

Individual client intake
BTC Counseling, LLC
Pat Spencer, LCSW

Name: _____ Date: _____

Date of birth: _____ Age: _____ Preferred Pronoun: _____

Home Address: _____

City/Zip Code: _____

Cell phone: _____ Can I leave a message (circle) yes no

Other phone: _____ Can I leave a message (circle) yes no

Email address: _____

Emergency contact name: _____ Phone: _____

Physician: _____

Medications you are currently taking: _____

Occupation: _____

Marital status: _____ Referred by: _____

Briefly state the problem or issue that motivated you to call my office: _____

How long has this situation existed?: _____

Other information you think I should know: _____

Welcome, it is my honor to begin work with you as we address your goals and issues. I am absolutely convinced that each of us has the innate power to heal, grow, and create the life we want. Be assured, I will do everything I can to assist you in this endeavor.

Following are some points to facilitate a mutual understanding of my policies:

Individual session length is typically 50 minutes unless otherwise arranged. Out of respect for my other clients, I make every effort to begin and end on time, keeping wait-time to a minimum.

My fees for counseling are:

\$130 for a 50 minute session

I accept cash, check, Visa/MasterCard. If your health insurance provides "out of network" coverage, please let me know and I will provide you with a statement that you can submit for reimbursement.

My availability after hours or between sessions is limited to emergencies or scheduling issues. Should you require more than 15 minutes it will be necessary to charge at the rate of \$35 per 15 minutes. Please be aware that I cannot practice therapy via text or email.

I get paid for my time and expertise and cannot absorb the expense of late cancellations or no-shows. If you book my time and cancel an appointment for any reason, please provide a 24-hour notice. By necessity full fee will be charged if less than 24 hours notice is provided or you no-show for our appointment. Please initial here that you understand this policy. _____

Information discussed in counseling is confidential. I am legally and ethically bound to protect this confidentiality. There are instances when a therapist must disclose information about a client:

1. At the client's request: when you sign a written release expressing consent to disclose information to a specific individual or organization.
2. Threat to self or others including child or elder abuse: if disclosures in a counseling session reveal an immediate threat of danger to you, another person or property of another person, confidentiality is outweighed by an ethical obligation to prevent harm.
3. Court order/subpoena.

Attached is a separate handout regarding HIPAA privacy issues. Please read and indicate your understanding of this information by your signature below.

I look forward to working with you.

Pat Spencer, LCSW

I have reviewed the HIPAA policy and have reviewed the information on the intake form.

Signature: _____ Date: _____

Printed name: _____