

Sally Evans, M.Ed., LPC

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Client Information

Last Name First Name Middle Initial Today's Date

Street Address Ste#/Apt # City State Zip

EMAIL ADDRESS: _____ Date of Birth: _____

Preferred Phone: () _____ Alternate Phone () _____

Which of the above phone numbers may I leave a message? _____ Preferred _____ Alternate

Can we send email or text confirmation of your appointment? _____ Email _____ Text

Emergency contact name, Phone #, and relationship:

If you want to use your health insurance for counseling, please complete:

Insurance Company: _____

ID # _____ Group # _____

Current Employer: _____ **Position:** _____

How long at this job? _____ **Enjoy your job?** _____

What brings you to counseling?:

List current medications and reason you are taking them:

Have you been to counseling before? Y / N (circle one)

If so, please described the issues discussed and when:

Was the counseling helpful? very _____ somewhat _____ not helpful _____

If you were given a psychiatric diagnosis, please state it here: _____

Have you ever been in treatment for alcohol/drug dependency? Y / N

If so, where and when? _____

Are you still involved in a recovery program Y / N

Who lives in your household and what are their relationships to you?

Who are the significant people in your life that support you now? (first name and relationship)

I often use hypnotherapy in the context of my psychotherapy work with clients. It is an effective and brief way to make positive changes that you want to make. Please check one of the following:

Yes, I want to use hypnotherapy in my counseling process.

No, I do not want to use hypnotherapy.

I'm not sure. I would like to discuss it before I give consent.

CONSENT TO TREATMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

I am pleased to have the opportunity to work with you and hope the information below will assist you in understanding office policies and my obligations as a therapist. If you have any questions about these policies, or any other aspect of treatment, feel free to discuss them with me. Your signature on the third page will indicate that you understand and accept this information.

Services: I provide long-term and short-term counseling and hypnotherapy for individuals and couples. Many of the more specific aspects of these services, such as the philosophy of the therapist, your role as the client, your goals, and duration of services, will be discussed with you individually. In general, however, you will determine your goals and you will decide on the frequency of sessions. Your treatment will be unique to your needs and is likely to change as those needs change.

Effects of Therapy and Assessment: It is important that you realize that working with a therapist may sometimes lead to unexpected consequences. In general, exploring problems may uncover painful feelings and it is important to know that this is a normal part of the growth process. One purpose of our sessions will be to work through and resolve these underlying problems, and this requires your ongoing commitment to treatment. The great majority of my clients reach the goals they have set for their counseling process, and become more happy and at peace.

Payment for service: Unless other arrangements have been made, you will be expected to pay for services at the time they are provided. Payments may be made by cash, check, or credit card. I am a provider for Blue Cross Blue Shield, Value Options, and Scott & White Health Plan. Individuals wishing to file out-of-network benefits are expected to pay at the time of service, even if planning to bill an insurance company for reimbursement. At your request, a receipt will be provided for those interested in submitting for reimbursement from insurance.

Diagnosis: If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the **DSM-IV**; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

****** Cancellations:** A minimum of **24 hours notice** is required for rescheduling or canceling any appointment. The full fee will be charged for any missed sessions without such notification. ***Please be aware that most insurance companies will not provide payment for missed sessions.***

Emergencies: In the event of an emergency, and I am unable to be reached, please make use of the emergency

24-Hour Crisis Hotline	472-4357
Brackenridge Hospital	324-7000
St. David's Austin Lakes Hospital	544-5253
Shoal Creek Psychiatric Hospital	452-0361

Unpaid Accounts: If you experience problems meeting your payment obligations, please contact me so that we may set up a reasonable payment plan. Overdue accounts (i.e., those which remain unpaid for 90-days or those for which an agreed-upon payment plan is not followed) may be turned over to a collection agency as a final resort for non-payment.

Confidentiality: The privacy and confidentiality of our sessions are very important to me. To the degree I am allowed by law, information about your contact with my office will not be disclosed to any person or organization unless you have signed a release form allowing me to do so. While you are free to discuss anything that occurs in our sessions with anyone else, I am required not to discuss such matters without your express written authorization. This includes giving information to the parents or spouses of individuals who are age 18 or older, even when the spouse or parent is paying for the services. In all aspects of my practice, communication between my clients and myself (and/or those whom my clients have authorized me to contact) are protected by confidentiality regulations as stipulated by federal and state laws and by professional standards and ethics.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

In certain situations, I am not legally able to maintain confidentiality. The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect. Legal exceptions to confidentiality include:

1. I am legally required to report any situation of suspected abuse or neglect toward a minor, elderly, or disabled individual to the proper authorities.
2. In some circumstances, my records may be subject to a subpoena issued by court. In particular, confidentiality may be waived with regard to any suit affecting the parent-child relationship.
3. If I believe a client may harm him/herself or another individual, I am permitted by law to break confidentiality by contacting law enforcement and/or medical officials who may then take protective actions.
4. If I am contacted by an insurance company or auditor, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account.
5. If a client discloses to me the identity of a mental health professional who has engaged in sexual contact with him/her during the process of treatment, state law requires me to report that professional to the appropriate authority. I am not permitted to disclose the identity of the client if she or he does not wish to be

identified.

6. Confidentiality does not extend to criminal proceeding in Texas.

This list is not exhaustive, but these are the most common circumstances that may occur. The situations outlined above typically have no impact on the large majority of people seeking professional mental health services. I share this information with you so that you can be fully informed before beginning treatment.

Other Rights: You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

INFORMED CONSENT/PAYMENT AGREEMENT

I have read the document titled "Consent to Treatment", and I understand the policies listed in that document. I have had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process.

I hereby grant my permission for any counseling, testing, or diagnostic evaluation that may be agreed upon by myself and the therapist. I understand that therapy is a joint effort between the therapist and the client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I agree that I will be responsible for the payment of all professional fees.

I understand the office policies regarding late cancellations or missed sessions as outlined in the consent to treatment forms I have signed and understand I may be responsible for the full fee if that occurs.

I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Sally Evans, M.Ed., LPC. I know I can end therapy at any time I wish and that I can refuse any requests or statement made by Sally Evans, M.Ed., LPC. I am over the age of eighteen.

Client Signature

Date