
CHERYL IVORY, M.A., LPC-Supervisor

Personal Information

Client's name: _____ Date: _____

Gender: _____ Date of birth: _____ Age: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Cell): _____ other _____

Insurance Name _____ ID Number: _____ Group Number: _____

Name of Insured: _____ Date of Birth: _____

Relationship to Client: _____

Billing Address, if different from home address: _____

Primary reason(s) for seeking services: Anger management _____ Anxiety _____ Coping _____ Depression _____ Sleep problems _____ Eating disorder _____ Fear/phobias _____ Mental confusion _____ Sexual Concerns _____ Addictive behaviors _____ Alcohol/drugs _____ Other mental health concerns (specify): _____

Family Information

	Name	Age
Self	_____	_____
Partner	_____	_____
Children	_____	_____
Other	_____	_____

Marital Status (Answer all that apply)

Single _____ Divorce in process _____ Unmarried, living together _____ -- Length of time _____

Legally married _____ Separated _____ Divorced _____ Length of time _____

Widowed _____ Length of time _____ Annulment _____ Length of time: _____ Total number of marriages: _____

Assessment of current relationship (if applicable): Good _____ Fair _____ Poor _____

Special circumstances (e.g., raised by another person, information about spouse/children not living with you, etc.)

Development

Are there special, unusual, or traumatic circumstances that affected your development Yes ___ No ___ If yes, please describe: _____

Has there been history of child abuse? No ___ Yes ___ If yes, which type (s)? Sexual ___ Physical ___ Verbal ___

Neglect ___ If yes, the abuse was as a: Victim ___ Perpetrator ___

Other childhood issues: Inadequate nutrition ___ Other (specify): _____

Social Relationships

How do you generally get along with other people? (Check all that apply): Affectionate _____ Aggressive _____

Avoidant _____ Fight/argue often _____ Follower _____ Friendly _____ Leader _____ Outgoing _____ Shy/Withdrawn _____

Submissive _____ Other (specify): _____ Sexual orientation: _____

Comments: _____

Sexual dysfunctions? Yes ___ No ___ If yes, describe: _____

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Cultural/Ethnic

Are you experiencing any problems due to cultural or ethnic issues? Yes ___ No ___
To which cultural or ethnic group, if any, do you belong? _____

Spiritual/Religious

Are you affiliated with spiritual or religious groups? Yes ___ Name _____ No ___
How important to you are spiritual matters? Not ___ Little ___ Moderate ___ Very ___

Legal

Are you involved in any active cases (traffic, civil, criminal)? Yes ___ No ___

Education

Fill in all that apply: Currently enrolled in school? Yes ___ No ___ HS grad/GED Yes ___ No ___
College: Yes ___ No ___ Graduated: Yes ___ No ___ Major: _____ Vocational ___ Number of years _____

Employment

Employer	Dates	Title	Reason left the job	How often miss work?
_____	_____	_____	_____	_____
Currently: FT ___ PT ___ Temp ___	Laid-off ___	Disabled ___	Retired ___	

Military

Military experience? ___ Yes ___ No; Combat experience? ___ Yes ___ No

Leisure/Recreational

Activity	How often now?	How often in the past?
_____	_____	_____

Health Questions:

List any current health concerns: _____

List any recent healthy or physical changes: _____

Current/prescribed medications	Dose	Dates	Purpose	Side effects
_____	_____	_____	_____	_____

Current over-the-counter meds	Dose	Dates	Purpose	Side effects
_____	_____	_____	_____	_____

Last physical exam: _____ Last doctor's visit: _____

General Questions

Please check any recent changes in the following: Sleep ___ Eating ___ Behavior ___ Energy level ___ Physical activity level ___ Weight ___ Nervousness/tension ___ Reason(s) for use: Addicted ___ Build confidence ___ Escape ___ Self-medication ___ Socialization ___ Other (specify): _____

Have drugs/alcohol created a problem for your job? No ___ Yes ___ If yes, describe: _____

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Medical/Physical Health Please check boxes below if anything pertains to you:

<input type="checkbox"/>	AIDS	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Neurological disorders
<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	Drug abuse	<input type="checkbox"/>	Nose bleeds
<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	Abortion	<input type="checkbox"/>	Ear infections	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Eating problems	<input type="checkbox"/>	Sexual transmitted diseases
<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Sleeping disorders
<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Frequent urination	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Sinusitis
<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>	Smallpox
<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Sexual problems
<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>	Tonsillitis
<input type="checkbox"/>	Chronic pain	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Colds/Coughs	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Toothache
<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Thyroid problems
<input type="checkbox"/>	Chicken pox	<input type="checkbox"/>	Menstrual pain	<input type="checkbox"/>	Vision problems
<input type="checkbox"/>	Dental Problem	<input type="checkbox"/>	Miscarriages	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	Whooping cough
<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	Other (describe):

Chemical Use History Please check boxes below if anything pertains to you:

	Methods of use/amounts	Frequency of use	Age of first use	Age of last use	Used in 30 days	Use in 48 hours
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valium/Librium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin/Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCP/LSD/Mescaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Counseling/Prior Treatment History Information about client (past and present): please check all that apply

	Yes	No	When	Where	Overall Experiences
Counseling/Psychiatric					
Suicidal/Homicidal thoughts/attempts					
Drug/alcohol treatment					
Hospitalizations					
Self-help groups AA, SA, GA, NA					

Client Services Agreement

Welcome to Enlightened Psychotherapy (Enlightened). This agreement contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you **read them** carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on Enlightened unless we have taken action in reliance on this agreement or if you have not satisfied any financial obligations you have incurred.

COUNSELING SERVICES

Our first appointment will involve an assessment of your needs. By the end of the assessment your counselor will be able to offer you some first impressions of what your work may include and recommendations for getting help. One of the recommendations will be psychotherapy. Enlightened may or may not be able to provide you with psychotherapy, depending on your overall needs. If psychotherapy or other recommendations suggested by your counselor include things that Enlightened cannot provide, you will be given suggestions of where you might receive those services. Wherever you choose to obtain treatment, you should evaluate the information from your initial assessment along with your own opinions of what sort of treatment you are willing to do and whether you feel comfortable working with the treating clinician.

Therapy involves a large commitment of **time, energy, and money**, so you should be very careful about the therapist you select. If you have questions about the procedures used or conclusions made by your counselor at Enlightened, please discuss them whenever they arise. If your doubts persist, your counselor will be happy to help you set up a meeting with another mental health professional for a second opinion. Psychotherapy is not easily described in general statements. It varies depending on the particular problems you are experiencing, the therapeutic methods used by your counselor, and the personalities of the counselor and client. There are many different methods counselors may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor's visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, **you** will have to work on things that are discussed both during your sessions and on your own.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, shame, frustration, loneliness, and helplessness. The changes you make in therapy may also affect your relationships in unexpected ways.

Psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

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MEETINGS

The initial assessment will last from one to two sessions. During this time, you and your counselor can both decide if she/he is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, your counselor will usually schedule one meeting per week at a time we agree on. Once an appointment is scheduled, you will be expected to attend unless you provide advance notice of cancellation. If you need to cancel an appointment, it is your responsibility to contact your therapist to cancel within 24 hours to avoid a fee.

PROFESSIONAL FEES

Attached is a payment schedule describing fees for Licensed Professional Counselors, and Licensed Professional Counselor Interns. **Cancellation with less than 24 hours notice will result in a fee equal to the total amount of the missed session that will be collected at your next appointment, or, if payment information is on file, it will be debited from your credit card. After two no-shows/late cancellations, client will pre-pay before services are rendered. Clients who have pre-paid agree to have the entire fee deducted from their pre-payment in cases of no-shows and late cancellations.** Other services include emergency phone calls over five minutes, generating reports, consulting with other agencies and professionals at your request, and the time spent performing any other services you may request. These services will be charged as they occur. Enlightened counselors do not testify in court cases unless under subpoena to do so.

You (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers. You are expected to pay your bill first, and then contact your insurance company regarding reimbursement.

I have received a copy of Enlightened payment schedule and understand the implications of leaving my credit card information on file. **No-shows and late cancellations will be charged the amount of the missed session and payment will be collected at your next appointment, deducted from your credit card on file with us, or billed.**

(Client or parent or guardian signature)

CONTACTING US

Therapists are usually available from 8 AM to 8 PM Monday through Friday. Due to our work schedules, Enlightened counselors are usually not immediately available by telephone. We will make every effort to return your call the same day you make it. If you are difficult to reach, please inform us of some times when you will be available. Ask your counselor about using email and text messaging as a contact method. We do not provide therapy via email, text messaging, or telephone. Email and text messaging are not secure mediums in terms of privacy and confidentiality. If your therapist leaves for an extended period of time, you will be given the contact information for another licensed therapist to contact in case of emergency. At times when you cannot reach any therapist for emergency treatment you should go to the emergency room nearest you. In a life threatening emergency call 911. Cindy Thornby is the back-up therapist for Enlightened Psychotherapy – 281-755-3561

LIMITS OF CONFIDENTIALITY

The law protects the privacy of all communications between a client and a counselor. In most situations, Enlightened can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent which is provided by signing this document. Your signature on this agreement provides consent for the following activities:

*Although you will probably meet with only one counselor, you are receiving services from the office of Enlightened. Consequently, you will have a file in our office to which all counseling staff will have access. The counselors on staff consult with each other about our work. In most cases, we need to share protected information

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within Enlightened for both clinical and administrative purposes, such as scheduling, records management, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality.

*In providing, coordinating, or managing your treatment and other services related to your care, Enlightened sometimes interacts with other professionals concerning your well-being. An example of this would be when we consult with another health care provider, such as a physician.

*If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, Enlightened cannot provide any information without your (or your legal representative's) written authorization, or a court order/subpoena. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order Enlightened to disclose information.

*If a client files a complaint or lawsuit against Enlightened, we may disclose relevant information regarding that client in order to defend ourselves.

*If we have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observe a child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, the law requires that Enlightened file a report with the Texas Department of Child Protective Services. Once such a report is filed, we may be required to provide additional information.

*If we have reasonable cause to suspect that an elderly or disabled adult presents a likelihood of suffering serious physical harm and is in need of protective services, the law requires that Enlightened file a report with the Texas Department of Elder Protective Services. Once such a report is filed, we may be required to provide additional information.

*If we believe that it is necessary to disclose information to protect against a risk of serious harm being inflicted by you upon yourself, another person, or to the community, Enlightened may be required to take protective action. Depending on the situation, these actions may include initiating hospitalization and/or contacting the police. If such a situation arises, your counselor will make every effort to fully discuss it with you before taking any action and we will limit our disclosure to what is necessary.

☐☐ If you disclose past sexual abuse by a mental health provider we are obligated to report this to the proper authorities and licensing entities. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of our profession require that Enlightened Psychotherapy keep Protected Health Information about you in your clinical record. Your clinical record includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, and any reports that have been sent to anyone. Except in the unusual circumstance where disclosure is reasonably likely to endanger you and/or others or when another individual (other than another health care provider) is referenced and we believe disclosing that information puts the other person at risk of substantial harm, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted by and/or be upsetting to untrained readers. For this reason, Enlightened recommends that you initially review them in your counselor's presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, Enlightened is allowed to charge a copying fee of \$25 (and for certain other expenses). If Enlightened refuses your request for access to your clinical records, you have a right of review, which a counselor will discuss with you upon request.

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CLIENT RIGHTS REGARDING PRIVACY AND HIPAA

HIPAA requires that Enlightened share with you a Notice of Privacy Practices for use and disclosure of personal health information for treatment, payment, and health care operations. This agreement, explains HIPAA and its application to your personal health information in detail. The law requires that we obtain your signature acknowledging Enlightened has provided you with this information. HIPAA rights include: requesting that your counselor amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about Enlightened policies and procedures recorded in your records; and the right to a paper copy of Enlightened privacy policies and procedures. You have the right to a paper copy of this services agreement upon request. You also have the right to keep a paper copy of the privacy notice; it is located on the website. Your counselor is happy to discuss any of these rights with you. We are an in network providers. For out of network insurances, we will provide paperwork to submit for insurance reimbursement. We will not file that paperwork for you. You should be aware that in the process of filing for a third party payment, your contract with your health insurance company requires that your counselor provide additional clinical information such as treatment plans or summaries, a diagnosis, or copies of your entire clinical record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, counselors have no control over what the insurance companies do with it once it is in their possession. In such situations, your counselor will make every effort to release only the minimum information about you that is necessary for the purpose requested. **If you will be filing with your insurance company for fee reimbursement, please indicate your consent for us to release your PHI by signing below. Enlightened may share private health information with insurance company**

MINORS & PARENTS

Clients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is crucial to successful progress, particularly with teenagers, it is sometimes our policy to request an agreement from parents to consent to give up their access to their child's records. If they agree, during treatment, your counselor would provide them (if requested) only with general information about the progress of your treatment, and your attendance at scheduled sessions. If requested, your counselor could also provide parents with a summary of your treatment when it is complete. Any other communication to your parents will require your Authorization, unless we feel that you are in danger or are a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, your counselor will discuss the matter with you, if possible, and do her/his best to handle any objections you may have. In cases of divorce, a copy of the divorce decree indicating parental rights to view records and participate in treatment will be required.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT THE HIPAA PRIVACY NOTICE DESCRIBED ABOVE WAS MADE AVAILABLE TO YOU. IT INCLUDES CONSENT FOR TREATMENT.

Name

Date

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Please remit payment today for all services rendered according to the following schedule: **Cheryl Ivory, MA, LPC-S**

Initial Consultation 90 minutes \$195
Family Therapy 50 minutes \$130
Couple Therapy 50 minutes \$130
Individual Therapy 50 minutes \$130

Interns

Individual Therapy, Family Therapy, Parenting, Couples Therapy 50 minutes \$80
Printed reports, letters, consultations \$150/hour
These rates will remain the same for the duration of your time with us.

No-shows and late cancellations will be charged the amount of the missed session and payment will be collected at your next appointment, deducted from your credit card on file with us, or billed.

We accept cash, personal check, American Express, Visa, Discover, Master Card, and PayPal.

For your convenience, we allow recurring payment authorization:

I _____ authorize Enlightened Psychotherapy to debit my credit card for recurring payments for counseling services. I understand this information will be used to remit payment to Enlightened Psychotherapy for services rendered and outstanding balances including fees for no-shows and late (less than 24 hours notice) cancellations.

Visa/MasterCard/AMEX (circle one)

_____ \$_____
Card number Exp. Date Security Code Amount Due

Printed name on card Signature

Billing address with city, state and zip code

Phone number _____ Email Address _____

Thank you for trusting us with the care of you and your family.

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Sliding Fee Application

It is the policy of Enlightened Psychotherapy (EP) to provide quality behavioral health services to all persons in need of care, regardless of income and/or the inability to pay. Please complete the following information so that EP will be able to determine your eligibility for discounted services. You will be reassessed for the sliding scale every six months and you will be required to provide updated proof of income.

Patient's Name: _____ **Preferred Name:** _____

Date of Birth: _____ **Last four digits of Social Security Number:** _____

Do you have commercial health insurance, Medicare, Medicaid, or any benefit that pays for health insurance?

Yes No Not Sure

HOUSEHOLD

A "household" includes legal children, a civil union partner or married spouse, and legal dependents. Please list the name of individuals in your household and relation to you. Please use the back of this form for additional space.

Names of individual living in household (including yourself)	Relation to you
TOTAL number of people in household:	

ANNUAL HOUSEHOLD INCOME

Source of Income	Self	Partner	Other	Total
Gross wages, salaries, tips, etc				
Social Security (SSI or SSDI)				
Unemployment Benefits				
Investment Income				
Other				
TOTAL INCOME				

PLEASE READ AND SIGN

I have reviewed this form and certify that the information I provided is true and correct to the best of my knowledge. I understand that I am personally responsible for all health center charges until such time as I have supplied the necessary documentation to support my application. I understand that I will be charged the **full fee of my visit** if I do not bring in documentation of income by my **third visit or within 60 days of my first visit**, whichever comes first. I understand that I am required to notify Enlightened Psychotherapy if my income level changes or if I become insured. If there are changes, I will be re-assessed for the sliding fee scale.

Print Name: _____

Signature {Guardian if applicable}: _____ **Date:** _____