

CLIENT INTAKE
Jeannie Ingram, M.A., L.P.C. - M.H.S.P.
Certified Imago Relationship Therapist

Name: _____ Date: _____

Home Address: _____

City/Zip Code: _____

Cell Phone*:: _____ Other Phone*: _____

E-Mail Address*: _____

***FOR CONFIDENTIALITY REASONS, PLEASE WRITE "OK" OR "NOT OK" FOR ME TO LEAVE MESSAGES AT THESE #'S.**

Emergency Contact Name: _____ Phone: _____

Physician: _____ Location: _____

Medications you are currently taking: _____

Date of Birth: _____ Age: _____

Occupation: _____ Company: _____

Marital status: _____ First Names / Ages of Children: _____

Referred by: _____

Briefly state problem or issue that motivated your call to my office: _____

How long has this situation existed? _____

Goals for counseling _____

Previous counseling / treatment (when, who, why, where?): _____

Anything else you think I should know? _____

Do you feel that you need an individual session with me? _____

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Welcome. It is my honor to begin work with you as we address your goals and issues. I am absolutely convinced that each of us has the innate power to heal, grow and create the life we want. Be assured I will do everything I can to assist you in this endeavor.

Following are some points to facilitate a mutual understanding of my policies:

Individual session length is typically 50 minutes, unless otherwise arranged. Out of respect for my clients, I make every effort to begin and end on time, keeping wait-time to a minimum. Therefore, please make every effort to be on time, and work with me to our session in a timely way. Should you require additional time, I will make every effort to accommodate you.

My fees for counseling are: \$150 per hour, due at the time of your visit. This means that 50 minute session fees are \$125; 60 minute = \$150; 75 minutes = \$187.50 and 90 minutes = \$225. In order of preference, I accept cash, check, Visa / MasterCard and American Express. If your health insurance provides "out of network" coverage, please let me know and I will provide you with a statement that you can submit for reimbursement.

My availability after hours or between sessions is limited to emergencies or scheduling issues. Should you require more than 15 minutes of phone or email time, it will be necessary to charge at the rate of \$35 per 15 minutes. Please **do not text me** except to notify me of an emergency or matters related to scheduling. I cannot practice therapy via text or email.

I get paid for my time and expertise, and cannot absorb the expense of late cancellations or no-shows. If you book my time and cancel an appointment for any reason, please provide a 24-hour notice. By necessity, **FULL fee will be charged if less than 24 hours notice** is provided, or if you no-show for our appointment. Please initial here that you understand this policy: _____.

Credit Card Payment for Professional Services (Please note the following information is necessary to book your appointment)

___ VISA ___ MasterCard ___ AMEX

Name on Account (exactly as it appears on credit card)

Billing Address (if different from 1st page)

City State ZIP

Credit Card Number

Exp. Date

Security Code & Zip

I authorize Jeannie Ingram to bill the above credit card for professional services or missed appointments in accordance with policies described above. I will notify Jeannie in writing if I no longer want my credit card billed.

X _____ Date _____

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I take my work very seriously. I am committed to providing you the best possible care, and ask that you also seriously commit yourself to the healing / growth process by being on time and prepared for each session.

Information discussed in counseling is confidential. I am legally and ethically bound to protect this confidentiality. There are instances when a therapist must disclose information about a client:

- 1) At the Client's Request: when you sign a written release expressing consent to disclose information to a specific individual or organization.
- 2) Clear and imminent danger: if disclosures in a counseling session reveal an immediate threat of danger to you, another person, or the property of another person, confidentiality is outweighed by an ethical obligation to prevent harm.
- 3) Court order / subpoena.

Attached is a separate handout regarding HIPAA privacy issues. Please read and indicate your understanding of all of this information (including the HIPAA info) by your signature below.

I look forward to working with you.

Jeannie Ingram, LPC

Agreed: _____

Date: _____

Witness: _____

Date: _____