

# Client Rights

As a client, you have the right to:

- Be respected
- Ask about the therapist's qualifications, license number, education, training, membership in professional groups, and special areas of practice.
- Have a safe treatment setting, free from sexual, physical, and emotional abuse.
- Report immoral and illegal behavior by a therapist.
- Be told about substitute therapists (in cases of vacation and emergencies), and cancellation policies.
- Have written information, before entering therapy, about fees, method of payment, insurance coverage, number of sessions the therapist thinks will be needed
- Request or refuse audio or video recording of sessions.
- Not answer any question or give any information you choose not too, with the understanding that sharing information is often a critical element of effective therapy.
- Be told if your therapist will discuss your case with others such as supervisors, consultants or students.
- Be informed by your therapist of your progress in treatment.
- Be told about substitute therapists (in cases of vacation and emergencies), and cancellation policies.
- Cancel your session more than 24 hours in advance of the scheduled time without being charged for the session.

# What You Should Know about Confidentiality in Therapy

I will treat what you tell me with great care. My professional ethics and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy. But I cannot promise that everything you tell me will never be revealed to someone else. There are some times when the law requires me to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because I want you to understand clearly what I can and cannot keep confidential. You need to know about these rules now, so that you don’t tell me something as a “secret” that I cannot keep secret. These are very important issues, so please read these pages carefully and keep this copy. At our next meeting, we can discuss any questions you might have.

1. When you or other persons are in physical danger, the law requires me to tell others about it. Specifically: a. If I come to believe that you are threatening serious harm to another person, I may try to protect that person. I may have to tell the intended victim and/or the police, or perhaps try to have you put in a hospital. b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to. c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect you. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards. d. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency. To “abuse” includes neglecting, hurting, or sexually molesting another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer. In any of these situations, I would reveal only the information that is needed to protect you or the other person.

2. In general, if you become involved in a court case or proceeding, you can prevent me from testifying in court about what you have told me. This is called “privilege,” and it is your choice to prevent me from testifying or to allow me to do so. However, there are some situations where a judge or court may require me to testify. Examples include but are not limited to: a. Child custody or adoption proceedings, where your fitness as a parent is relevant.

b. In cases where your emotional or mental condition is important information for a court's decision. c. During a malpractice case or an investigation of me or another therapist by a professional group. d. In a civil commitment hearing to decide if you will be admitted to or continued in a psychiatric hospital. e. When you are seeing me for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don't have to tell me what you don't want the court to find out through my report although there may be legal ramifications for withholding information or not participating.

3. There are a few other things you must know about confidentiality and your treatment: a. I may sometimes consult (talk) with another professional about your treatment. This other person is also required by professional ethics to keep your information confidential. Likewise, when I am out of town or unavailable, another therapist will be available to help my clients. I must give him or her some information about my clients. b. I am required to keep records of your treatment. You have a right to review these records with me. If something in the record is not appropriate for release, I may leave it out, but I will fully explain my reasons to you.

4. Here is what you need to know about confidentiality in regard to insurance and money matters: a. If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross/Blue Shield or managed care organizations ask for much information about you and your symptoms, as well as a detailed treatment plan. b. I usually give you my bill with any other forms needed, and ask you to send these to your insurance company to file a claim for your benefits. That way, you can see what the company will know about our therapy. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although I believe the insurance company will act morally and legally, I cannot control who sees this information at the insurer's office. You cannot be required to release more information just to get payments. c. If you have been sent to me by your employer's Employee Assistance Program, the program's staffers may require some information. Again, I believe that they will act morally and legally, but I cannot control who sees this information at their offices. If this is your situation, let us fully discuss my agreement with your employer or the program before we talk further. d. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be relevant information including your name and address, the dates we met for professional services, and the amount due to me.

5. Children and families create some special confidentiality questions. a. When I treat children under the age of about 12, I must tell their parents or guardians whatever they ask me. As children grow more able to understand and choose, they assume legal rights. For those between the ages of 12 and 18, most of the details in things they tell me will be treated as

confidential. However, parents or guardians do have the right to general information, including how therapy is going. They need to be able to make well-informed decisions about therapy. I may also have to tell parents or guardians some information about other family members that I am told. This is especially true if these others' actions put them or others in any danger. b. In cases where I treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. I may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes and my role. Then we can be clear about any limits on confidentiality that may exist. c. If you tell me something your spouse does not know, and not knowing this could harm him or her, I cannot promise to keep it confidential. I will work with you to decide on the best long-term way to handle situations like this. d. If you and your spouse have a custody dispute, or a court custody hearing is coming up, I will need to know about it. My professional ethics prevent me from doing both therapy and custody evaluations. e. If you are seeing me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. The court, however, may order me to testify. f. At the start of family treatment, we must also specify which members of the family must sign a release form for the common record I create in the therapy or therapies. (See point 7b, below.)

6. Confidentiality in group therapy is also a special situation. In group therapy, the other members of the group are not therapists. They do not have to follow the same ethics and laws that I have to work under. You cannot be certain that they will always keep what you say in the group confidential.

7. Finally, here are a few other points: a. I will not record our therapy sessions on audiotape or videotape without your written permission. b. If you want me to send information about our therapy to someone else, you must sign a "release-of-records" form. I have copies you can see, so you will know what is involved. c. Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court. d. In order to receive information about treatment you've received from other providers I will need you to sign a release of information form.

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.

Signature of client (or person acting for client) \_\_\_\_\_ Date: \_\_\_\_\_

Client's printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of therapist: \_\_\_\_\_ Date: \_\_\_\_\_

# Informed Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the "Information for Clients" packet and/or other information about the therapy I am considering. I have had all my questions answered fully.

I consent to take part in treatment by Dr. Jason Cooper. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I understand that I may stop treatment with Dr. Cooper at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that there may be negative consequences of terminating therapy prematurely such as a return of symptoms or other problems such as legal consequences if therapy has been court ordered.

I know that I must call to cancel an appointment at least 24 hours (1 day) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

Signature of client (or person acting for client) \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Relationship to client (if necessary) \_\_\_\_\_

I, Dr. Cooper, have discussed the issues above with the client (and/or his or her parent/guardian/representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist \_\_\_\_\_ Date \_\_\_\_\_

## Agreement to Pay and Cancellation/Rescheduling Policy

I request that Dr. Cooper provide professional services to me or to \_\_\_\_\_, who is my \_\_\_\_\_, and I agree to pay this therapist's fee of \$125.00 per session for these services.

I agree that this financial relationship will continue as long as Dr. Cooper provides services or until I inform him that I wish to end it. I agree to meet with Dr. Cooper at least once before stopping therapy. I agree to pay for services provided to me up until the time I end the relationship.

I agree that I am responsible for the charges for services provided by Dr. Cooper to me although other persons or insurance companies may make payments on my account.

**Cancellation Policy: I understand that missed and rescheduled appointments cancelled with less than 24 hour notice and no-shows will be billed to the client at the full rate of \$125.00 per session. The insurance company will not be billed.**

Signature of client (or representative): \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

I, Dr. Cooper, have discussed the issues above with the client (and/or the person acting for the client).

Signature of therapist: \_\_\_\_\_

Date: \_\_\_\_\_

# New Client Information Form

## Identification

Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nicknames or aliases: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

\*Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

How did you hear about Dr. Cooper? \_\_\_\_\_

May I thank this person for the referral?  Yes  No

## Your medical care:

Your Clinic/Doctor's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

## Your current employer:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

General Work Schedule: \_\_\_\_\_

## Your education:

Highest degree completed: \_\_\_\_\_ From which school \_\_\_\_\_:

What is/was your favorite subject in school? \_\_\_\_\_



What was your GPA? \_\_\_\_\_

**Employment and Military Experiences:**

<b>Name of Employer</b>	<b>Start Date</b>	<b>End Date</b>	<b>Reason for Leaving</b>

**Family-Of-Origin:**

<b>Relative's Name</b>	<b>Current Age</b>	<b>Illnesses</b>	<b>Education</b>	<b>Occupation</b>
Father:				
Mother:				
Stepparents:				
Grandmother:				
Grandfather:				
Brothers:				
Sisters:				

**Marital/relationship history**

Spouse's Name	Their age at marriage	Your age at marriage	Your age when divorced/widowed	How many children together?

**Children:**

Name	Age	Gender	Grade	Concerns related to child	From past relationship? Yes / No

**Chief concern:**

Please describe the main difficulty that has brought you to see me:

What do you believe is causing the problem?

**Previous Treatment:**

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?  No  Yes

If yes, When and where did you get treatment?

What was the treatment for?

What was the result of the treatment?

Have you ever taken medications for psychiatric or emotional problems?  No  Yes

Name of Medication	Reason for Taking It	Dates you took it	Effect of Medication

**Relationships in your family of origin:**

Please describe the following:

Your parents' relationship with each other:

Your relationship with each parent:

Your parents' physical health problems, drug or alcohol use, and mental or emotional difficulties:

Your relationship with your brothers and sisters:

**Abuse history:**

I was not abused in any way.

I was abused.

<b>Your Age</b>	<b>Kind of Abuse</b>	<b>By whom</b>	<b>Effect on You</b>	<b>Whom did you tell</b>	<b>Consequences of Telling</b>

**Present relationships**

How do you get along with your present spouse or partner?

How do you get along with your children?

**History of Self-Harm / Suicide Attempts:**

Have you ever attempted suicide? If so, when?

Have you ever experienced thoughts of self-harm or suicide? If so, when?

Are you currently experiencing thoughts of self-harm or suicide?

**Substance Use:**

- 1. Have you ever felt the need to cut down on your drinking?  No  Yes
- 2. Have you ever felt annoyed by criticism of your drinking?  No  Yes
- 3. Have you ever felt guilty about your drinking?  No  Yes
- 4. How much beer, wine, or hard liquor do you consume each week, on average?
  
- 5. Are there times when you drink to unconsciousness?
  
- 6. How much tobacco do you smoke or chew each week?
  
- 7. Have you ever used inhalants (“huffing”), such as glue, gasoline, or paint thinner?  No  Yes  
If yes, which and when?
  
- 9. Which drugs (not medications prescribed for you) have you used in the last 10 years?

**Legal history:**

If you have ever been charged with a crime, please describe below:

Date	Charge	Sentence	Attorney’s Name

Are you presently suing anyone or thinking of suing anyone?  No  Yes

Are you required by a court, the police, or a probation/parole officer to have this appointment?

No  Yes If yes, please explain:

Are there any other legal involvements I should know about?

**Other:**

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper: