

Heather L. Clifft, LPC
Licensed Professional Counselor
Child Intake Form

Child's Name _____ DOB _____ Age _____

Gender _____ School _____ Grade _____

Street _____ City _____ State _____ Zip _____

Your Name _____

Relationship to Child _____ Your DOB _____

Home phone _____ May we call you at home? ____ Cell phone _____ May we call your cell? ____

Your SSN _____ Employer _____ Work phone _____ May we call you at work? ____

Marital Status _____ Spouse's Name _____ DOB _____

Spouse's SSN _____ Spouse's Employer _____ Work phone _____

In case we can not contact you and need to leave a message, whom should we contact?

Name _____ Telephone Number _____ Relationship _____

How did you learn about my counseling services?

() Friend, () Family, () Internet, () Physician, () Other _____

Insurance/Waiver Information

Some insurance companies will provide coverage for counseling services, but benefits vary from company to company and policy to policy. **It is your responsibility to contact your insurance company and verify that I am a participating provider with them and my services are a covered benefit under your policy.** It is also your responsibility to obtain the initial authorization for services if required by your insurance. It is not possible to get retroactive authorization. Failure to do so may result in your insurance company denying payment for services rendered, therefore making the full charge your responsibility. My office staff will file your insurance claims for you. I understand that and accept that without providing a current insurance card and/or authorization number, I assume all financial responsibility for my therapy session(s) at the full rate and I release Heather L Clifft, LPC from any and all terms and restrictions of my insurance company. This waiver begins with the initial session. .

Signature of Responsible Party

Date

Release of Information

I authorize Heather Clifft, LPC to release information about this client to my medical insurance company and referring professional. This authorization will end at any time that I have given written instructions to that effect to Heather Clifft.

Signature of Responsible Party

Date

Practice Policies

Tanglewood Counseling is a collective of independent mental health professionals. We are each in independent practice. We are not a partnership and we do not see one another's clients unless a consultation is specifically requested.

Fees and Insurance: Initial sessions are charged at a rate of \$175.00 with subsequent sessions charged at a rate of \$150.00. The initial charge reflects the additional time needed for consultation with previous therapists, referring professional, and insurance companies requiring documentation for authorization of additional services. If you forget an appointment or fail to provide a 24 hour notice for cancellation, you will be charged for the session. Exceptions are made for acute illnesses or emergencies. This charge is not covered by insurance plans.

If you wish, you may pay fees electronically, through Square. However please be aware of the following: We have a duty to uphold your confidentiality, and thus we wish to make sure that your use of the above payment services is done as securely and privately as possible. After using Square to pay your fee, Square may send you receipts for payment by email or text message. These receipts will include our business name and could indicate that you have paid for a therapy session. It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to. So before using Square to pay for your session(s), please think about these questions: At which email addresses or phone numbers have I received these kinds of receipts before? Are any of these addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you. Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts/ Would there be any danger if such a person discovered them? In addition to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to Heather Clifft, LPC. Please consider who might have access to your statements before making payments via credit card.

If you are using a Health Saving Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

I hereby agree to pay for services rendered and for appointments not kept without 24 hours advance notice of cancellation to Heather Clifft, LPC when the charge is incurred. There is a \$35.00 return check fee. In the event of default, I promise to pay legal interest on the indebtedness, together with such collections costs and/or fees required to effect collection. I understand that my name, address, SS number, phone number, date of birth, employer name, address, and phone, date of service and charge will be released to the collection agency.

Signature of Responsible Party

Date

I authorize my medical insurance company to pay Heather Clifft, LPC directly for her services. I agree that I remain responsible for all fees not paid by my insurance. Heather Clifft will honor any insurance plan payment schedule for any insurer with whom she is a participating provider.

Signature of Responsible Party

Date

Legal Proceedings and Court Involvement If you are involved in, or anticipating being involved in, legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in legal proceedings might affect our work together. In the event you are seeing me because you have been asked to obtain an evaluation for a legal proceeding, it is important for you to know the difference between treatment and evaluation, and that treatment is not a substitute for an evaluation. Treatment is also not an appropriate way to obtain evaluation results. If you need an evaluation I will assist you to find a provider who offers this service.

It is also important for you to know that I will not be a party to any legal proceedings against current or former clients. I will work with you to support treatment goals, not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing NOT to involve me in legal or court proceedings or attempt to obtain treatment records for legal or court proceedings when marital or family counseling has not been successful at resolving disputes. This prevents misuse of your treatment for legal objectives.

If my presence in court is warranted, I will need to receive a subpoena in order to provide testimony. Please be aware that a subpoena for records or testimony is grounds to have your privileged information shared with the court. Court fees will be charged to the party which requests my testimony. Court fees include preparation, drive time, and time in court. The fee schedule is \$950 per day for which I am subpoenaed. This fee must be paid at least one week in advance of the court hearing. A 48 hour cancellation or continuation notice is required in order to be issued a refund of the fee. If I am not contacted regarding a cancellation or continuation notice within 48 hours of the court hearing, the full rate will still apply.

By signing below, you agree to the court and legal proceedings procedures and fees as explained above.

Signature of Responsible Party

Date

Weather Closings: In the event of inclement weather, a message will be left on our voice mail indicating whether or not sessions will be held or the day. You may access this information by calling the office number, 540-772-1872. The voice message recording will indicate inclement weather hours and closings. Please listen to the recording in its entirety. Each counselor housed within the collective makes their own hours and thus each counselor will be listed separately on the recording.

Crisis: My office is not set up to routinely provide crisis intervention services. If you experience an emergency requiring immediate attention while the office is closed, please telephone the 24 hour hotline through emergency Outreach Services (540-981-9351), or go to your nearest hospital emergency room, or call 911.. If you need to speak with me directly during regular office hours (Monday - Thursday 9am - 6pm), please leave your name and telephone number with my office manager (772-1872). I will return your call as soon as possible. After office hours and when my office manager is not in, voice mail is available to receive messages. On evenings, weekends, and holidays, the message will be received and acted upon during the next working day.

Account balance, insurance questions, and **ALL** scheduling or canceling of appointments **MUST** be directed to Mrs. Angela Dooley via telephone at 540-772-1872. She is in the office Monday - Thursday between 8:00am and 4:30pm.

By signing below you signify that you have read, understood, and accepted the above conditions.

Signature of Responsible Party

Date

Printed Name of Responsible Party

Confidentiality and Technology

The privacy of your information is a priority for our office. Counseling in a confidential process, and with the exception of the aforementioned release of information to the insurance company, your information will not be released without your consent. This includes the way I utilize technology and social media.

Friending

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and your respective privacy. It may also blur the boundary of our therapeutic relationship. If you have questions about this, please print them up when we meet and we can discuss them further.

Interacting

If you need to contact our office between sessions, the best way to do so is by telephone. Telephone is the most efficient way to leave messages for our office and to address administrative issues such as changing appointments. Please do not use mobile phone text messaging or messaging on social networking sites to contact me or the office staff. These sites are not secure and may not be read in a timely fashion. Please do not use wall postings, @replies, or other means of engaging with me or the office staff in public online if we have an already established client/therapist relationship. Engaging with me in this way could compromise your confidentiality.. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Use of Search Engines

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If I have reason to suspect that you are in danger and you have not been in touch with me via our usual means (scheduled appointments or telephone) there *might* be an instance in which using a search engine (to find you, to find someone close to you, or to check your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Business Review Sites

You may have found my counseling practice on sites such as Yelp, Healthgrades, Yahoo, Google Business, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a request for a testimonial, rating, or endorsement from you as my client.

Of course, you have a right to express yourself on any site you wish. However, due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide that we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentially means that I cannot tell people that you are my client, and my ethics code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel that I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Counseling, which oversees licensing, and they will review the services I have provided.

Location-Based Services

If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in” from my office or if you have a passive LBS app enabled on your phone.

Email

Email is a convenient way to share information. However, please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that emails are retained in the logs of your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Additionally, I may not review email every day, and therefore, any information that you may send to me via email may not be viewed in a timely fashion. The best way to reach me between sessions, is via telephone.

Telehealth Services

There are potential benefits and risks of video conferencing (e.g. limits to patient confidentiality) that differ from in person sessions. Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the other person(s). We agree to use the video-conferencing platform selected for our virtual session, and an email will be sent to you with log-in instructions. You need to use a webcam or smartphone during the session. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. It is important to use a secure internet connection rather than public/free Wi-Fi. It is important to be on time, and missed or late appointments will be subject to the aforementioned fees. In case of technical difficulties, please contact me or my office manager, Angela Dooley, immediately to restart the session or to reschedule. You should confirm with your insurance company that video sessions will be reimbursed; if they are not reimbursed you are responsible for full payment. As your counselor, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

By signing below you signify that you have read and understood the confidentiality and technology practices of this office.

Signature of Responsible Party

Date

Printed Name of Responsible Party

Presenting Challenges

Chief Complaint:

What brought you to seek counseling for your child?

How long has this challenge existed and what are the precipitating events?

Please check all that apply to your child:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> suicidal | <input type="checkbox"/> falls a lot | <input type="checkbox"/> bumps into things | <input type="checkbox"/> gets along with children his/her age |
| <input type="checkbox"/> agitation | <input type="checkbox"/> vomiting | <input type="checkbox"/> work absences | <input type="checkbox"/> fights a great deal with other children |
| <input type="checkbox"/> has a lot of fears | <input type="checkbox"/> dread school | <input type="checkbox"/> seems to like toys/objects better than people | |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> active without stopping | <input type="checkbox"/> school absences | <input type="checkbox"/> sits quietly for long periods of time |
| <input type="checkbox"/> headaches | <input type="checkbox"/> nightmares | <input type="checkbox"/> is a graceful child | <input type="checkbox"/> is a likeable child |
| <input type="checkbox"/> wets during day/night | <input type="checkbox"/> soils self | <input type="checkbox"/> does well in school | <input type="checkbox"/> is destructive or cruel to animals |
| <input type="checkbox"/> irritable | <input type="checkbox"/> frequent temper tantrums | <input type="checkbox"/> difficulty making friends | <input type="checkbox"/> can't concentrate |
| <input type="checkbox"/> blank or staring spells | <input type="checkbox"/> disorganized | <input type="checkbox"/> short attention span | <input type="checkbox"/> increased arguments |
| <input type="checkbox"/> requires a lot of attention | <input type="checkbox"/> withdrawn | <input type="checkbox"/> academic challenges | <input type="checkbox"/> failed/repeated grade |
| <input type="checkbox"/> seems anxious | <input type="checkbox"/> self harm | <input type="checkbox"/> seems sad | <input type="checkbox"/> avoid family members |
| <input type="checkbox"/> has an IEP/504 plan | <input type="checkbox"/> cries easily/often | <input type="checkbox"/> stubborn | <input type="checkbox"/> impulsive |
| <input type="checkbox"/> compulsive behaviors | <input type="checkbox"/> avoid friends | <input type="checkbox"/> excessive sleep. | <input type="checkbox"/> difficulty sleeping |
| <input type="checkbox"/> panic | <input type="checkbox"/> violent behavior | <input type="checkbox"/> obsessive worry | <input type="checkbox"/> blackouts |
| <input type="checkbox"/> hallucinations | <input type="checkbox"/> poor appetite | <input type="checkbox"/> excessive eating | <input type="checkbox"/> use of alcohol or other substances |

What area of your child's life (social,family work, education) has been the most affected? How?

Who have you consulted about this challenge?

Please describe your child's personality.

What are your child's hobbies and recreational activities?

Describe a typical day in your child's life from the time he/she gets up until the time he/she goes to bed at night.

Medical History

Has your child ever had any serious illnesses, convulsions, operations, hospitalizations, head trauma, or other accidents?

Is your child currently prescribed Medications? If so please list name, dosage, and prescribing physician.

Developmental History

Were there any difficulties during pregnancy? _____ Was the child full term _____

Were any medications or substances used during pregnancy? Describe _____
Type of Delivery? _____ complications with delivery? _____ Child's birthweight _____
Relivent events occurring just after birth _____

Describe your child's first year _____

At what approximate age did your child reach the following milestones?

Smile _____ Babble _____ Sit on own _____ Say first word _____ Put sentences together _____

Feed self with fingers _____ Crawl _____ Walk without assistance _____ Potty Trained _____

Substance Us

Describe your use of alcohol, cigarettes, street drugs, over the counter drugs. How much? How often? Does anyone complain?

Describe the same of any family members.

Family History

Name	DOB	Education	Medical Health (list past and present concerns and conditions)	Psychiatric Health
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Child _____

Mother _____

Father _____

Siblings _____

Step

Mother _____

Step

Father _____

Father's

Mother _____

Father's

Father _____

Mother's

Mother _____

Mother's

Father _____

Who presently lives in your household?

Have there been any changes in the management of your household in the past year? If so, in what ways?

Any history of verbal, physical, sexual abuse; please describe

Is there anything else you would like for me to know about your child and/or your family?

Heather L. Clift, LPC
Licensed Professional Counselor

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. ____
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree

to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. ___

- You will wait in your car or outside until I come outside to greet you at the appointment time. ___
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. ___
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. ___
- You will wear a mask in all areas of the office (I will too). ___
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me or others in the office. ___
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ___
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. ___
- You will take steps between appointments to minimize your exposure to COVID. ___
- If you have a job that exposes you to other people who are infected, you will immediately let me and my office manager know. ___
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me and my office manager know. ___
- If a resident of your home tests positive for the infection, you will immediately let me and my office manager know and we will then [begin] resume treatment via telehealth. ___

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, me, my colleagues, and all of our families safe from the spread of this virus. If you show up for an appointment and I, the office manager, or another therapist believe that you have a fever or other symptoms, or believe you have

been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

Print Client's Full Name

Client/Responsible Party Signature

Date