NEW HOPE COUNSELING CENTER

3237 South Cherokee Lane, Suite 1110
Woodstock, GA 30188

_____ (initial) CONFIDENTIALITY: The Health Insurance Portability and Accountability Act (HIPPA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law," HIPPA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPPA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. Communications between client and counselor are confidential and will not be revealed unless required by law such as in situations of child or elderly abuse or threats of physical harm to self or others or subpoena of a court. Your counselor will be discreet if it is necessary to contact you at home or at work. If you have a specific number that is best for contact please let your counselor know.

_____ (initial) COMMUNICATION: Secure and private communication cannot be fully assured utilizing cell/smart phone or email technologies. By initialing, you are acknowledging that the use of any of these technologies to contact your counselor are considered non-secure. Any contact to your counselor by these means will be considered implied consent for your counselor to return messages via the same non- secure technology unless you present a written statement of further clarification.

_____ (initial) COUNSELING FEES: The nominal fee for counseling sessions will be determined by your individual counselor. We ask that your account be kept current and that payment be made prior to beginning each session. A charge of $25.00 will be made for returned checks plus the amount of the unpaid session.

_____ (initial) CANCELLATION OF APPOINTMENTS: Your appointment time is important to you, to your therapist, and to others who are in need of therapy. If you must cancel your appointment, please phone your counselor and leave a message on their voicemail at least 24 hours in advance of your scheduled appointment. The fee for the session will be charged for the time reserved when cancellations are received less than 24 hours in advance, except in case of illness or emergency. You are personally responsible for this charge and all future appointments may be cancelled until this fee is paid.

_____ (initial) TELEPHONE CALLS: Should you need to contact your counselor, you may leave a message on his/her provided phone number. If your call lasts over 15 minutes in length, your counselor may ask if you would like to schedule a session or continue the telephone call for his/her nominal session fee.

_____ (initial) EMERGENCY PROCEDURES: If you have an emergency, you will need to contact either a hospital emergency room or the police depending on the situation. If you feel your life or someone else's is in danger call 911.

I have read the above information and voluntarily request counseling services at New Hope Counseling Center, and I agree with these terms and conditions*

Client's Signature_____ D ate_____

*The signature of the custodial parent or guardian is required for clients under 18 years of age.

New Hope Counseling Center

NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law," HIPAA provides patient protections related to the electronic transmission of data ("the transmission rules"), the keeping and use of patient records ("privacy rules"), and storage and access to health care records ("security rules"). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients with notification of the privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you do not have formal legal training. The **GEORGIA NOTICE FORM: What You Should Know About Confidentiality** is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship, and as such, you will find we make every effort to do all we can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

By law, New Hope Counseling Center is required to secure your signature indicating you have been given the opportunity to receive a copy of the **GEORGIA NOTICE FORM: What You Should Know About Confidentiality and the handling of your confidential health information.**

I have reviewed a copy of GEORGIA NOTICE FORM: What You Should Know About Confidentiality, which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand that I have the right to review this document and that I may, at any time, now or later, ask any questions about or seek clarification of the matters discussed in this document. Signing below indicates that I have received a copy.

_____ _____

Client's Signature Date

_____ _____

Signature of Parent or Guardian Date

* The signature of the parent/guardian is required for clients under 18 years of age

Contact Information

Name: _____ Birthdate: _____ Age: _____ Sex: M F

Street Address: _____

City: _____ State: _____ ZIP: _____

Marital Status: Single ____ Married _____ (# of years _____) Divorced _____ Separated ____

Previous Marriages: _____

Years of Education: _____

Religious Affiliation (if any): _____ Church (if any) _____

Email Address: _____ OK to email messages? Yes _____ No _____

Telephone: (H)_____ (C)_____ (W) _____

OK to leave telephone messages? Yes ____ No _____ OK to send texts? Yes ____ No ____

Emergency Contact: Name _____ Phone: _____

Current Situation

Briefly describe the reason you are seeking counseling:

_____

_____

When has the problem improved?

_____

_____

When has the problem worsened?

_____

_____

What are your goals for therapy at this time?

_____

_____

Family

Relationship	***Name***	***Age***	***Grade in school last completed***	***Occupation***
Spouse				
Father				
Mother				
Siblings				
Children				

Please describe your current living situation (type of residence and with whom you live):

_____

_____

Occupation

Employer: _____ Length of Employment: _____

Total number of work hours per week:_____

Do you find your work particularly stressful? Yes ____ No ____

Do you find your work satisfying? Yes ____ No ____

Personal and Family History

Has anyone in your family ever suffered from any mental illness? Yes ____ No ____

If yes, please describe: _____

Have you ever been diagnosed with any mental illness? Yes ____ No ____

If yes, please describe:_____

Do you have any family history of problematic substance abuse or addiction? Yes ____ No ____

If yes, please describe: _____

What is your current typical alcohol/drug use? (Ex: 2 nights/week, 1 drink/night)

_____

_____

Medical

Describe any physical problems you have that require medication of physical care.

_____

_____

Are you currently taking any prescription medications? If so, please list the name and dosage.

_____

_____

Who is your primary care physician, and when did you last consult him/her?

_____

_____

Previous Counseling Experience

Have you ever had previous counseling? If yes, please describe when, the reason for counseling, and whom you were seeing.

_____

_____

Referral Source

How did you find our practice or your therapist?

_____

_____

If referred by another person or therapist, may we thank this person for the referral?

_____ Yes _____ No

Current Concerns

Using the scale below, please choose a number that reflects the extent of your current concern about the issues listed below. Please rate each item.

0	1	2	3	4	5	6	7	8	9	10
No concern					Moderate concern					Extreme concern

_____ Abused as a child
_____ Aggression
_____ Anger or Temper
_____ Anxiety
_____ Bitterness
_____ Completing Tasks
_____ Concentration
_____ Depression
_____ Difficulty in Communication
_____ Eating Difficulties
_____ Excessive Behaviors
_____ Family Problems
_____ Fearfulness
_____ Feeling Manic
_____ Feeling Overwhelmed
_____ Fidget Frequently
_____ Finances
_____ Grief or Loss
_____ Hopelessness
_____ Irritability
_____ Isolation
_____ Marital Problems
_____ Nightmares
_____ Personality Conflicts
_____ Physical Problems
_____ Problems in Relationships
_____ Problems with Children
_____ Problems with Parents
_____ Resentment
_____ Sexual Concerns
_____ Sleep
_____ Social Withdrawal
_____ Spiritual Concerns
_____ Stress
_____ Thoughts of Hurting Yourself
_____ Thought of Suicide
_____ Trouble Making Decisions
_____ Unhappy Most of the Time
_____ Use of Alcohol
_____ Use of Alcohol by a Family Member
_____ Use of Drugs
_____ Use of Drugs by a Family Member
_____ Work
_____ Worry
_____ Other: _____

Please complete the following sentences.

1. The most important thing to me is_____.
2. I worry about_____.
3. What I do best is_____.
4. Sometimes I feel guilty about_____.
5. One of the things I'm angry about is_____.
6. My biggest mistakes were_____.
7. My job_____.
8. What makes me nervous is_____.
9. My personality would be better if_____.
10. I often felt that mother_____.
11. One of the things I can't forgive is_____.
12. My temper_____.
13. My childhood_____.
14. My biggest disappointment_____.
15. To me, sex is_____.
16. I would be better liked if_____.
17. I often felt that father_____.
18. My children (child)_____.
19. Women are_____.
20. What hurts me most is_____.
21. It is hard for me to admit_____.
22. Men are_____.