PARENT INTAKE INFORMATION

Date: ___________ Parent Name: ____

Address (street, city, state, zip): ____

Cell Phone: _________________Home Phone: ______________Work Phone: _______________

Place of Employment: _____________________________ Title: ___________________________

May we leave messages on your voicemails? Cell Y or N / Home Y or N / Work Y or N ?

Email: _________________________________

APPOINTMENT REMINDERS AND ONLINE SCHEDULING

After your initial intake session, you will be able to schedule appointments online at your own convenience, but you must first establish an account. Please complete the information below and follow the directions on how to schedule your appointments online. If you do not wish to use the online scheduling feature, you may continue to schedule appointments in person or by phone.

To schedule an appointment online, go to www.cindyhatcher.com and click on "Book Now". It will direct you to the login page or you can go to www.therapyappointment.com .

Requested Login Name (15 char max, letters and numbers only please):____________________
Temporary Password:__hope2018__ (Use this temporary password to start unless you have already created an account online. You will be able to change it once you login.)

Please select ONE of the options below to receive your appointment reminders:
____ Via email to email address listed above.
____ Via text to cell phone listed above. (Normal text message rates apply).
____ Via automated phone message to the home phone listed above.
____ None of the above. I'll remember my own appointments. Missed appointment fees apply.

Appointment information is considered "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and requesting that it be handled as I have noted above.

______________________________________ ____________________
(Signature) (Date)

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186

Emergency contact: _________________ Relationship to child: _________ Phone #: __________
How were you referred to me? ____
If a professional referred you to me, may I send him/her a thank you note? YES or NO

Referral Name: ________________________ Address: ____________________________________
City/State/Zip: _________________________ Fax or Email: _______________________________

Religious preference: _____________Rate your present level of faith: 1 (low) –10 (high):_______
Are you a part of a spiritual/religious community? Y or N
Name of spiritual/religious community: ____

Present Marital Status: (Circle) Single Engaged (since_____) Married (since ____)
Separated (since____) Divorced (since____) Widowed (since_____) Cohabitating (since ___)

Current Partner: 1st name: _______________ Age: ________ Occupation: ______________
Religion: ___________ Hobbies: ____
Describe him/her with 3 adjectives: ____

Previous Marriages:
Ex-spouse's first name Length of marriage Age when married Age at divorce/death of spouse

____

____

Permission for Minors to Participate in Therapy (with statement of Guardianship)

I,____, hereby declare that
Printed name of parent or guardian

____
Printed Name(s) of Minor Child(ren) Who Will Participate in Therapy

Is/are under my guardianship and I am responsible for his/her/their physical, emotional, spiritual, and psychological well-being. As such, I give permission for this/these child(ren) to participate in therapy with Cindy Hatcher, MA, LPC, LMFT.

____ _____________________
Signature of Parent or Guardian Today's Date

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186

Name of other custodial parent: ____

Do you have consent from the other Custodial Parent for treatment of child? Yes or No
How much contact per month does the child have with other biological mother/father?_____

List any important info about your family, ie: major life adjustments, health problems, traumas, or unusual circumstances:
____

Name of primary care physician: _________________Phone #: __________________________
Date of your child's last complete physical?____

How would you rate your child's current physical health? Excellent – Good – Fair – Poor

Have you ever consulted a psychiatrist for child? ___No ___Yes
Name of most recent psychiatrist: ________________Phone #:__________________________
Diagnosis being treated: ____

Has your child ever taken medication for psychological reasons? ___No ___Yes

Name of medication:	Dosage:	Purpose of medication:	Date Started/Stopped:
Ex: Lexapro	*50mg*	*Depression/anxiety*	*9/17-current*
______________________	___________	___________________	_________________
______________________	___________	___________________	_________________
______________________	___________	___________________	_________________
______________________	___________	___________________	_________________

Have your child ever been hospitalized for **physical or psychological** reasons? ___No ___Yes
Age:____ Reason:___________________________ Location/Facility:______________________
Age:____ Reason:___________________________ Location/Facility:______________________

Describe what issues bring you to counseling today:

____

What are your goals for counseling?

____

How have you attempted before now to deal with this issue?

____

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186

Other agencies/individuals from whom your child has received (or are receiving) counseling:

Name	Address	Date

What did you gain/learn in previous counseling? Overall experience was positive/negative?

____

If you would like me to exchange information with a doctor, counselor or other individual or agency, please be sure to complete a Consent to Release Form for ***each* individual or agency. **

Which, if any, are a current problem for your child? Check all that apply:

___Feeling inferior to others
___Under too much pressure
___Feeling down/depressed
___Excessive anxiety or worry
___Feeling lonely
___Afraid of being on their own
___Suspicious feelings
___Concerns about finances
___Cut off from emotions
___Lack of motivation
___Blackouts/Memory Loss
___Insomnia (not able to sleep)
___Feeling "on top of the world"
___Nightmares
___Bullying or picking fights
___Eating then vomiting food
___Restricting food or starving
___*Tempted or actual self-harm*
___Not being able to say what they really think or feel
___Angry Feelings/Angry Outbursts
___Excessive fear of specific places or objects
___Difficulty making friends
___Difficulty keeping friends
___Hyperactivity
___Difficulty making decisions
___Loss of interest in usual activities
___Hallucinations/Delusions
___Hypersomnia (sleeping all the time)
___Inability to concentrate at work or school
___Crying spells
___Loss of appetite or increased appetite
___Lack of self confidence
___Feeling fat or having poor body image
___Obsessions or compulsions about certain activities
___Getting in trouble at school or work
___*Suicidal or homicidal thoughts or comments*

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186

WRITTEN CONFIRMATION REGARDING "THE NOTICE OF PRIVACY POLICIES"

I, ____, have had the opportunity to review "The Notice of Privacy Policies" **and/or** understand that I have the right to ask for a copy of "The Notice of Privacy Policies" for:

Cindy Hatcher, MA, LPC, LMFT
111 W. San Antonio Street, Suite 210
New Braunfels, TX 78130
830.632.5186

________________________________ ___________________________

Signature of Parent/Guardian **Date**

INFORMED CONSENT

Licensure: I am a Licensed Professional Counselor and a Licensed Marriage and Family Therapist in the state of Texas.

Counseling Relationship: Counseling sessions are typically 45-60 minutes in length. Although sessions may be very intimate psychology, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with me except in case of emergency when you may contact me by phone. Please do not invite me to social gatherings, ask me write references for you, or ask me to relate to you in any way other than the professional context of our counseling sessions. You will be best served if our sessions concentrate exclusively on your concerns.

Effects of Counseling: While benefits of counseling are expected, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights and Responsibilities: Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a summary session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe are harmful. You agree to come to counseling free from the influence of drugs including alcohol. I assure you that my

services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to either The LPC Board at (512) 834-6658, or to the LMFT Board at (512) 834-6657.

Emergencies: Although I do not provide formal emergency services, I do wish to be available to the extent possible. You may call the office voicemail or use the secured message system in TherapyAppointment.com at any time. Messages sent during the business day are generally replied to fairly quickly in most circumstances. If a message or call is received overnight or on the weekends, it will usually be returned the next business day. If you find yourself in an urgent situation, you have the choice of waiting for a returned call, of calling 911, or going to the nearest emergency room for immediate care.

Referrals: Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Cancellations: In the event that you will be unable to keep an appointment, please notify me at least 24 hours in advance. **If you fail to give advance notice, you will be billed accordingly.**

Records and Confidentiality: All of our communication becomes part of the clinical record. Records are property of my confidential files. Adult client files are disposed of five years after the file is closed. Minor client records are disposed of five years after the client's 18th birthday. Most of our communication is confidential, but the following limitations and exceptions do exist: a) It is determined that you are a danger to yourself; b) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health professional; d) I am ordered by a court to disclose information; e) you direct me to release your records; or f) I am otherwise required by law to disclose information.

Due to recent changes in the law, I am NO LONGER bound by a duty to warn persons (other than the above mentioned situations) if you disclose they may be in danger of harm by you or someone else. Please note that by signing this informed consent, you ARE authorizing me to release any confidential information I have regarding possible danger to another person in order to keep that person(s) safe from harm. I feel this duty is morally and ethically necessary for me as a counselor and victim advocate whether the law states it or not.

In the case of family counseling, I will keep confidential (within limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open

communication between family members and I reserve the right to terminate our counseling relationship if I judge any confidential information to be detrimental to the therapeutic process.

By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

_______________________________	_______________________________
Parent's Signature	Child's Signature
_______________________________	_______________________________
Date	Date

FEE AND PAYMENT AGREEMENT

Payment for your counseling:

Initial intake is $150 for a 1-hour session. Rates are $150 per 1-hour session or $325 per 2-hour session, thereafter. **The fee for each session will be due and must be paid at the time of each session, if not in advance.**

Packages are also available as follows (*for private pay clients only*):
$690 for (5) 1-hour sessions (saving $60)
$1495 for (5) 2-hour sessions (saving $130)

Packages are non-refundable and non-transferable, however, a credit to your account will be available for up to two years. I accept cash, check, and debit/credit cards. I currently accept only the following insurance plans as an in-network provider: Blue Cross Blue Shield, Tricare, Magellan and Beacon Health. My office will provide the courtesy of verifying your insurance benefits as well as billing them for you, if applicable. Depending on your insurance plan, you may be required to pay a copay or deductible, and your sessions may be limited. Please note that most insurances do not allow or reimburse for 2-hour sessions. Most insurance do not cover relationship counseling, either, as it is not considered "medically necessary". **I understand that there is no guarantee that my insurance company will cover my services, and that I am fully responsible for all fees not covered by my insurance company.**

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186

The session fee will be due and must be paid at the time of each session. **If you have an overdue balance, you may not be able to schedule another appointment until the balance is paid.** All checks and payments are to be made out to “Cindy Hatcher”. You are responsible for your copay, coinsurance or cash fee for each session. If there is a problem collecting payment from your insurance for the balance, you remain responsible for payment of the full fee for each visit*. I authorize any and all of my medical information necessary to process insurance claims to be released to my insurance company for the purpose of processing claims.*

“I understand and agree to the above payment agreement.” _______________
Initial here

Cancellations:
In the event that you will be unable to keep an appointment, please notify me at least **24 hours** in advance. **If you fail to give me this advance notice you will be billed accordingly.** Please note that insurance does not pay for missed appointments and therefore, you will be responsible for that payment directly at the full cash rate. Payment for the cancelled session will be due at the time of your next appointment.

“I understand and agree to the above cancellation policy.” _______________
Initial here

Other Possible Fees:
Brief telephone calls may be accepted between sessions, if needed. There is no charge for a phone call that lasts ten minutes or less. However, phone consultations that require more than ten minutes will be charged **$35.00** for each fifteen minute increment or any part of a fifteen minute increment. These fees are due and payable when they are incurred, but must be paid by the time of your next scheduled appointment as insurance does not pay for telephone consultations. There may be times when you want me to read documents or e-mails that will help with understanding you. If reading such documents requires extensive time, you will be billed for that time. If I need to provide a verbal report, for example, by telephone to your physician, a ten minute consultation will NOT be charged. If the consultation exceeds ten minutes, I will charge **$35.00** for each fifteen minute increments. If I must produce a written report, the same fee will be billed for the time spent reviewing your file, drafting, and publishing the report.

Please note: Insurance companies do not pay for the above mentioned charges. If you are on medication or need consistent medical coordination with a doctor, most of those consults are brief (less than ten minutes). However, some clients need more coordination of care. I value the outpatient team approach to your care, and will do my best to keep these consults brief.

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186

Some cases, however, require more attention than others. Therefore, these added charges may need to be taken into consideration in addition to your session fees.

In order to maintain consistent therapeutic scheduling, your account must remain in good standing. If you have any overdue balance to your account after 30 days, your sessions may be cancelled until your account is paid in full. Your failure to pay or your inability to pay may necessitate that we refer you to another provider.

"I have read the above fee agreement, I understand it, and agree to the terms described."

______________________________ ______________________________
Parent's Signature Date

CREDIT CARD AUTHORIZATION AGREEMENT

I, ______________________________________, authorize Cindy Hatcher, LPC, LMFT to charge
(Cardholder's Printed Name)

My VISA MASTER CARD (circle one) indicated by the account number ending in ___________________ for the following services:
(last 4 numbers on the card)

- For sessions of counseling, including fees for reports, etc. as mentioned in Fee Agreement
- For Missed Visits (No Shows & Late Cancellations [less than 24 hours' notice])
- For Unpaid Balances over 45 days
- For Insufficient Funds (including the fee and a penalty charge of $25.00)
- For Books or other resources that are purchased or borrowed from my therapist

I understand that my signature below indicates that I am giving my permission for my card to be activated for the above services as they occur. The account information will be stored securely electronically and not shared with anyone else. I will need to respond in writing to revoke this authorization or change the authorization. I understand that I will be held responsible for any charges and/or fees if the authorization of this card is declined. I understand that it is my responsibility to advise you if I close this account.

____________________________ _________ _______________________________
(Printed Name of Cardholder) (Date) (Signature of Cardholder)

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186

SOCIAL MEDIA POLICY

Social Media is a fantastic tool that helps people get informed and engaged. I use social media for a combination of reasons: to promote my private therapy practice, my coaching practice, my ministry and for my personal use. In an effort to be completely transparent with you, I have created a social media policy so you understand how I use social media in my private practice. The basis for this policy is to protect your confidentiality. You can decide what you want to keep confidential. I must keep my relationship with you in therapy completely confidential except in cases where you might harm yourself or others (see my informed consent for details). Thus, if you post on my page, you are opening the possibility of people inferring about our relationship or asking you about your connection to me. You get to decide what to tell people. You have a choice as to what you reveal about yourself online, however, I will not reveal my therapy connection to you. This is how I handle different social media options:

FRIENDING: To respect your privacy and confidentiality, I do not request or accept friend requests on my personal facebook page from former or current therapy clients. I also will not follow you on any other social media, such as Linked In, Instagram, Twitter, Pinterest, etc.
FANS/LIKES/FOLLOWERS: You may "like" or follow me on my facebook business page or any other social media outlets. However, the information on my social media is often on my website also. If you "like" my page or follow me, you are choosing to reveal that you are connected to me in some way. I DO NOT expect you to follow me and I will not follow you back. My business page and social media outlets exist to be a forum of information and inspiration not only for therapy clients, but to coaching/ministry clients, as well as the general public.
BLOG/EMAIL LIST: I will sometimes publish a blog on my website that will also be shared with my social media, and to anyone who has signed up for my email list. In order to be added to my email list, you must go to my website and sign up directly to be on it. You will not be automatically added to my email list/newsletter.
INTERACTING: If there are things you wish to share from your online life, please bring them to your session where we can view/explore them together. Please do not use any social media networking sites to contact me. If there were an emergency, I would not respond timely as I do not check these accounts regularly. The best way to contact me is by email or phone.
BUSINESS REVIEW SITES: I do have a Yelp page as well as other directory pages. Some of these sites include forums where users rate their providers and add reviews. If you find my listing on any site, it is NOT a request for a testimonial or endorsement. You have the right to express yourself on any site you wish. If you do post a review, I cannot respond to any of these in a way that may break confidentiality. I hope you will bring your feelings/reactions to our work directly into the therapy process. This can be a very important part of therapy. However, 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. You may want to create a pseudonym for your own privacy and protection.

Cindy Hatcher LPC, LMFT * Licensed Professional Counselor * Licensed Marriage & Family Therapist
111 W San Antonio Street, Suite 210 New Braunfels, TX 78130 www.cindyhatcher.com 830-632-5186