

CLIENT INFORMATION SHEET

All questions are optional -- please complete as much or as little as you like.

Name: _____ Preferred name: _____ DOB: _____

Age: _____ Marital Status: _____ Preferred pronoun: _____

Address: _____

Place of birth: _____ Hometown: _____

Preferred Phone: _____ Cell / Home / Work. OK to leave message? Y N

Secondary Phone: _____ Cell / Home / Work. OK to leave message? Y N

Email address: _____

Emergency Contact (name, phone, relation): _____

Health Insurance Carrier: _____ Member ID#: _____

Who referred you?: _____

Reason for seeking treatment: _____

Current Issues of Concern: Please check all of the following items that are of concern at this time.

- Abuse – emotional, physical, verbal, sexual, neglect
- Academic issues
- Aggression/violent behavior
- Alcohol use
- Anger, arguing
- Anxiety, nervousness
- Body image
- Career concerns, choices
- Childhood issues (yours)
- Children/parenting concerns
- Compulsive behaviors
- Computer excessiveness
- Concentration
- Decision making, indecision
- Depression, sadness, crying
- Drug use
- Eating concerns
- Emptiness
- Family relationships
- Fear of failure
- Fears, phobias
- Financial problems
- Gambling
- Grief issues

- Guilt
- Harassment
- Health, medical concerns
- Hallucinations
- Identity issues
- Impulsive, out of control behavior
- Independence from parents
- International student concern
- Irresponsibility
- Learning disability
- Legal problems
- Loneliness, no friends
- Memory problems
- Mood swings
- Motivation
- Overly responsible to others
- Overly sensitive to rejection
- Panic attacks
- Perfectionism
- Peer relationship concerns
- Pregnancy, abortion issues
- Prejudice/bias concerns
- Procrastination/time mgmt.
- Racial/ethnic concerns
- Repeated troubling thoughts

- Relationship concerns
- Relationship violence
- Religious/spiritual concerns
- Romantic relationship concerns
- Self-esteem issues
- Self-injury, mutilation
- Self-neglect, poor self-care
- Sexual assault
- Sexual concerns
- Sexual harassment
- Sexual orientation/identity
- Sexually transmitted disease
- Shame
- Shyness, oversensitivity
- Smoking, tobacco use
- Sleep problems
- Stress
- Suicidal thoughts
- Tiredness, fatigue
- Trauma
- Violent thoughts
- Withdrawal, isolation
- Other: _____
- _____
- _____

(CLIENT INFORMATION SHEET continued)

FAMILY: Please list any family history of mental health or substance abuse problems.

EDUCATION AND EMPLOYMENT: Please list current and recent significant employment (position, company, & time frame), and education (school, degree).

HEALTH: Please list significant medical history (chronic conditions, accidents, allergies, surgeries).

General health care provider: _____

Current psychiatrist: _____

Current psychiatric medication: _____

Past psychiatric medication: _____

Other current medication: _____

PREVIOUS PSYCHOLOGICAL TREATMENT: Please list all past psychological treatment and hospitalizations, including reasons, location, and time frame.

CURRENT OR RECENT SUBSTANCE USE: Please list how often and in what quantity you drink alcohol and/or use substances, and list the substances you use.

SUICIDALITY: Please check all that apply.

<input type="checkbox"/> Current suicidal thoughts	<input type="checkbox"/> History of suicidal thoughts	<input type="checkbox"/> History of suicide attempts
<input type="checkbox"/> Never had suicidal thoughts	<input type="checkbox"/> Current self-injury	<input type="checkbox"/> Historical self-injury

Psychotherapist-Patient Services Agreement

Welcome to my practice. I am providing you the following information to answer common questions about the policies and procedures of my practice. If you have any questions or concerns about any of this information, please do not hesitate to discuss them with me.

Psychotherapy

The benefits of therapy have been repeatedly and scientifically demonstrated for most people in most situations. Depending on your initial issues and symptoms, benefits might include the lessening of depressive symptoms or feeling less afraid or anxious. You may experience an increased sense of well-being and comfort with yourself. With a more thorough understanding of yourself, you are likely to be able to make changes that enhance your family or social relationships and find deeper satisfaction in them. Through the therapeutic process, you may come to better understand your personal goals and values, growing and maturing as an individual.

As with any treatment, there are both risks and benefits associated with psychotherapy. The risks of therapy can include an exacerbation of symptoms, new symptoms, the questioning of beliefs and values, possible changes in lifestyle, relationships, or employment. Other risks can include the experience of intense and unwanted feelings (including sadness, anger, fear, guilt, or anxiety) as you begin the healing process. However, these feelings may be a natural, normal, and important part of your therapy. Other risks might include recalling unpleasant life events, facing difficult thoughts and beliefs, and changes in your relationships. During our work together, I hope to discuss any of your reactions to or adverse side effects of your therapy.

Our work will end once you are satisfied with your progress and we discuss this and how we will conclude our work. You may also decide to terminate our work for other reasons, but I recommend that we meet for at least one session to discuss the ending process. In addition, ethical standards require that I terminate therapy when I do not feel it is being helpful. If this should occur, I will be sure to provide you with appropriate referrals.

Office Hours

Sessions are scheduled by appointment and are 45 minutes long. Due to the nature of psychotherapeutic work, I must adhere firmly to scheduled appointment times. As a result, if you are late for a scheduled session, it will end at its regularly scheduled time. If I am late for a session, I will either make up the lost time or adjust the fee accordingly.

Cancellation Policy

If you need to cancel an appointment, please notify me **at least 24 hours in advance**. Because the appointment time is reserved for you, appointments that are not canceled 24 hours in advance will be charged the full fee. If you are using insurance to cover all or part of your treatment, please note that most insurance plans do not pay for missed sessions, so you may be responsible for the total charge for the missed session.

Telephone and Emergency Policy

If you need to reach me between regularly scheduled appointment times, you can call me at (202) 813-0402. The voice mail at this number is confidential. I check these messages regularly and will return your call at the earliest possible opportunity.

- If you are calling because of an **emergency**, please leave a message for me; however, if you cannot wait for a return call, proceed to your nearest emergency room or call 911.
- I do not charge for telephone contact shorter than 10 minutes. For conversations longer than 10 minutes, you will be charged on a percentage basis at your regular session rate.

Billing and Fees

I charge an hourly rate for each 45-minute session. I will provide you with a statement at the end of each month. Payment may be made by cash, check, or credit card. If this billing arrangement is not feasible, I ask that you discuss this with me in advance so that we can work out an agreeable arrangement. If your bill is two months overdue, I reserve the right to discontinue therapy until you pay the full amount. If you remain unable to pay, I will refer you to an inexpensive source of help, if necessary.

Professional Records

The laws and standards of my profession require that I keep Protected Health Information about you in your clinical record, which you have access to (upon a written request). However, since these records may be confusing, I request that I be present when you review them so that I can explain them to you. You will be required to pay for this time.

Patient Rights

HIPAA (Health Insurance Portability and Accountability Act) provides you with certain rights with regard to your clinical records and disclosures of protected health information. The attached form entitled “Notice of Policies and Practices to Protect the Privacy of Your Health Information” lists these rights.

Confidentiality and Privacy of Information

I will make every effort to safeguard the privacy of your information. It is a violation of the District of Columbia Mental Health Information Act of 1978, as well as the Ethical Principles of the American Psychological Association, to disclose any information regarding the treatment of clients.

There are several specific exceptions to the rule of confidentiality. These are listed below:

- You may authorize me to release records or other information to individuals of your choosing. I may only do this with your expressed written consent.
- Under ethical and legal requirements, I may be required to break confidentiality in the event of a clear and imminent danger to yourself or another person.
- In the event that you disclose information that provides evidence of current abuse of or neglect of minor children or a vulnerable adult, the law may require that I make a report to the appropriate state or local agency.
- In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

Acknowledgement

Your signature below indicates that you have read this agreement and agree to its terms. It also serves as an acknowledgement that you have received the HIPAA notice form “Notice of Policies and Practices to Protect the Privacy of Your Health Information.”

Name of Patient: _____

Signature of Patient: _____ Date: _____

Signature of Therapist _____ Date: _____

Lindsay Perrin, Ph.D.

**Notice of Policies and Practices to Protect the Privacy of Your Health Information:
HIPAA (The Health Insurance Portability and Accountability Act)**

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operation

I may use or disclose your Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
 - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or a psychologist.
 - Payment refers to reimbursement for your health care. Examples of payment are when PHI is disclosed to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance or operation of the practice. Examples are quality assessment and improvement activities, business-related matters (such as audits) and administrative services, case management and care coordination.
- “Use” applies only to activities within the office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the office, such as releasing, transferring or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of those outlined above, I will obtain authorization from you before releasing that information. I will also need to obtain authorization before releasing your Psychotherapy Notes. These are notes I have made about our conversation during a private, group, joint or family counseling session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of insurance coverage, as the law provides the insurer with the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If I know or have reasonable cause to suspect that a child known to me in my professional capacity has been or is in immediate danger of being mentally or physically abused or neglected, I must immediately report such knowledge or suspicion to the appropriate authority.
- Adult and Domestic Abuse – If I believe that an adult is in need of protective services because of abuse or neglect by another person, I must immediately report this belief to the appropriate authorities.
- Health Oversight Activities – If the D.C. Board of Psychology is investigating me or my practice, I may be required to disclose PHI to the Board.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services I have provided you and/or the records thereof, such information is privileged under D.C. law, and I will not release information without the written authorization by you or your legally appointed representative or a court order. The privilege does not apply when you are being

evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- Serious Threat to Health or Safety – If I believe disclosure of PHI is necessary to protect you or another individual from a substantial risk of imminent and serious physical injury, I may disclose the PHI to the appropriate individuals.
- Worker’s Compensation – If I am treating you for Worker’s Compensation purposes, I must provide periodic progress reports, treatment records and bills (upon request) to you, the D.C. Office of Hearings and Adjudication, your employer, or your insurer (or their representatives).

IV. Patient’s Rights and Provider’s Duties

Patient’s Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Information by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in treatment with me. Upon your request, I will send bills to another address).
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have the decision reviewed. You may be denied access to Psychotherapy Notes if I believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. I shall notify you or your representative if I do not grant complete access. Upon your request, I will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. Upon your request, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. Upon your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Provider’s Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I intend to revise my policies and procedures, I must describe in a notice to patients how I will provide patients with a revised notice of privacy policies and procedures (e.g. by mail, email).

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me (Lindsay Perrin Ph.D. at 202-813-0402). If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at: One Darnall Hall, 37th and O Streets, NW, Washington, D.C. 20057. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. Please note: you have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on August 1, 2004. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or in person.

Informed Consent for Telepsychology

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the patient and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care in the infrequent event that the patient or clinician is unable to be physically in the office for the regularly scheduled in-person appointment, as detailed below. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. It is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

Crisis management and intervention. Usually, I will not engage in telepsychology with patients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.

Efficacy. Research suggests that telepsychology may be about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same

room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely. I believe that the therapeutic relationship relies on a personal connection that is best built and sustained in person. As such, I only offer telepsychology services in the infrequent event that you may need to miss a session due to unexpected necessary travel, transportation issues, inclement weather, or physical health concerns, and it is clinically indicated that we keep your regular appointment for continuity of care.

Electronic Communications

We will decide together which kind of telepsychology service to use. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your general physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Psychotherapist-Patient Services Agreement still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Telepsychology

We will regularly check in regarding the appropriateness of telepsychology as an adjunct to your treatment. I will let you know if I decide that telepsychology is no longer the most appropriate form of adjunct treatment for you. If your circumstances necessitate the use of regular telepsychology and I determine that I am unable to provide such services, we will discuss referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. I may ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I may ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911 or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telepsychology platform on which we agreed to conduct therapy. During those two minutes in an effort to manage the technological connection fail, I will reload the telepsychology platform and/or restart my computer or device, and I ask that you do the same. If you do not receive a call back within two (2) minutes, then please call me at 202-813-0402.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time. Please note that a prorated session fee will only be honored if we are unable to resume the connection. Because some technological fails are common and to be expected when engaging in telepsychology, I will not prorate the session fee related to such expected momentary disconnections. These instances are considered part of the noted limitations of this particular treatment modality.

Fees

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via

telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session.

Records

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

Patient Name

Patient Signature Date