited to supportive, cognitive-behavioral, psychodynamic, system/family, developmental, mindfulness, or psycho-educational.

☐ **Confidentiality:** All clients sign and agree to confidentiality/HIPAA guidelines that are available for your review indicating that I follow standards as a Licensed Professional Counselor to protect the privacy of your personal information. All info is kept private and confidential unless you provide written and specific authorization to share it such as if you need me to speak with your physician or another therapist.
Exceptions include:
threat of imminent serious harm to self or others, suspected abuse of a minor, elder or disabled adult, a valid court order, in the event of a circumstance requiring immediate medical attention.

In **couples and family therapy,** or when members are seen individually, confidentiality does not apply between the couple or among family members. I will use my clinical judgment when revealing info. I will not release records to any party unless I am authorized in writing to do so by all adults who were part of treatment unless compelled to do so by law/valid court order. **If coming for family or couple therapy please sign below that you agree to the confidentiality limits and understand that I won't withhold info between parties involved in treatment.**

***SIGN HERE if coming as a couple/family and you agree: _____**

☐ **Confidentiality of email & text communication:** If you choose to email or text me, please limit the contents to issues such as cancellation or change in appointment time. Email and text messages are not guaranteed confidential. Occasionally I may send you an article or link that might be useful. If you choose to communicate with me this way, you do so understanding that I cannot guarantee that these modes of communication are confidential. For this and other ethical reason, I do not accept invitations from current or former clients via social networking sites such as Linked In, IG, or FB.

☐ **Consultation:** On occasion, I may need to consult with licensed professionals regarding my clients when doing so might improve the outcome for the client. The client's name or other identifying information is never disclosed. The client's identity remains anonymous and confidentiality is maintained. If I am on vacation I may also need to share such info with the licensed therapist "covering" for me.

 Insurance: Most of my clients choose not to use their insurance for counseling as they prefer the choice, control, and confidentiality of a premium counseling service that is not under contract with managed care. If you choose to use your insurance, please note that a mental health diagnosis is necessary on the form for reimbursement. **I can provide you with a receipt that you can submit to your plan for out of network reimbursement.** This is provided on a monthly basis for any sessions occurring over the month but can be requested more or less frequently. You are responsible for thoroughly checking your benefits and what percentage of the fee, if any, you may be reimbursed by your plan.

If you are using a HRA or Health or Flex Saving Account type plan, I can often accept a cc or check your plan may use for this purpose. In addition to the tax savings that process may not require a diagnosis.

 Fees: I accept cash or check, **(either is preferred)** or VISA, Discovery, AE, or MC. Please fill out the form for credit card use that all clients complete even if they intend to usually use cash or a check. This allows use as a back up if you forget your payment or for a late fee.

Regular therapy sessions are about 50 min. which is considered a therapeutic hr. Session fees are $210. for individuals and for couples/family therapy. The initial assessment is $235. It is typically an hour.

I also offer 85 min sessions if a longer session is indicated or requested. Fee is 315. Double sessions are about 110 minutes and the fee is 420.00. These may work best for stuck couples, clients who want a jump start on the process, or those who cannot attend on a weekly or regular basis. <u>If requested, the initial session can be one of these longer versions if appropriate and agreed to ahead of scheduling.</u>

Sometimes a phone or video session using a free confidential platform,VSEE or Doxy Me, is appropriate as an option on a regular or occasional basis due to challenges such as work travel, illness, or snow.

Please have payment ready so as not to use your session time writing checks, etc.

 Late Cancellation: If you need to reschedule, please call me as soon as possible. Unlike Doctors who can overbook and may spend 15 min. per patient, therapists need to block a full hr. Since I hold a spot for you making it unavailable to another client, if less than 24 hrs. is provided you will be charged $95. If you do not show for a scheduled appointment without a cancellation call, you will be charged full fee for the missed session. I feel this is fair since it is customary to charge full fee for late cancels in our area. All reschedules or cancellations need to be done through confirmed communication so sending an email is not acceptable. I may make an exception to the late fee based on the circumstances and/or if we are able to reschedule to another time that same week.

If coming for couples counseling and one member is unable to attend, sometimes it's appropriate for the other member to attend to continue progress or to work on individual issues. Check with me about this.

 Litigation Limitation: Due to the nature of the therapeutic process and that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, you agree that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding. However, if my appearance at court is required by law and you signed a release form allowing this, my fee is $2,500 per day and must be paid in full 30 days prior to the expected court date.

 Duration and Termination: Most clients come weekly. Committing to and prioritizing that time is ideal. Occasionally, people attend therapy more often. Others may reduce frequency once things improve. Longer sessions are an option for those looking to get a jump start or if there's a need for more intensive work for a set period of time. Extended sessions can be helpful for busy clients or couples who have trouble coming in weekly or who need or request more focused work.

About half of my clients come for a few months until they get back on track. This is considered shorter term counseling. Some clients use therapy for a period of time, take a break, and return when they are ready or need to do more work. About half of my clients benefit from longer term counseling. They may have long standing issues, difficult childhood or recent experiences, on-going stressors in their career, relationships, health, recovery, or families, or multiple issues that require a lengthier counseling process.

Sometimes it becomes clear that a different approach or level of care is best or necessary. If I initiate terminating therapy with you, it will be because I feel that I am not able to be helpful or a higher level of care is indicated. My ethics and license requires that I have my clients' needs as primary in treatment planning. If I no longer feel that I am the right resource for you, I will offer referrals to other sources of care, but cannot guarantee that they will accept you or how they'll approach your treatment needs. Once you have stopped attending you are no longer under my care and our therapeutic relationship will be ended unless you reinitiate treatment with me.

Ending therapy well is important. Length of counseling varies and is up to the client, however, please let me know if you feel ready to complete this course of counseling so that we can have 1-2 wrap up sessions to solidify gains you've made and to discuss recommendations to maintain progress. Often when we approach ending clients choose to switch to monthly sessions for 3 months then reassess if they are ready to end or continue less frequently. I am open to working with you to find what is best.

 Telephone & Emergency Procedures: At times, phone contact is necessary between sessions. Clients are encouraged to keep phone contacts brief, if possible, and to address issues during your regular therapy session. If you need to speak with me between sessions, please call 215-802-6521. Your call will be returned as soon as possible. I am in solo private practice, not part of a group clinic, so if an emergency requires immediate attention, you agree to call the National Suicide Hotline at 800-784-2433 or 911, contact a crisis hotline, or go to a hospital emergency room.

 HIPPA: I understand that Deborah Owens, LPC adheres to the privacy practices outlined in the HIPPA National Providers policy available for my review in the office. Typically state and license confidentiality regulations are far more stringent so the most restrictive standard is adhered to for counseling.

Insurance Plan Name/type (optional)_____ Member ID #_____

Do you want a monthly receipt to submit for out of network reimbursement? Yes_____ No_____

I have read, asked any questions, and accept the above policies and HIPAA info:

*****SIGNATURE__** _____ DATE _____

P**lease complete last page below.**

DEBORAH OWENS, LPC **CREDIT CARD AUTHORIZATION**

If you have questions or concerns regarding any part of this fee structure or billing/payment policies, please discuss these with me as soon as possible. This form will be securely stored in client's clinical file and updated upon request at any time.

Below is necessary even if you do not intend to use a cc payment so we may have a back up for any missed session fees, forgotten payments, etc. (a deposit check in the amount of one full session can be left in lieu of credit card info)

By signing this agreement, I am authorizing Deborah Owens to bill my credit card for professional services rendered to the "Client" that are not paid at the time of service, or for situations which fall under the late cancellation policy. I agree that I will not dispute valid charges, which may include:

- A missed session fee of $95. if the client has not cancelled or rescheduled with confirmed 24 hrs. notice, as outlined in the cancellation policy, or full fee if client does not show for an appointment and has not confirmed a cancellation.
- Telephone contact in excess of that usually associated with services, prorated at my regular hourly rate, with prior notice given before any charges are incurred, this may include phone contact in excess of 15 min. or completing forms such as medical/FMLA per your request.
- Checks that are returned will incur the check amount and an additional $14.bank fee

Credit Card Type (circle one): Visa . MasterCard . Discover. AE. Is this an HRA/HSA type cc? _____

Number: _____ Expiration Date: _____

Name as Printed on Card: _____

ZIP CODE: _____

Please **initial e**ach of the following authorizing:

___ Recurring charges for services per visit outlined in fees policy. I may opt out at any time by using cash or a check

___ $95. Cancellation fee for less than 24 hrs. confirmed notice; or if a session is missed without notice the full fee will be charged

____ I will not dispute legitimate charges for sessions I have received, appointments missed or without confirmation of 24 hr. notice, or charges due to a returned check

_____ Balances not paid within 5 days will be charged on the credit card unless we've made other arrangements

Signature_____ Date:_____