

## IDAHO NEW CLIENT PACKET - overview

Welcome!

Before we can have our first therapy session, I'm going to need you to **read and fill out** some paperwork "Idaho New Client Packet". This is the first page of it. It provides you with more information about our work together and your rights and responsibilities. It also provides me with a valuable overview into some of your concerns and history. It's a lot of paperwork, but the information is important, so please review it in its entirety. If you have questions as you go through the packet, please note them, and we can discuss your questions when we meet or you can contact me before we meet. Having forms read and filled out is a legal requirement for us to start therapy.

You may download the packet from my website [www.redeeminghearts.com](http://www.redeeminghearts.com). Click on the tab "Forms" and click on the file link "Idaho New Client Packet" to download and print out. Please write legibly with black or blue INK or have things typed-- no pencil.

I primarily utilize telehealth with doxy.me platform. That allows me to request forms from you during the start of our first session, but that requires you must have filled out the forms and scanned them back onto your computer. When I request your forms, you need to be able to locate them on your computer. Please do not email your filled out forms as email is not considered a secure way to transmit personal data. (You may also decide to mail forms to my office address).

If we are able to meet in person, you must have the forms filled out and bring them to our first session. There is a waiting room to the immediate left when you come in the building of GateWay Services building, and parking is on the right side of the parking lot.

The **Informed Consent Disclosure** provides you will important legal information regarding our therapeutic relationship. The **Intake Form** provides me with your contact information and an overview of your concerns and family and medical history. The **Acknowledgement of Receipt of Privacy Practices** attests that you have been offered the **Notice of Privacy Practices** which is available for download from my website ([www.redeeminghearts.com](http://www.redeeminghearts.com) under the website tab "Forms," link "Notice of Privacy Practices"). I am not on all insurance panels so you will need to verify coverage. Regarding payment, whether you use insurance or not, I will need you to fill out **Client Insurance Info**-also found on the website. If you self pay, just specify cash/check payment. I only accept cash or checks—no paypal/cards/etc. With telehealth, my billing person sends out invoices monthly if there is a balance. Many clients use their bank's "bill-pay" to send payments.

I look forward to our meeting.

*Jack*

Jack Venbrux, MA, LCPC, LMHC  
Redeeming Hearts

Checklist for completing paperwork:

- \_\_\_\_\_ Read the **Informed Consent Disclosure**, (5 pages) noting any questions, sign and date.
- \_\_\_\_\_ Complete the **Intake Information Form** (2 pages) in its entirety. Write/Type legibly.
- \_\_\_\_\_ Read and Sign the **Acknowledgment of Privacy Practices** (1 page).
- \_\_\_\_\_ Please fill out relevant parts of "**Client Insurance Info**" (even if you use self-pay).

**Informed Consent Disclosure** *(You are expected to carefully read this information)*

**Why You've Been Given This Disclosure**

Idaho law requires me to provide you with information that may help you in making informed choices as you consider entering into a counseling process. This document includes information about your legal rights and responsibilities as a client, as well as what you can expect regarding privacy and confidentiality. Because you have the responsibility for choosing the provider and treatment modality which best suits your needs, this document also contains information about me, including my training/experience, my perspectives on how therapy works, my policies, fees, etc. If you have any questions about this information, please ask me.

**Treatment Philosophy**

I use Relational Therapy, CIMBS Therapy, Lifespan Integration Therapy, and Attachment Focused EMDR. I also use aspects of Somatic Transformation and have started using Internal Family Systems (IFS). Therapies require a therapeutic alliance in which we both work together toward achieving your therapeutic goals.

I believe many of our life struggles have been shaped by past relational experiences; therefore, I believe lasting changes generally occurs by having new and healthier relational experiences. Relational Therapy seeks to provide healing relational experiences that may help form a new template in relating to others outside of therapy. I sometimes utilize IFS (Internal Family Systems), which focuses on how different parts of us (inside) relate and affect our lives (Dr. Richard Schwartz: <https://ifs-institute.com/resources/articles>). My style is less cognitive and more emotions/body based. Together we notice emotions/sensations. I am influenced by AEDP (Dr. Diana Fosha) and Somatic Transformation (Dr. Sharon Stanley: <http://somatictransformation.com/>).

I use a new therapy called CIMBS (Complex Integration of Multiple Brain Systems) in which we pay attention to your felt experiences. It has been developed by Dr. Albert Sheldon and Beatriz Sheldon and is based on findings from neuroscience and clinical research. I find it often helps clients grow in their ability to express emotions and tolerate feelings of anxiety. For more information: <http://www.complexintegrationmbs.com>.

I use Lifespan Integration Therapy and EMDR for most trauma work. Lifespan Integration Therapy (LI) is a rather new approach to therapy (by Peggy Pace, 2002: <http://lifespanintegration.com>) that is founded upon aspects of neuroscience. During a Lifespan Integration Therapy session you will be internally reviewing images of your life. Therapists feel that going through the timeline of your life with the therapist helps your body know that an experience has happened in the past. Although there are over 800 therapists worldwide who have found Lifespan Integration Therapy useful for many therapeutic issues it is still considered experimental. Attachment Focused EMDR emphasizes the role of the relationship in EMDR. EMDR (Eye Movement Desensitization and Reprocessing) was developed by Francine Shapiro around 1990, and the attachment emphasis is primarily from the work of Laurel Parnell (<http://parnellemdr.com/emdr-and-af-emdr/>). EMDR has been shown effective in working with some PTSD symptoms and many symptoms of trauma. **Please note:** Everyone has slightly different responses to LI and EMDR, but in most instances you should consider taking it easy and not doing detailed work for a few hours following an LI or EMDR session. LI sometimes requires a longer session.

**Risks and Benefits of Therapy Services**

While counseling is often helpful for people, there are no guarantees as to its effectiveness or results. Most people learn more about themselves and grow more adaptive in the way they make decisions, but most people also find therapy somewhat disruptive. As we work on issues in your life you might feel worse for a time or symptoms may seem to increase for a time. Sometimes you will feel things that are uncomfortable such as sadness or anger or activation in your body. It can be helpful to know that therapy is a process with ups and downs. It is also helpful if you to communicate any concerns you have during this process so we can discuss it.

## **Education, Training, and Experience**

I received my Masters of Arts in Counseling Psychology from Mars Hill Graduate School in Seattle in 2007. It is now called The Seattle School for Theology and Psychology. My school internship was with the Mental Health Chaplaincy. Areas of special interest while in school included studying: attachment theory, the impact of narcissism on children, and counseling those in recovery from various kinds of abuse and neglect. Since graduating in 2007 I have attended seminars on understanding domestic violence, eating disorders, anxiety, attachment, serving our veterans, AEDP, CIMBS, Lifespan Integration Therapy, trauma, neuroscience, Somatic Transformation, EMDR, and IFS. During 2008 I worked for 3 months with children and families at Catholic Community Services in Everett. Prior to attending graduate school in Seattle I worked designing integrated circuits, mostly for space applications. My electrical engineering degrees are from the University of Idaho.

## **Fees and Scheduling**

Our initial “get-acquainted meeting” may be a 20-30 minute meeting, telehealth-video, or phone conversation that will be free of charge with no expectation or requirement to continue. That get-acquainted time is a time for us to consider whether we are a good therapeutic match and in no way implies that we have yet entered into a therapeutic relationship. Should we both decide it’s a good fit, and you wish to continue, you will be expected to fill out the intake form and read through this informed consent form before our first session. If you do not complete the intake and read the disclosure form we will need to use our therapy session time to do so. We may be able to arrange for you to come early to fill out forms.

My typical session time is a 50-minute session. My rates are: \$150.00 for the first-intake session. My regular rate is \$110.00 for 50 minutes, and \$60.00 for a 25-minute session. Payment for each session is due at the beginning of each therapy session unless other arrangements are made. **I ONLY accept CHECKS made out to “Redeeming Hearts” or cash but \*\* I DO NOT ACCEPT CREDIT CARDS, DEBIT, HSA-cards, paypal, or other payment forms \*\***. Some clients use bill pay and have their bank send checks. Since my bank charges me a fee for depositing a check with insufficient funds, I will pass that fee onto you should your check have insufficient funds. Occasionally I may need to increase fees. If so I will provide you with at least 30 days notice.

I generally see clients on a weekly or bi-weekly basis for regularly scheduled sessions. If we decide to see each other regularly that means your scheduled time is **reserved for you** unless you inform me of a need to reschedule or cancel an appointment. **Because I am committing to reserving your appointment time, you will be CHARGED \$30.00 for a LATE CANCELLATION unless you give at least 24 HOURS advance notice of cancellation.** A late cancellation fee might be waived due to dangerous weather conditions or extreme illness. If you are 15 minutes late to our appointment I may regard the session as a missed session and charge you a late cancellation fee. Insurances do not pay for missed appointments. If missing is a rare event and there are openings in the next few days, we might be able to work out a make up time to avoid the late fee, but that is not guaranteed. **Repeatedly missing or cancelling sessions even with 24 hours notice, or repeatedly coming late to therapy, may be cause for conversation and even for us to end our work together.** When you decide to have therapy you are not only paying for training and experience but for having session time. If you are not able make it regularly, we may decide to allow you the option to come when there are client cancellations.

If we do telehealth, you **must be physically located in Idaho or WA during our session**, and I will ask your location.

Extended phone calls or email communications (greater than 5 minutes) and emergency counsel will be billed at a standard hourly session fee per event. Reading or document creation including letters that require more than 15 minutes of preparation will be charged at my standard hourly session fee, and billed in 15 minute increments. I generally do not write legal letters or court reports unless court mandated and I may refuse to write letters on your behalf if I feel it is not in your best interest or if I feel it in some way compromises our therapeutic relationship. I also do not testify in court unless that would be mandated and because of the disruption in my business schedule I will charge \$120.00 per hour transportation costs and \$200.00 per hour for any court appearance that requires my participation, with a minimum payment of 3 hours, paid in advance.

Should we make an adjustment due to financial hardship that is lower than my regular therapy rates, those rate adjustments may be reviewed every two months. Rate adjustments are only offered for those who self-pay at time of service and I have a limited number of those rate-adjusted hours in my schedule. Whether or not you are on time to begin your session with me, I will need to end the session at the scheduled time. If I am late at the beginning of a session, I will make up the time for you. If I miss a scheduled appointment without notifying you, I will make up the session with you without charge.

### **Insurance**

**You are responsible for finding out whether your insurance will be able to pay for our session times.** If I am in-network with your plan, I will be able to electronically submit claims, but you will be responsible for any deductible or co-payment. If I am able to be out-of-network for your insurance, you will need to: pay me for our sessions, submit your own claims, and any reimbursement by insurance will then be sent to you directly from the insurance. Insurance reimbursement is not guaranteed. If you have a secondary insurance you may be required to submit to your own secondary insurance claims. Insurance use requires a diagnosis that becomes part of your clinical record. A diagnosis can affect your ability to obtain a security clearance, possibly affect your ability to secure insurance in the future, or affect your ability to obtain some types of jobs. A preliminary diagnosis may be used until a more complete diagnosis is obtained. If you decide to use insurance, know that gives the insurance company the right to request whatever documents of our work they deem necessary in order to determine the legitimacy of any insurance claim. **Regarding telehealth:** I have primarily provided telehealth services the past few years. **I do NOT know if your insurance pays for or will stop paying for telehealth.** If insurance stops paying for telehealth, we may need to end our work, or renegotiate how payments are made. **Please keep alert to your insurance coverage regarding telehealth. Most insurances will only pay for video-telehealth and not audio-only. YOU MUST BE in IDAHO or WA at the time of telehealth sessions.**

### **Phone Calls, Email, and Text**

Should you need to contact me you may call my cell phone at **(509) 336-5972** and leave a message. (Please do NOT use the Psychology Today phone number once we work together). Please limit your phone messages to appointment scheduling and emergencies. If you wish me to call you back, please leave that request and your call back number and I will generally be able to return your call within 24 hours during weekdays. In general, I will *not* monitor or return phone calls on weekends or holidays or vacations but will return your phone call on the next business day. I generally turn my phone off at nights. **If you are in a life threatening emergency, dial 911 or go to your nearest emergency room, or if in crisis dial 988** (National Suicide and Crisis Number).

Should you wish to contact me by **email**, please limit your communication to **short emails** associated with business or scheduling. PLEASE NOTE: *email is not considered a secure transmission.* I will make attempts at maintaining confidentiality on my computer but transmission and storage in computer networks implies some confidentiality risks as well as risks of accidentally sending emails to the wrong person. **Text messages** have similar warnings related to their use. Text messaging *is not considered a secure medium of communication.* Your signature of receipt of this document signifies you have been warned of the risk of email and text communication. Please do not use email or texts if that is of concern to you. If used at all, use emails or texts for short business-related communications. Rather than email or text concerns, please bring anything that is important to you, into our session times where we can discuss and address issues together.

### **Note Taking**

I take and keep notes of our sessions, including our get-acquainted session, which becomes part of your clinical record. I generally take notes of important phone calls we have, and may even include comments in my notes, or even a copy of, email or text communications that seem clinically relevant. I also take notes when I consult, in confidence, with someone about our work. All of these notes may become part of your clinical record. Regarding **telehealth:** I am required to specify the location you, the client, are when we do a session. Since I am **only licensed in Idaho and Washington State**, your location must be in those states for us to have a session.

## **Length of Treatment**

How long we work together depends ultimately on your choice. Some issues may need a relatively short time (maybe 8-12 sessions) in order to consider options and get added perspective, but most issues that drive the actions and patterns in our lives take much longer. Deep changes generally are not simply the result of new information, but of new experiences that are then internalized, and that takes time. The mutually agreed upon treatment goals will serve as a guide to our estimation of time and a metric in which to consider when we end. Insurance also has a say. Sometimes goals change as we discover more about the issues you wish to work on.

Sometimes when clients obtain a degree of relief and encouragement they may decide to end therapy, at least for a season, and may consider at some later date returning to therapy. If our work has seemed to each of us to be beneficial, you will be welcomed back subject to availability with possible rate changes. If I do not have availability, you may choose to be put on a waiting list, or may choose another therapist, or you may ask for names of a few referral possibilities. If you have any concerns or questions about when or if it might be time to end or re-start therapy, I definitely invite you to ask. Such concerns are important topics for us to discuss.

## **Termination of Therapy**

You have the right to choose a counselor who best suits your needs and purposes, and you have the right to refuse and/or end therapy at any time (unless it is court ordered). If you decide to end therapy, or if you choose to put therapy on “pause” for an extended time, I request that we consider having a special ending time, to wrap up and reflect on our session times together. Should you no longer contact me to come to therapy and you do not communicate your stopping of therapy, I will assume that if it has been 45 or more days since our last recorded contact, that you have chosen to end therapy with me and your file will be considered “inactive”, and I will no longer be considered your therapist or have legal responsibility for supporting our work together. Should you decide to re-engage in therapy with me, that will be welcomed provided our work has seemed beneficial to both of us, and I have availability. One of my very very strong treatment recommendations will be to NOT use Marijuana as it interferes with therapy. Benzodiazepines also affect therapy. Please inform me if you use benzos or use any Marijuana. I have the right to terminate therapy with you under the following conditions:

- a) When I believe that therapy is no longer beneficial to you, or when I believe another professional or therapeutic organization or agency will better serve your needs.
- b) When you have not paid for the past two sessions or you have not been paying your co-pays.
- c) When you have failed to show up to the last two sessions without providing a 24-hour notice.
- d) When you repeatedly cancel (even with 24-hours notice) or repeatedly come late to sessions.
- e) If you fail to cooperate with the proposed treatment recommendations.
- f) If I feel it may be physically unsafe for me to continue working with you.
- g) If I determine in the first 3 or 4 sessions that I cannot help you. If that is the case I will work with you to consider and provide referral options to other providers who might be able to be of more benefit to you in meeting your therapy needs and goals. I cannot guarantee the availability of other providers.

This is being written in 2023. **Within the next year or two I may decide to retire** from therapy.

## **Therapeutic Relationship and Social Media**

Establishing a meaningful therapeutic relationship between client and therapist is essential for effective therapy. Dual relationships between client and therapist can impede the effectiveness of our work together and so are discouraged. I do not accept social or professional networking “friend” requests with clients or former clients. On the rare occasion I may run into you outside of the office, I will do my best to follow your lead regarding whether we acknowledge each other or not. I will do my best to maintain your confidentiality.

## **Confidentiality**

There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. There are legal exceptions to confidentiality. The following situations are those in which the information you

have shared with me may be shared with others:

- a) The client gives written permission to share confidential information, or in the case of death or disability, the client’s personal representative.
- b) Where there is reasonable suspicion or report of abuse to vulnerable populations, including children, elderly persons, or individuals who are unable to advocate for themselves.
- c) Where you present serious and foreseeable harm to yourself or others.
- d) If mandated by law such as ordered by a judge for the purpose of a legal proceeding.
- e) In specific cases of law enforcement emergency for national security issues.

When it is possible, we will discuss any exceptions to confidentiality as they arise. Please note the following:

- Payment by check will potentially permit bank employees to view your name associated with my business and if you have a caller ID on your phone, my name may appear on your display.
- I use a professional billing service.
- I regularly consult, in confidence, with other professionals regarding clients with whom I am working. This allows me to gain other perspectives/ideas to help you reach your goals.
- At times, I may ask to record audio or video of our sessions in order to allow me, or consultants, to review our work. Any recordings will only happen with your permission. I do not permit clients to record sessions in any form unless we discuss it and both agree that it would be helpful to your therapy work. You would then be responsible for safeguarding the confidentiality of any such recordings.
- If you become involved in legal proceedings that seek to access information you have shared with me, I recommend you seek your own legal counsel in such instances.

**Clients Right to Professional Conduct**

Counselors are required to adhere to the professional code of ethics adopted by the Idaho Counselor Licensing Board. The Idaho Counselor’s Licensing Board has the general responsibility of regulating the practice of licensed professional counselors. The licensure of any individual under the licensing laws of Idaho does not imply or constitute an endorsement of that counselor, nor guarantee the effectiveness of treatment. You may, at any time throughout your treatment, seek a second opinion. It is the responsibility of the client to choose the provider and the client may refuse treatment and terminate treatment at any time (unless your therapy is court-ordered). Sexual intimacy between a counselor and client/patient is never appropriate, and should be reported to the Idaho Counselor Licensing Board. If you have a complaint or concern regarding our work, I ask that you consider first addressing your complaint to me so we have a chance to discuss it and work it out in therapy. As a client, you have the right to report ethical concerns to the Idaho Bureau of Occupational Licenses at 700 West State Street, Boise Idaho, 83702 or mail PO Box 83720 Boise, Idaho 83720-0063 or phone (208) 334-3233.

**Emergencies**

If you are in an emergency and cannot reach me, please call the following numbers for help:

**For general or life-threatening emergencies call 911 or go to your nearest emergency room**, otherwise you may call the new National Suicide and Crisis Number **988**. (The 988 number replaces previous crisis line numbers). Another resource is the Northern Idaho Crisis Center, open 24/7/365, you can come without an appointment, at **2195 Ironwood Court, Suite D, Coeur d’Alene, ID 83814** or call **(208) 625-4884**

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*By signing below, I indicate I have read and understand the information presented in this informed consent form or have had a chance to discuss my questions with Jack Venbrux, MA, LCPC, LMHC. (Sign all documents in black or blue ink and NOT pencil. Also, please fill out other forms in black or blue ink or typed—not pencil).*

*Client Signature:* ----- *Date:* -----

*Print Name:* -----

*Therapist Signature:* ----- *Date:* -----

Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Approx. Date Last Physical: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ May I send mail here? Y / N  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address (if different) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Please list best phone number to reach you at first:  
 \_\_\_\_\_ phone: \_\_\_\_\_ Ok to call and leave a message? Y / N Okay to text? Y / N  
 \_\_\_\_\_ phone: \_\_\_\_\_ Ok to call? \_\_\_\_\_ Ok to leave message? \_\_\_\_\_  
 \_\_\_\_\_ phone: \_\_\_\_\_ Ok to call? \_\_\_\_\_ Ok to leave message? \_\_\_\_\_  
 Email & texting are NOT secure. May I contact you by email for scheduling/admin purposes? Y / N  
 If desired, email address: \_\_\_\_\_  
 Emergency contact person: (See disclosure on limits to confidentiality)  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How did you hear about me? \_\_\_\_\_

Primary reason(s) you are coming to therapy at this time? \_\_\_\_\_

Are you having any Suicidal or Homicidal Thoughts? Y / N Which? \_\_\_\_\_

Please circle the concerns that are affecting your life-----

- |                      |                          |                            |
|----------------------|--------------------------|----------------------------|
| Life Changes         | Anxiety/Worry            | Relationship w/ _____      |
| Traumatic Event/Loss | Fears/Phobia             | Relationship w/ _____      |
| Work/School Stress   | Panic                    | Social Struggles/Isolation |
| Home/Family Stresses | Sadness/Grief            | Spiritual Concerns         |
| Separation/Divorce   | Depression/Unhappiness   | Childhood Abuse/Neglect    |
| Health/Memory Issues | Suicidal Thoughts        | Clutter/Disorganization    |
| Sleep Issues         | Anger/Mood Swings        | Self Harm/Cutting          |
| Eating Issues        | Thought Patterns/OCD     | Self-Control               |
| Sexual Issues        | Internet Use             | Self-Esteem                |
| Career Choices       | Alcohol/Other-Substances | Other: _____               |

Current health problems or health concerns: \_\_\_ NONE Or else explain: \_\_\_\_\_

Are you currently working with a Personal Physician? Y / N Name? \_\_\_\_\_

Physician Phone: \_\_\_\_\_ What for? \_\_\_\_\_

Any Supplements? \_\_\_\_\_ Medications? Y / N Please list:

Medication Name	Dosage	Reason	Prescriber
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more medications and supplements check here \_\_\_\_\_ and continue on a separate added sheet.

Circle current use patterns-----

Alcohol Never- Rarely- Frequently- Often If issue: In recovery since:\_\_\_\_\_
Marijuana Never- Rarely- Frequently- Often
Recreational Drugs Never- Rarely- Frequently- Often If issue: In recovery since:\_\_\_\_\_
Prescription Drugs Never- Rarely- Frequently- Often Are you possibly addicted? Y / N / Maybe

Have you ever had a panic attack? Y / N if so, when? \_\_\_\_\_
Have you ever harmed yourself to cope w/ feelings or numbness? Y/ N How recent? \_\_\_\_\_
Have you ever had concerns you might have an eating disorder? Y / N What kind? \_\_\_\_\_
Have you ever been suicidal or attempted suicide? Y / N If so when/how? \_\_\_\_\_

Have you ever seen a therapist/psychiatrist or been hospitalized for mental health issues? Y / N
Provider Name Year(s) Major Issue(s) Addressed Helpful?
\_\_\_\_\_ Y / N
\_\_\_\_\_ Y / N
\_\_\_\_\_ Y / N

If more therapist/hospitalizations check here \_\_\_\_ and continue on back or discuss with counselor.
Have you been previously diagnosed with a mental health issue? (eg. anxiety, depression, PTSD, etc)
If so, what/when? \_\_\_\_\_

Birth/other complications when you were tiny? Y / N Were you adopted? Y/ N If so, age? \_\_\_\_\_
If complications: \_\_\_\_\_
Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_ Three adjectives? \_\_\_\_\_
Father's name: \_\_\_\_\_ Age: \_\_\_\_\_ Three adjectives? \_\_\_\_\_
Other who raised you? \_\_\_\_\_
Siblings in order? \_\_\_\_\_
Please circle if in family of origin: Alcohol/Drug Use Abuse/Violence Mental Illness

If you are in a relationship: Name: \_\_\_\_\_ Supportive of therapy? \_\_\_\_\_
Any children? Y / N If, number: \_\_\_\_\_ Names/Ages? \_\_\_\_\_
Who lives with you? \_\_\_\_\_
Who is in your support system? \_\_\_\_\_
What are some of your favorite activities? \_\_\_\_\_
Do you consider yourself a creative person? \_\_\_\_\_
What do you consider some of your strengths? \_\_\_\_\_
What do you consider a few of your weaknesses? \_\_\_\_\_
What do you do for self care? \_\_\_\_\_
Are you in school? Y / N If: Major? \_\_\_\_\_ Year? \_\_\_\_\_ What school? \_\_\_\_\_
Are you employed? Y / N If: Job? \_\_\_\_\_ Where? \_\_\_\_\_
Do you consider yourself to be spiritual/religious? Y / N If, faith? \_\_\_\_\_

What would you like to accomplish out of our therapy time? \_\_\_\_\_

Anything else you think I should know, or concerns you have? \_\_\_\_\_



### Acknowledgement of Receipt of Notice of Privacy Practices

By my signature below, I \_\_\_\_\_ acknowledge that I have been offered a copy of the Notice of Privacy Practices for Redeeming Hearts, Jack Venbrux, MA, LCPC, and have had a chance to ask questions about how my protected health information may be used and shared.

\_\_\_\_\_  
Signature of Client (or Personal Representative)

\_\_\_\_\_  
Date

**If a personal representative signs this acknowledgement on behalf of the client, please complete the following:**

Personal Representative's Printed Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**For Office Use Only**

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- \_\_\_\_\_ Individual refused to sign
- \_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement
- \_\_\_\_\_ An emergency situation prevents us from obtaining acknowledgement
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

*This form will be retained in your medical record. It does not constitute legal advice.*