

Michele Laferte, LMHC

Intake Form/HIPAA/Informed Consent

Name _____ Date of Birth: _____

Address

Email _____

Home Phone _____

Cell Phone _____

Emergency Contact

Name _____

Phone Number _____

What prompted you to seek therapy at this time?

Have you worked with a therapist and/or psychiatrist in the past? If so, list how old you were, the main issue you were working on, and whether the therapy was successful.

If your previous therapy was successful, what did your therapist do that helped?

Circle any symptoms you have experienced in the last month:

not sleeping enough sleeping too much unintentional weight gain unintentional weight loss

tearfulness irritability worry thoughts suicidal thoughts homicidal thoughts self-injury

flashbacks nightmares low concentration low energy impulse control panic attacks

depressed mood elevated mood feeling overwhelmed relationship struggles feeling euphoric

troubling memories feeling inadequate other:

List any body sensations you experience with your mood changes:

1. During any period in your life have you ever found it difficult to get out of bed for days at time, lost interest in activities you previously enjoyed, wanted to isolate yourself from friends and family, lost or gained weight without trying, and had a depressed mood?
2. Have you ever had a time in your life where you had lots of energy, found you needed no or little sleep, talked rapidly, and made some impulsive choices, like buying very expensive or unnecessary items, or engaged in sexual behaviors you otherwise would not have done?
3. Do you find it important to check things like locks, doorknobs, or the stove? Do you engage in any repetitive behavior which takes a lot of time out of your day?
4. Do you find yourself worrying about what others think of you to the extent that you find it difficult to be around people?
5. Do you have a debilitating fear of anything specific, like spiders, bridges, crowds, or the sight of blood?
6. Have you ever heard voices that other people can't hear, or see things other people can't see?
7. Have you ever put yourself in financial trouble by shopping or lost a lot of money gambling?
8. Do you have flashbacks or nightmares or think often about traumatic or painful events which have happened in your past?
9. Do you have trouble maintaining close friendships and/or romantic relationships?
10. Have you ever self-injured?
11. Have you ever attempted suicide? Have any family members?
12. What substances do you use?

13. Have you ever felt you should cut down on your drinking?

14. Have people annoyed you by criticizing your drinking?

15. Have you ever felt bad or guilty about your drinking?

16. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover ?

Briefly describe your first memory.

List a few important moments in your life as a child, teenager, young adult or adult that you think shaped who you are today.

Name the adults who helped you feel safe when you were a child.

List the names and ages of your closest family members and any psychiatric issues they have that you are aware of. (Parents, grandparents, aunts, uncles, siblings, and your children)

Who do you live with now?

Who supports you emotionally now?

Do you have any legal issues currently? If so, briefly describe:

Do you have a cultural, ethnic, spiritual, or religious identity that is important to you? If so, briefly describe:

Describe any recurring or important dreams or nightmares you have had:

What are your goals for therapy now? What changes in yourself will you be able to see when you realize therapy has been successful?

Michele Laferte, LMHC

Licensed Mental Health Counselor

355 Hope Street Providence RI 02906

401-225-5765

I, _____, have received a copy of the Notice of Privacy Practices and the Statement of Informed Consent. I understand that I may ask questions about either of these documents at any time, and that additional copies are available in the waiting room.

Signature

Printed Name

Date

Signature on File

I understand that my insurance company will be billed for counseling services.

Signature

Date

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated by your psychotherapist.

Psychotherapist Responsibilities

Your psychotherapist is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. We are required to abide by the terms of this notice and notify you if we make changes to this notice, which may be at any time.

How We May Use and Disclose Medical Information About You

Treatment: We may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. We may disclose medical information about you to doctors, other therapists, or others who are involved in your treatment only with your written authorization. For example, if a referral is made to another health care provider we may provide oral information and copies of various reports that should assist her or him in treating you.

Payment: We may use and disclose medical information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company.

Health Care Operations: We may use and disclose, as needed, your health information in order to support our business activities, including quality assessment, licensing, marketing, legal advice, and customer service. For example, we may call you by name in the waiting area when your psychotherapist is ready to see you.

Other Uses and Disclosures

We may use and disclose your health information in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of abuse to children, the elderly, a disabled person, or when a judge orders the release of information. Only the minimum amount of information relevant to your health care will be disclosed.

We may create and distribute de-identified health information by removing all references to individually identifiable details.

We may contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.
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You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Department of Health & Human Services, Office of Civil Rights 200 Independence Avenue S.W. Washington, D.C. 20201. 1-877-696-6775 (202) 619-0257

If you have any questions about this notice, please contact:

K Michele Laferte 355 Hope Street Unit 3 Providence RI 02906

7/1/2013

Michele Laferte, LMHC

Licensed Mental Health Counselor

355 Hope Street Providence RI 02906

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Informed Consent

What can I expect in therapy? Psychotherapy is an opportunity to learn about yourself and then make a conscious effort to accept who you are and figure out how to evolve into the next phase of your life. Sometimes examining and making changes to thought patterns or behaviors can be enough. Sometimes there may be some skills development needed, such as assertiveness training or emotion regulation work. Sometimes issues are deeply rooted in unresolved pain from the past, and working through those issues can take longer. You do not necessarily have to talk about your past, but you may find at some point that not addressing something in your past is getting in the way of moving forward. Working through some of these issues may result in temporary worsening of symptoms. It is important to be patient with yourself and the process.

My qualifications and experience. I am licensed by the State of Rhode Island as a Mental Health Counselor, with a Master's Degree in Counseling as well as a Certificate of Advanced Graduate Studies in Counseling. I have completed training in EMDR through the EMDRIA-approved training program. I have practiced psychotherapy and performed assessments in variety of settings, including a college counseling center, a partial hospital program, an outpatient clinic, a community mental health center, and local emergency rooms.

Professional regulations. I operate my practice under the laws of the State of Rhode Island <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7018.pdf> , and the American Counseling Association's Code of Ethics, which may be seen here:

<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>.

Confidentiality. With very few exceptions, the information discussed during your therapy session and all documentation (written or in any other medium) is kept private and confidential. Some very important exceptions to this rule are:

1. If there is a court order for the therapist to appear, or to produce the client's chart.
2. If you authorize your insurance plan to be used for services, some information
will be shared for billing purposes and for evaluations to justify services and billing.
1. If the therapist learns that there exists a serious threat to any person.
2. If there is evidence of child or dependent adult or elder abuse.

For a complete discussion of federal privacy regulations, see
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>.

Record Keeping and Scheduling Software. I use therapyappointment.com, an electronic record keeping, billing, and scheduling system which complies with federal laws for keeping health records private. If you use insurance, I will be submitting claims to your insurance company and keeping records of our sessions through this service. If you prefer to pay out of pocket and would like me to use paper records, we can discuss that option.

Attendance. A regular weekly time together can make a difference in the kind of experience you have and progress you can make. If you are running late, as long as you call to let me know, I'll wait and hold the time slot for you. Unless you call to let me know, I will wait for a 15 minute window after our appointed time, after which I will consider it a missed session and I may choose to leave the office to attend to other things.

If you happen to forget to appear for a scheduled session (and also forget to call in advance to let me know) two times, I may (at my discretion) provide you with a referral for other counseling opportunities that might be able to accommodate your situation.

Time. Sessions are 50 minutes long. Longer sessions can be scheduled if we agree that it will be helpful. We need to end on time because other people are scheduled to use the room.

Fees. Fees will be discussed and set by the end of the first session. My standard fee is \$100/session. If you are using insurance, the first session is \$120 to cover the time for insurance-required matters. Payment is to be made after each session by credit card, cash or check. I do not bill. Fees will be reviewed yearly and may be raised approximately \$10 per year. A 30 day notice will be given of any changes to fees.

Insurance. If you wish to utilize health insurance to pay for services, please tell me the name of your plan, so that we can determine the extent to which our visits can be covered by your plan. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. **You should be aware that insurance plans generally limit coverage to certain diagnosable psychological conditions and that this needs to be documented in some way.** Although I am willing to help determine the terms of your policy, you should also be aware that you are ultimately responsible for verifying and understanding the terms and limits of your insurance coverage.

You are ultimately responsible for knowing and fulfilling whatever your financial obligations may be from participating in therapy services. If we had an understanding that your insurance plan would cover services, but then it turns out that your plan does not reimburse me for services rendered, either because your particular plan will not in fact cover my services, or because your plan is not active or has changed its terms, or for any other reason, it is your responsibility to cover any balance owed towards the cost of the session.

Please know that when any agency (such as health insurance) is involved, your confidentiality will be affected.

Cancellation policy. I will be reserving the time and the room for you, so please give me as much notice as possible if you won't be able to make it for your appointed session. If you don't provide at least 24 hours' notice of a cancellation or if it is not an emergency, you agree to pay for a missed session. Your health plan does not cover payment for missed appointments; therefore, you agree to be responsible for \$25 per missed session.

If you fail to keep a scheduled appointment on two consecutive occasions, or cancel sessions more often than you keep them, I will assume that therapy is not a priority for you at this time and I will close your case and provide referrals to other therapists at your request.

Contact and after hours emergencies. I have my cell phone with me at all times. If I am unable to answer the phone, please leave me a message. I check my messages often and I will return your call as soon as I can.

However, if you are experiencing a true emergency, the best course of action is usually to call 911. In an emergency situation, it may benefit you more to call 911 or access your nearest emergency room and then follow up with me in the morning.

Outside contact. If we happen to run into each other in public, I will only acknowledge you if you acknowledge me first. This protects your confidentiality.

Social Media. As an ethical guideline, I refrain from connecting with clients, both past and present, through Facebook, LinkedIn, or other online sites.

Drug use. Please come to therapy sessions not under the influence of mind/mood-altering drugs (except for prescriptions), whatever that may mean for you.

Ending. Your participation in therapy is voluntary and you have the right to end therapy whenever you want. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session together. I ask that you allow for two final sessions for us to have an ending together, to review what we've done and to offer feedback to each other. Likewise, at my discretion, I reserve the right to end our therapy work together and provide you with some appropriate referrals, for reasons including, but not limited to, failure to participate in therapy, conflicts of interest, untimely payment of fees, not keeping scheduled appointments, or my belief that I may not be the best person for your needs.

EMDR. As part of your therapy, especially if you are diagnosed with PTSD, Panic Disorder, or have experienced trauma or painful memories which are interfering with your current functioning, I may suggest EMDR treatment as an option for you. I will be happy to answer any questions you have about EMDR, and provide literature and suggest places on the web to research EMDR. It is your choice whether to proceed with this type of therapy. EMDR has been shown to be very effective, but in some people may cause temporary increases in symptoms such as nightmares or flashbacks. If this occurs, I will be available to meet with you to address these symptoms.