Liz Cohen Counseling

Intake And Demographic Packet

Name (First, MI, Last): _____ Date: _____

Date of Birth: _____ Primary Language: _____

Gender: ☐ Male ☐ Female ☐ Transgender

Race: ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Multi-racial ☐ Other _____

Contact Information

Home Phone: _____ Can I leave a message at home? ☐ Yes ☐ No

Cell Phone: _____ Can I leave a message on your cell? ☐ Yes ☐ No

Work Phone: _____ Can I call you at work? ☐ Yes ☐ No

Can I leave a message at work? ☐ Yes ☐ No

Email: _____ Can I send you email? ☐ Yes ☐ No

Address: _____

City: _____ State: _____ Zip: _____

Family Information

Please check all that apply: ☐ Single ☐ Married/Partnership ☐ Divorced/Separated ☐ Widowed

Children	Names	Ages

Siblings	Names	Ages

Parents	Names	Ages

Are there other family members in the home? ☐Yes ☐No Explain: _____

Employment

Are you currently Employed: ☐ Yes ☐ No If Yes, where?

Combined Household Income: ☐ Between $16,000.00-$25,000.00/Year ☐ Between $25,000.00-$50,000.00/Year ☐ Between $50,000.00-$100,000.00/Year

Mental Health

What is the name of your primary care physician? _____

What medications are you currently taking? _____

_____

_____

Have you ever had previous psychological treatment? ☐ Yes ☐ No

Date	Name of Provider

Do you have a history of suicidal ideation or a past suicide attempt? ☐No ☐Yes

_____

Dates: _____

Are there immediate suicidal/homicidal concerns? ☐No ☐Yes

Please explain: _____

_____

Drug and Alcohol Use

Are there current concerns with drugs and/or alcohol? ☐Yes ☐No

Please explain. _____

PRE-SERVICE QUESTIONNAIRE

The process of therapy can be stressful and sometimes overwhelming. To help this process to be as productive as possible, an important partnership must be established between you and your therapist in which good self care routines are established. Please help me to understand more about you by providing the information listed below:

Please list the top areas of current concern for you in your life:

Please tell me a little bit about your relationship history:

What do you hope to get out of psychotherapy?

Confidentiality

Overview

As a clinician, I am committed to providing services that enhance the well-being of my clients. I recognize that the people I serve must provide personal information in order for my services to be effective and that I have an obligation to protect my clients' privacy and use this information ethically and appropriately at all times. As such, personal information about my clients should be obtained and used only when necessary. I believe that individuals have a fundamental right to privacy and that it is my obligation to ensure information is protected whether it exists in hard copy form, in electronic form or is communicated to other professional staff.

Informed Consent

Clients will be made aware before engaging in services about the potential risks involved in participating in psychotherapy. Risks and benefits will be discussed as a routine part of the intake process, and all questions regarding services will be answered at this time.

What are the possible risks?
Often psychotherapy requires recalling and talking about unpleasant aspects of your history or your present situation, which can bring up uncomfortable feelings such as sadness, anger, or shame. Although it may be necessary to talk about painful or embarrassing subjects, the role of the therapist is to be nonjudgmental and understanding.

What are the possible benefits?
A number of benefits are available from participating in psychotherapy. Often it is helpful just to know that someone understands. Therapy can provide a fresh perspective on a difficult problem or point you in the direction of a solution. The benefits you obtain from therapy depend on how well you use the process and put into practice what you learn. The benefits available thorough therapy include:

- Attaining a better understanding of yourself and your personal goals and values, developing skills for improving your relationships
- Overcoming specific problems such as depression or binge eating
- Finding resolution to the issues or concerns that led you to seek therapy

However, there are no guarantees about what therapy will do for you. Some people find that participating in psychotherapy results in changes that were not expected or intended at the outset.

Release of Information

Confidentiality is essential for the relationship formed between clinicians and clients. Confidential client information will only be shared with written permission from the client. A copy of this signed consent form must be given to the person authorizing the disclosure and placed in the case record.

Confidentiality Exceptions:

Information regarding the client may be legally shared without consent when:

- There is a threat to danger of self or others;
- There is suspicion of child abuse or neglect;
- There is a release signed by an adult client or the guardian of a minor client giving staff permission to talk to specific individuals or agencies; and/or
- Disclosure of information is court ordered.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal regulation that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, I have prepared this explanation of how we are required to maintain the privacy of your health information and how I may use and disclose your health information.

As a clinician, I may use and disclose your medical records only for each of the following purposes: planning care and treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, billing or collection activities, and utilization review.
- Health care operations include the business aspects of running this program, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

I may also create and distribute de-identified health information by removing all references to individually identifiable information.

I may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to me:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.

I am required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is presently effective and I am required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that I maintain. You may request a written copy of a revised Notice of Privacy Practices from this office, and, in the event of any change to my privacy practices, I will provide you with an updated version in a timely fashion.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. I will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint, please contact the following:

Liz Cohen, JD, LCSW
9501 Capital of Texas Highway
Suite 105
Austin, Texas 78759
(512) 217-2873

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257