

Meredith Hancock, LCSW

Client Information

Date:_____ Name:_____ SSN:_____

Home Address:_____ Home phone:_____

Work or cell phone:_____ Please note if it is NOT okay to call or leave message on one of these numbers:

Email:_____ Emergency Contact Name:_____

Contact number:_____ Relationship to client:_____

Primary Care Physician:_____ Phone:_____

Date of Birth:_____ Age:_____ Gender:_____

Ethnic Group:_____ Relationship Status:_____

Occupation:_____ How long at current job?_____

Employer:_____ Others living in your household and their age/relationship to client:_____

How did you hear about this practice?_____

Current Concerns: Please described your reason for seeking treatment at this time:_____

Please indicate how the issue(s) for which you are seeking treatment are affecting the following areas of your life:

- No effect= 1
- Little effect= 2
- Some effect= 3
- Much effect= 4
- Significant effect= 5
- Not applicable= N/A
- Romantic relationship/partnership 1 2 3 4 5 N/A
- Family 1 2 3 4 5 N/A
- Job/school performance 1 2 3 4 5 N/A
- Friendships 1 2 3 4 5 N/A
- Financial situation 1 2 3 4 5 N/A
- Physical health 1 2 3 4 5 N/A
- Anxiety level/nerves 1 2 3 4 5 N/A
- Mood 1 2 3 4 5 N/A
- Sleeping habits 1 2 3 4 5 N/A
- Sexual functioning 1 2 3 4 5 N/A
- Alcohol/drug usage 1 2 3 4 5 N/A
- Ability to concentrate 1 2 3 4 5 N/A
- Ability to control your temper 1 2 3 4 5 N/A

Have there been any major changes in your life in the past 6 months? Y or N

If Y, explain: _____

What result do you expect from treatment?: _____

Treatment History: Have you ever been in therapy before? If so, list approximate dates, provider name, and issues for which treatment was sought:

Have you ever been hospitalized before for psychiatric reasons? Y or N

Please list any medications currently taken and the conditions for which they are taken: _____

Please list any court involvement or pending legal charges: _____

Suicidal/Homicidal Ideation History: (Check if you have) ___ Attempted suicide in the past ___ Thought about committing suicide in the past ___ Currently have thoughts about committing suicide ___ Engage in self-harming behaviors (cutting, burning, scratching, etc) ___ Have attempted to severely injure someone in the past ___ Are currently thinking about seriously injuring/killing a specific person?

Social History:

If in a current romantic partnership, how long have you been with this person? _____

Have you ever been in a romantic partnership where there was violence? Y or N, If Y please explain: _____

Do you know if there is a family history of substance abuse, mental health issues, or medical problems? If Y, please explain: _____

Do you feel that you have experienced any traumatic event in your life (combat, sexual assault, witnessing domestic violence, physical abuse, severe traffic accident or natural disaster, etc)? If Y, Please explain: _____

Were you raised by your biological parents? Y or N If N, who raised you?: _____

How would you describe your current relationship with family members?: _____

Do you have any pets? Y or N If Y, what type: _____

Do you feel you have a good support system in your life? (faith community, close friends, extracurricular group, etc) Y or N If Y, identify types of support: _____

Medical/Substances:

Do you have any medical conditions that impact your daily life? If Y, please describe: _____

How many cups of caffeinated drinks do you have per day? _____

If you smoke cigarettes, how many per day? _____

How many alcoholic beverages do you have each week? _____

Have you ever tried to cut back on drinking alcohol? If Y, were you able to cut back and maintain the decrease?: _____

What other substances do you use, either prescription pills or illegal substances?: _____

How many times per week do you use each substance and what amount at one time? _____

How many hours per week do you exercise? _____ What
type?: _____

Has anyone ever told you that you are underweight? _____ Overweight? _____

Do you have a history of restricting your food intake or purging after eating? If Y, describe: _____

Overall Functioning:

On a scale of 0-10 (0 is feeling the best possible and 10 is feeling the worst possible) where would you rate yourself now? _____

Policies and Procedures

This document provides important information about my professional practice and business policies. Please make note of any questions you may have about the information here to ask at our next meeting. Signing this form represents an agreement between us.

Therapy Services

I provide counseling services as a clinical social worker. I believe that each individual is unique and that therapy is most effective when tailored to your needs in the moment. We will work together on reaching your goals, using a variety of theory-based methods, and utilizing your personal learning style. Everyone has strengths and talents and we will draw on yours during treatment. The length of your treatment is based on many factors. I have knowledge of both brief and long-term models of therapy, and want to assist you in being successful. Being able to be open and honest in therapy will help us to make progress towards your goals more quickly. Therapy is most effective when you are willing to work on things we discuss in your life outside of the therapy session.

There are both risks and benefits to participating in therapy. Sometimes therapy opens unexpected emotionally sensitive areas and you may feel worse before beginning to improve. During the process of couple's therapy, one person may decide to end the relationship. No form of treatment is always successful. However, the benefits may be improved mood, improved relationships, improved health, and increased satisfaction in life.

I do not have the professional training/license to prescribe medication. If we assess that this might be helpful for you, you will be referred to a psychiatrist for a medication evaluation.

Our first session will be longer, usually about 75-90 minutes, and involve an assessment of your needs. I will be able at the next session to offer you some first impressions of what our work will include and a treatment plan to follow. You should then decide whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you need to feel good about the therapist you select.

We will discuss progress on your goals on a regular basis and decide on a time for termination of therapy together. I also reserve the right to terminate treatment if I feel that our signed agreement is not being kept, if I feel that I am no longer able to help you with your needs, or for nonpayment issues. When this occurs, I will provide you with referral options, and if you see a psychiatrist, you may also choose to work with then on finding a new therapist.

Meetings

We will generally meet once per week for 50 minutes. There may be exceptions where we will schedule a longer appointment or more than 1 session per week. **Once we have scheduled an agreed upon appointment time you will be responsible for full payment if you cancel in less than 24 hours for any reason. Please keep track of your appointments as the office does not provide reminder calls.**

Payment

My hourly fee is \$110. The first session will be an intake lasting 75-90 minutes and will be \$130. In addition to weekly appointments, I charge this amount for other professional services you may need such as writing treatment summaries, consulting with other professionals on your behalf with your permission, etc., though I will break down the hourly cost if I work for periods of less than one hour. If you become involved in legal proceedings that require my participation, you will be expected to pay for my services, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal

involvement, I charge \$350 per hour for preparation and attendance. **You will be expected to pay for each session at the time it is held.** You may pay with cash, check, or credit card. You will be charged a \$20 fee for any returned check. **If you do not have payment at the time of service you will not be able to schedule another appointment until payment is received.** If your account has not been paid for 30 days, I may choose to discontinue services to you and to provide you with referrals elsewhere. If your account has not been paid for more than 60 days, I have the option of using legal means to secure payment. If such legal action is necessary, its cost will be included in the claim.

Insurance Reimbursement

Currently I am in-network with Blue Cross Blue Shield, Compsych, and the NC State and UNC student health insurance plan. It is your responsibility to verify the details of your mental health coverage with your insurance company and determine if prior authorization is required. You may also ask about deductible amounts, number of visits allowed per calendar year, dates of benefit year, if a referral is required, etc. For those with a different insurance plan, advise your company that you are inquiring about out-of-network mental health benefits. For out of network benefits, I provide you with completed forms for you to file, however you, not the insurance, are responsible for payment of my fees at the time of service. **Please present your insurance card at your first visit. Please inform me of any change of address, phone number, coverage so that your file can remain accurate.** Also note that insurance companies require that I provide a clinical diagnosis and sometimes additional information such as treatment plans or copies of your entire clinical record. It is important to remember that you may always pay for services yourself, without involving your insurance, if you desire greater confidentiality.

Contacting me

I check my voicemail throughout the day and generally return calls between 10am and 7pm Monday through Friday. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the clinician/psychologist/psychiatrist on call. If I will not be available for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. If you request a copy of your records, I will charge the cost of the copies to you.

Minors

If you are under eighteen years of age, please be aware that the law generally provides your parents the right to examine your treatment records. It is my policy to ask parents to not access your records. If they agree, I will provide them only with general information about our work together. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them. Parents, please do not leave children unsupervised in the office or lobby area.

Also, in the case of a minor whose parents have joint custody, if communication with a parent needs to occur, I will communicate with both parents and, at times, may require that this take place in the office with both parents present. **I do not speak to one parent about the other, I do not perform custody evaluations, and I do not keep secrets between parents who have joint custody.**

Licensure

I am a Licensed Clinical Social Worker and licensed to practice in the state of North Carolina. In order to provide competent mental health service I sometimes consult with other licensed professionals about cases. These consultations are designed to ensure that you receive high quality,

ethical treatment. Any consultations that I make on your behalf will be made in such a way that your confidentiality is protected.

Confidentiality

In general, all information between provider and patient is held strictly confidential, and I can only release information about our work to others with your written permission. But there are a few exceptions.

1. If I believe the client is a threat to him or herself, I am obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.
2. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.
3. If I believe that a child, elderly person, or disabled person is being abused or neglected according to NC state definitions, I am required to file a report with the appropriate state agency. I am also required to report instances of minors witnessing domestic violence.
4. If you are involved in a court proceeding, the court can order me to release information. If you are involved in, or contemplating litigation, you should consult with your attorney about whether the court might order to me disclose.
5. If a client files a complaint against me, I may disclose relevant information regarding that client in order to defend myself.

It is rare that I have to disclose your information. However, if I have to do so, it is my policy to, whenever possible, discuss any action that is being considered. **Legally, I am not obligated to seek your permission, especially if such a discussion would prevent me from securing your safety or the safety of others.**

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. This list is not exhaustive, so please ask if there is a certain scenario you are wondering about. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

CONSENT FOR TREATMENT

I authorize and request that my treating provider carry out mental health examinations, treatments, and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

I understand and agree to all of the above information.

Signature of client

Date

Printed name
