

NEW CLIENT FORMS

These forms and questionnaires are designed to help you begin counseling with the assurance that you are well informed about the process you are about to enter. My hope is that by filling them out and reading them, you will understand the methods I use, my office policies, and that starting with clarity will provide an increased sense of safety and comfort -- ingredients that are associated with developing self understanding and self kindness. Prior to our first meeting, I suggest calling your insurance plan to get authorization, dollar amount of your co-pay, number of covered visits, deductibles, and verification that I am a provider on your plan.

Please download and print the forms listed below, fill them out, and bring the completed forms with you to your first appointment. Do not fill them out online or fax them. The questionnaires are confidential and not for distribution outside my private practice.

BENEFITS OF ANSWERING THE QUESTIONNAIRES

- Assists you in organizing/prioritizing inner work.
- Indicates goals you might like to target.
- Specifies your perspective to the therapist.
- Your direct input into assessment, treatment planning and outcome directions.
- Helps make assessment phase take less time, thus preserving more of your benefits for our work together.
- Brings your personal meanings out.
- Aids therapist in making appropriate referrals to adjunctive services if necessary.
- Part of a standard of care that values your direct feedback and collaboration.

FORMS TO DOWNLOAD AND PRINT

HFCA 1500 – Standard billing form accepted by most insurance plans. All insurance clients fill this out.

INFORMED CONSENT FOR DYNAMIC PSYCHOTHERAPY – Informs client of method I use as a general guide when working with them, and discusses several important Legal/Ethical issues of the relationship. Please note that I also use a flexible model that is informed by family systems, cognitive behavioral and contemplative theories. All clients fill this out.

OUTPATIENT SERVICES CONTRACT – Discusses facts about therapy, confidentiality, fees and general office policies. An attached Release of Information Consent Form must be signed in order for therapist to bill your insurance and get paid. The therapist will only provide the insurance company with information necessary to transact business. All clients fill this out.

TPO (short version) HIPPA POLICY FORM – Briefly informs client about privacy related issues in compliance with Federal/State law. All clients fill this out.

PSYCHOTHERAPY CLIENT QUESTIONNAIRE – Individual client psychological/medical/family systems questionnaire providing vital assessment data. All clients fill this out.

COUPLE/RELATIONSHIP QUESTIONNAIRE – Only filled out by each member of a couple coming in for services together with variety of information levels/areas.

INFORMED CONSENT FOR MBCT INDIVIDUAL/GROUP – Only filled out for individual sessions/group for depressed or stressed individuals seeking to learn meditation as an adjunctive psycho-educational service.

NOTICE: This therapist participates in the Acorn Network (internet-based client satisfaction survey). This survey was developed by Jeb Brown Ph.D and allows clients to give direct confidential feedback; their identity is never known to the site. This allows the therapist to get constant feedback about the effectiveness of the method he or she is using. ***This program is fully voluntary and optional.***