

Client Personal Data

PERSONAL INFORMATION:

Name: _____ Date: ____/____/____

Address: _____
Street City, State zip

Phone () _____ () _____ () _____
Home Daytime Cell

Occupation _____ Age: _____ Birthdate: ____/____/19 ____

Significant Relationship Status Single Married Separated Divorced/Widowed Committed Relationship

How were you referred? _____

HEALTH INFORMATION:

Present state of physical health (circle): Excellent Good Fair Poor

List any chronic health problems: _____

MENTAL HEALTH HISTORY:

Have you had any previous counseling or psychotherapy? Yes No

If yes, please specify when & why: _____

Have you ever been diagnosed with any of the following mental health conditions?

Depression Yes No Bipolar Disorder Yes No

Anxiety/Panic Disorder Yes No Post-traumatic Stress Disorder Yes No

Eating Disorder Yes No Obsessive Compulsive Disorder Yes No

ADD/ADHD Yes No Schizophrenia or Psychosis Yes No

MEDICATIONS:

Have you ever been prescribed medication for mental health concerns? Yes No

If yes, what medications & for what conditions? _____

Are you still taking medications for mental health concerns? Sometimes Yes No

If yes, what medications & for what conditions: _____

If you are no longer taking medication, did you stop on your own? Yes No

I discontinued my medication because: _____

List any current non-psychiatric medications you take: _____

In case of emergency, whom may we contact:

Name: _____ Relationship: _____

_____ Phone: () _____
Street City/State Zip Code Country

Briefly state what brings you in for help today: _____

BRIAN VASQUEZ, Ph.D.
512.981.7789

Therapeutic Services Agreement

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and complex, it is very important that you read them. We can discuss any questions you have about the procedures or the documents. This is a formal agreement, which can be revoked at any time.

PSYCHOLOGICAL SERVICES

Psychotherapy varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and on your own time.

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, frustration, etc. On the other hand, 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.

The first session will be an evaluation of your needs. By the end of the session (or two), I will be able to offer you some initial impressions. Due to insurance policies requirements, for billing purposes I will need to provide a diagnosis to the insurance company for billing. We can discuss this process more in detail. I encourage you to think of the initial evaluation as a collaborative process to better understand the issues and the fit between you and me. It is important that you feel safe, comfortable, and able to share in the therapy process. If you have any questions about the process or wish to see a different therapist I will be happy to provide you a referral to another health care professional.

APPOINTMENTS

Our meetings will be 50 minutes in length. We will agree upon days and times that we will meet. Typically, clients attend weekly; however, based on needs, time, and resources we can adjust the schedule together.

CANCELLATION POLICY

When you schedule an appointment, that time is reserved for you. If you cannot attend your appointment, please call and cancel at least 24 hours in advance and there will be no charge. With shorter notice, you are agreeing to pay for the time you reserved, and you will be billed for a full session. **Emergency situations can be discussed at your earliest convenience.**

PROFESSIONAL FEES

Payment is due at the beginning of each session. **For individual, couples & family therapy**, the initial session is \$175 and subsequent sessions are \$150 per session. **Sliding scale rates are also available on a limited basis for those that can demonstrate financial hardship.**

BRIAN VASQUEZ, Ph.D.
512.981.7789

INSURANCE

At this time, I only accept Blue Cross/Blue Shield. If you are using another company, I can provide you with a receipt that includes all of the information you will need to file with your insurance company for reimbursement. **If you have an insurance plan you should contact them directly** to obtain their policies regarding mental health coverage, procedures for reimbursement, and the percentage they will reimburse you.

CONFIDENTIALITY

Information shared during a session is confidential; however, there are some exceptions to this as dictated by law (see Limits of Confidentiality). Counseling records contain information relevant to your care. This information is also confidential within limits set forth by HIPAA guidelines in the Notice of Privacy Practices (the Notice); you may ask to read this form for a full description of the limits of confidentiality. Please discuss with me any questions/concerns regarding confidentiality prior to our working together, and throughout out meetings if you are ever unclear.

CONTACT

I may be reached by phone at 512.981.7789. I may not respond immediately to your call, so please allow for 1 business day for replies. If there is a mental health emergency **please call 911 for assistance or the MHMR Hotline at 512.472.HELP (4357), or go to the nearest emergency room.**

CONTACT IN COUPLES OR FAMILY THERAPY

I have a general policy that anything discussed with me is open for discussion in couples and family therapy sessions. The primary exception to this policy is in the case of abuse, and in such cases we will discuss treatment options to help protect the safety of all involved.

EMERGENCIES

My office is usually by appointment. **When I am unavailable, your call will be answered by voicemail, and I will return your call as soon as possible during working hours. I do not have a way to respond to crisis situations that occur at times when the office is closed.** For this reason, it is important to be aware of the general support services that are available to you in the community. I will discuss these services with you during your intake interview. If I believe that your well-being might be at risk due to these limitations in after-hours crisis coverage, we will help you find a more appropriate setting for your treatment.

AGREEMENT

I have read the information contained in this **Consent Form** and I fully understand my rights and obligations as a client. I, as the party responsible for payment, freely agree to treatment.

Name of Client (Print)

Client Signature (or parent/legal guardian)

Date

Clinician's Signature

Date

TURN PAGE 

LIMITS OF CONFIDENTIALITY

Information conveyed to the psychologist in a professional setting is confidential and with a number of exceptions **will not be discussed without your written consent.**

Exceptions to confidentiality include the following:

1. If the patient/client is evaluated to be a danger to self/others,
2. If your psychologist was appointed by the court to evaluate you,
3. If the patient/client is a minor, elderly, or disabled and the psychologist believes he/she is a victim of abuse, or, if the patient/client divulges information about such abuse,
4. If the patient/client files suit against the psychologist for breach of duty,
5. If a court order or other legal proceedings or statute requires disclosure of information,
6. If the patient/client waives the rights to privilege or gives written consent to disclose information,
7. Anonymous disclosures for audits, evaluations, or research without personally identifying information,
8. To third party payers (i.e., insurance companies) or those involved in collecting fees for services,
9. Disclosures to other professionals or supervisees **directly** involved in your treatment or diagnosis,
10. Information contained in communications via mechanisms/devices with limited security/control, such as e-mail and telephone conversations/contact.

Many of these situations rarely occur and, should the situation arise, I will make every effort to discuss it fully with you before a release takes place. I may occasionally find it helpful to consult about a case with other professionals regarding treatment, diagnosis, or other pertinent issues. In these consultations, I make every effort to keep identifying information confidential. The consultant is, of course, legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

While the above 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. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific legal advice, legal consultation is recommended.

I have read and understand the above information and am consenting to treatment.

Client Signature

Date