

## CLIENT INTAKE FORM

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Today's Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Marital Status:

Never Married  Domestic Partnership  Married  Separated  Divorced  Widowed

Please list your children and other pertinent information about them such as age, occupation, education, living situation, addiction, mental health issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

May we communicate with email, text or fax?  Yes  No

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

May we leave a message?  Yes  No

Emergency Contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number: \_\_\_\_\_

Presenting problem or issues: What would you like to work on?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

No  Yes, previous therapist/practitioner and dates:

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Mental Health Diagnosis:

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Are you currently taking any prescription medication?  Yes  No

Please list medication, dosage and date:

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Education \_\_\_\_\_

Sexuality \_\_\_\_\_

Have you ever been prescribed psychiatric medication?  Yes  No

Please list medication, dosage and date:

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Have you struggled with any type of addiction and/or received any treatment for an addiction (drugs, alcohol, debt, spending, gambling, food, relationship, sex). Have you ever attended a detox, driver education, residential, intensive outpatient, 12 step meetings or counseling to address a substance abuse problem or an addiction.

No

Yes, previous therapist/practitioner/treatment programs:

Please list and provide dates:

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List any positive and negative experiences from prior counseling:

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## GENERAL HEALTH AND MENTAL HEALTH INFORMATION

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

Poor Unsatisfactory Satisfactory Good Very good Please list any specific health problems you are currently experiencing:

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

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:

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4. Please list any difficulties you experience with your appetite or eating patterns.

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5. Self-Care Plan:

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6. Are you currently experiencing overwhelming sadness, grief or depression?

No  Yes

If yes, for approximately how long?

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7. Are you currently experiencing anxiety, panic attacks, phobias, intrusive thoughts, flashbacks?

No  Yes

If yes, when did you begin experiencing this?

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8. Are you currently experiencing any chronic pain?

No  Yes

If yes, please describe?

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9. Do you drink alcohol more than once a week?

No  Yes

If yes, please describe?

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10. How often do you engage recreational drug use?

Daily  Weekly  Monthly  Infrequently  Never

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11. Are you currently in a relationship, dating or single?

No  Yes If yes, for how long? \_\_\_\_\_

On a scale of 1-10, how would you rate your relationship? \_\_\_\_\_

Is there any history of domestic violence (physical, emotional, mental, verbal, sexual abuse)

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12. What significant life changes or stressful events have you experienced in the past two years:

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### **FAMILY HISTORY:**

**Family Background:** tell me about your parents, where you grew up, sibs, schools, economic status, race, culture and religion.

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**Family history of substance abuse and mental health~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 (father, grandmother, uncle, etc.).**

**Alcohol/Substance Abuse**

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**Anxiety**

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Depression

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Domestic Violence

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Eating Disorders

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ADD, OCD

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Schizophrenia/ Bi-polar Disorder/ Other

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Suicide Attempts

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History of Trauma and Post Traumatic Stress Disorder: {community violence, domestic violence, early childhood trauma, medical trauma, natural disaster, sexual abuse, physical abuse, neglect, abandonment, incarceration, war trauma, school violence, terrorism and traumatic grief.}

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**ADDITIONAL INFORMATION:**

Are you currently employed?  No  Yes If yes, what is your current employment situation:

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

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Work History

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Current Living Situation:

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

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What do you consider to be some of your strengths?

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What do you consider to be your growing edge, your work?

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***Healing Arts, LLC***  
***1130 Ten Rod Road, Building C Suite 205E***  
***North Kingstown, RI 02852***  
***401-932-6821***

**Informed Consent for Treatment**

**SERVICES OFFERED:** We offer a variety of services, which include, but are not limited to individual, family, couples, and group psychotherapy. We also offer court ordered, DCYF, Fitness for Duty and DOT/SAP evaluations and consultations.

**APPOINTMENTS:** Appointments are times that are reserved for you. It is important that if circumstances arise which require you to change an appointment, we ask that you provide us with at least 24 hours notice. This will allow us to offer your time to another patient. We charge the full fee for appointments not cancelled with at least 24 hours notice. Fees for missed appointments are not billable to your insurance company. Time is valuable and if you continue to miss appointments without providing 24 hour notice, the clinician will discuss your commitment to treatment and possible termination of services.

**COST FOR SERVICES:** Co-payments and fees not covered by insurance are due at the time of service. We accept cash, check, MasterCard, Visa, Discover and American Express. A service charge may be added for any outstanding balances unpaid after 30 days from the date of service.

**HEALTH INSURANCE:** Many health insurance policies cover the services that our practice offers. Nevertheless, reimbursement varies considerably from company to company and from policy to policy. Also, most policies have co-payments and some have annual deductibles, or other limits. It is up to you as the policyholder to read your policy carefully and be aware of what is or is not covered. We recommend that you call your insurance company directly to ask about your benefits. We will make our best effort to obtain reimbursement information for you. If your services are covered, we will bill your insurance company directly. If you do not have insurance, payment is expected on the day services are rendered.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. Please read the Notice of Privacy Practices for more information. However, in order for Healing Arts to provide the best clinical care, we do discuss the ongoing care of our clients as needed in our treatment team meetings within our practice.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled, or when a client's family members communicate to Healing Arts, LLC that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Healing Arts, LLC.

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In couples and family therapy or during an intervention or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Healing Arts, LLC will use his/her clinical judgment when revealing such information. Healing Arts, LLC will not release records to any outside party unless s/he is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where Healing Arts, LLC becomes concerned about your personal safety, public safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the person whose name you have provided on the intake sheet.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Healing Arts, LLC only the minimum necessary information will be communicated to the carrier. Healing Arts, LLC has no control over, or knowledge of, what insurance companies do with the information s/he submits or who has access to this information.

**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Healing Arts, LLC to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

**CONSULTATION:** Healing Arts, LLC consults with other professionals and in supervision regarding their clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

**E-MAILS, CELL PHONES, COMPUTERS, AND FAXES:** It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and faxes that go through them. While data on Healing Arts, LLC server is encrypted, e-mails and faxes are not.

It is always a possibility that faxes, texts, and email can be sent erroneously to the wrong address and computers. Unencrypted email or text provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the U.S. Post Office.

Healing Arts, LLC server is equipped with a firewall, a virus protection and a password, and backs up all confidential information from the computer on a regular basis onto an encrypted hard-drive. Please

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notify Healing Arts, LLC if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or faxes. If you communicate confidential or private information via unencrypted e-mail, texts or fax or via phone messages, we will assume that you have made an informed decision, we will view it as your agreement to take the risk that such communication may be intercepted, and we will honor your desire to communicate on such matters. Please do not use texts, e-mail, voice mail, or faxes for emergencies.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of Healing Arts, LLC profession require that we keep treatment records for at least 7 years or 3 years after becoming an adult. Unless otherwise agreed to be necessary, Healing Arts, LLC retains clinical records only as long as is mandated by Rhode Island law. If you have concerns regarding the treatment records, please discuss them with Healing Arts, LLC. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Healing Arts, LLC assesses that releasing such information might be harmful in any way. In such a case, Healing Arts, LLC will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Healing Arts, LLC will release information to any agency/person you specify unless Healing Arts, LLC assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couples and family therapy, Healing Arts, LLC will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Healing Arts, LLC between meetings, please leave a message at (401) 932-6820 or 401 932 6821 and your call will be returned as soon as possible. Healing Arts, LLC checks messages a few times during the daytime only. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call 911. Please do not use email or faxes for emergencies. Healing Arts, LLC does not always check email or faxes daily.

**SELF-PAYMENT:** Clients are expected to pay the fee of \$100-\$150.00 per one hour session at the end of each session. This would depend on the type of service provided. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Healing Arts, LLC if any problems arise during the course of therapy regarding your ability to make timely payments.

If your account is overdue (unpaid) and there is no written agreement on a payment plan, Healing Arts, LLC can use legal or other means (courts, collection agencies, etc.) to obtain payment.

**SOCIAL NETWORKING AND INTERNET SEARCHES:** We do not accept friend requests from current or former clients on social networking sites, such as Facebook. We believe that adding clients

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as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, we request that clients not communicate via any interactive or social networking web sites.

**OTHER SERVICES:** We are sometimes requested to complete paperwork or deliver services that are outside the realm of the medical record or coordination of care. Some examples include letter for attorney, disability questionnaires, and school consultations/observations. These services are not covered by insurance and are charged at an hourly rate of \$100.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Treatment carefully; I understand them and agree to comply with them:

**Patient's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Clinician's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_

# HIPPA

## Notice of Our Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

### Our Uses and Disclosures

We may use and share your information as we:

#### Your Rights

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

# HIPPA

## Notice of Our Privacy Practices

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

# HIPPA

## Notice of Our Privacy Practices

### **Treat you**

We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

# HIPPA

## Notice of Our Privacy Practices

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice:

**We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.**

### Other Information for this Notice

- Effective Date of this Notice: 5/09/17
- We never market or sell personal information.
- Rhode Island HIPPA laws~ <http://www.hpi.georgetown.edu/privacy/stateguides/ri/ri.pdf>
- We follow federal confidentiality guidelines for substance abuse treatment records.
- PART 2 – CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS~ <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=42:1.0.1.1.2>

Patient's Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Clinician's Name (print) \_\_\_\_\_

Signature \_\_\_\_\_