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**Client Information & Coaching/Therapy Terms of Agreement**

Please complete the information, review the terms, sign your name on the signature line and bring these forms with you to your first appointment.

Date:

Name:

Home address: City State Zip Code

Primary phone: May I leave a message?

 Insured Name: (if other than yourself)

Insurance Provider: Member ID #:

Provider Phone # (on the back of your insurance card):

Name of Primary Care Physician:

Social Security #

Date of birth:

E-mail address: May I email you?

Current Occupation

Emergency Contact Name and phone number:

Have you ever received any type of mental health services (counseling, hospitalization, psychiatric services, etc.)?

No Yes, please explain:

What mental health medication are you currently taking?

What medication(s) in the past for mental health that you’re no longer taking?

How did you hear about Healthy Pathways? Internet search Referred by a friend/acquaintance Psychology Today Directory Other

**\*\*\*If you are using insurance, please bring your insurance card with you. I will need to make a copy of your primary & secondary insurance cards**

**Coaching/Therapy Agreement**

**Procedure**: Sessions are 50 minutes each. If you need to reschedule any session, please let me know at least 24 hours in advance to avoid being charged for the missed session.

**FINANCIAL POLICIES** I accept financial responsibility for charges I incur during the course of treatment. I also understand that if I have insurance coverage and choose not to or cannot use it, I will be assessed the full fee of $150 for an initial session and $120 for all subsequent sessions, except when other arrangements have been made. • You are required to pay fees at the time of service. **You must provide 24 hours’ advance notice if canceling an appointment. Failure to do so results in you being charged a cancellation fee of $120.** • If you are not using insurance, you will be responsible for full payment of service. You will be held responsible for any unreimbursed balances if the insurance company does not pay. • All accounts that are not paid within 90 days from the date of service will be considered past due. Unless other arrangements have been made, past due accounts will be turned over to a collection agency and provided with your Name, Address, Phone Number, and any other directory information, including dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account.

**Preparation:** I ask that you come to the session prepared with an agenda of what you want from each meeting.

**Clinical Emergency:** It is not always possible for me to respond in an emergency situation. If you cannot reach me and are experiencing an emergency, you are to call 911 or proceed to the nearest emergency room.

**Treatment Outcome:** While the services provided are intended to benefit you, the client, no particular treatment outcome can be guaranteed.

**Termination:** You have the right to discontinue treatment at any time. If possible, I ask that you let me know prior to our last session if you are thinking of stopping our work.

**Confidentiality:** I will comply with HIPAA guidelines relevant to the delivery of my services. I recognize that in the course of our work, you may give me the following: future plans, health information, financial information, job information, goals, personal information, and other proprietary information. I will not at any time, either directly or indirectly, use any information for my own personal benefit. I will not divulge that you and I are in a coaching/therapy relationship without your permission. I will hold everything that we say and do confidential unless you present as a physical danger to yourself or others. In this case, I will inform legal authorities so that protective measures can be taken. In addition, you should know that unlike a physician or a lawyer our confidentiality agreement is not protected by law. Should it ever happen, I cannot claim in court to be unable to divulge the contents of our conversations.

**Authorization, Assignment of Benefits and Referral Medical Release:**

I hereby authorize the release of medical information, including complete medical records, test results and billing information to my insurance company, and to other medical professionals and medical care institutions that I may be referred to for treatment. I understand that this information will be used to review, investigate, or make payment of a claim, and to review payment directly to Healthy Pathways for all mental health benefits otherwise payable to me under terms of my insurance

Client has read and agrees to the parameters of the therapy/coaching practice which have been outlined on the previous pages:

**Client signature: Date:**

**Therapist signature: Date:**

**AREAS OF CONCERN: Please circle all items below that help describe your concerns and symptoms.**

* Anxiety or nervousness in general
* Loneliness
* Relationship issues
* Family issues
* Self-esteem or personal growth
* Eating issues
* Body image
* Sexuality problems
* Drugs/Alcohol abuse
* Impulse control issues
* Managing anger
* Mood swings
* Depression or feeling low
* Cutting, hitting or burning yourself
* Thoughts of suicide or homicide
* Sleeping difficulties
* Grief in response to a loss or death
* Trouble adjusting to a recent life change
* Sexual orientation
* Spiritual identity
* Feeling detached from the world
* Victim of abuse or assault
* Struggling to perform in career or school
* Career identity or planning issues
* Perfectionism or procrastination
* Difficulty concentrating
* Other:

**Please respond to the following questions:**

 How do you assess your life and well-being now and how would you like it to be?

 Are there particular life goals or health behavior changes that you would like to focus on?

 How would your life be different if you were to achieve this particular goal or change?

 What will your life look like in say - you pick the time frame – a year, 5 years down the road if you don’t make any changes in your life?