

**McKinney Family Counseling  
Mary Jane Walker, LPC  
6951 Virginia Parkway, Suite 321  
McKinney, TX 75071  
972-984-9207**

**Child Information Form**

---

\*Initial Appointment Date: \_\_\_\_\_ \*This is a strictly confidential client record.

**A. Personal Information**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ May leave message? \_\_ yes \_\_ no

Email: \_\_\_\_\_ May email message? \_\_ yes \_\_ no

Siblings	Sex	Age	Grade	Where They Live

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ May leave message? \_\_ yes \_\_ no

Email: \_\_\_\_\_ May email message? \_\_ yes \_\_ no

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ May leave message? \_\_ yes \_\_ no

Email: \_\_\_\_\_ May email message? \_\_ yes \_\_ no

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

If applicable, name of insurance company: \_\_\_\_\_ ID # \_\_\_\_\_  
(Aetna, BCBS, Cigna, Magellan, MultiPlan, PHCS, United/Optum, Value Options/Beacon only)

Name of Primary Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If applicable, release of information and assignment of insurance benefits:**

I understand that as part of my child’s health care, Mary Jane Walker, LPC, originates and maintains health records describing his/her behavioral health history, symptoms, diagnoses, treatment, and any care including future treatment. My signature below authorizes this health care provider to release my child’s Personal Health Information (PHI) necessary to substantiate his/her insurance claims. I also hereby authorize any insurance carrier with whom I have a policy to pay directly to this health care provider who has rendered services to my child and who accepts such assignment. I agree to pay all charges that are not paid in full by my insurance. If such amounts due to the provider are not paid after notice, that account may be deemed delinquent and a service charge applied.

\_\_\_\_\_  
Signature of Child’s Parent or Guardian

\_\_\_\_\_  
Date

**B. Child’s Medical/Psychological Care**

Primary Care Physician: \_\_\_\_\_ City/State: \_\_\_\_\_

Please list all medications your child is currently taking:

\_\_\_\_\_

Has your child ever received counseling services before?  yes  no

When?	From Whom?	City/State	Medications/Dates Taken
_____	_____	_____	_____
_____	_____	_____	_____

Currently suicidal?  yes  no Past attempts?  yes  no Have a suicidal plan?  yes  no

**C. Child’s Education**

Date	Grade	School	City/State
_____	_____	_____	_____
_____	_____	_____	_____

**D. Chief Concern (please describe the main reason for seeking counseling):**

\_\_\_\_\_

**E. Other Information**

Is your child adopted?  yes  no If yes, when? \_\_\_\_\_ Does your child know?  yes  no  
 Are the child’s biological parents divorced?  yes  no If yes, how long? \_\_\_\_\_  
 Who does your child live with? \_\_\_\_\_ Has primary custody? \_\_\_\_\_  
 Who has visitation rights? \_\_\_\_\_ When? \_\_\_\_\_  
 History of abuse?  yes  no Child’s age? \_\_\_\_\_ By whom? \_\_\_\_\_  
 Does your child smoke or use tobacco products?  yes  no  
 Does your child drink alcohol or use illicit drugs?  yes  no Self-injure?  yes  no  
 Has your child ever used inhalants, such as glue, gasoline, or paint thinner?  yes  no  
 Are you currently involved in a custody battle for your child?  yes  no  
 Are you presently suing anyone or involved in a lawsuit?  yes  no  
 Is your reason for seeking counseling for your child related to an accident or injury?  yes  no  
 Is your child required by a court or probation/parole officer to have this appointment?  yes  no

- This is a strictly confidential client record

McKinney Family Counseling  
Mary Jane Walker, LPC  
6951 Virginia Parkway, Suite 321  
McKinney, TX 75071  
972-984-9207

## Information to Clients and Informed Consent

Welcome to my practice. This document answers some questions necessary for you to make an informed consent for treatment.

### Theoretical Approach to Counseling

My theoretical approach to counseling is solution-oriented, brief therapy, which emphasizes solutions and strengths rather than the past and causes. I also use cognitive-behavioral therapy, which helps clients replace negative thoughts with more realistic ones. Other theoretical approaches are used when appropriate.

### The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of negative feelings, such as sadness or anxiety. Most of these risks are to be expected when people are making important changes in their lives. While you consider these risks, you should also know that scientists in hundreds of well-designed research studies have documented the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—in their personal or work relationships and in the ability to enjoy life.

### What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you, which includes following the standards of the Texas State Board of Examiners of Professional Counselors. In your best interest, the Texas LPC Board puts limits on the relationship between a therapist and a client. Although our sessions may be very intimate psychologically, it is important for you to realize that we will have a professional relationship rather than a social one.

### About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept confidential. I must ask you to sign a release-of-records form if you want me to share your information with anyone. In all but a few situations, your confidentiality is protected by state law and the rules of my profession. Here are the *exceptions* in which confidentiality *is not* protected:

- (1) if the counselor determines that there is a probability of imminent physical injury by the client to the client or others or there is a probability of immediate mental or emotional injury to the client;
- (2) when legal requirements demand that confidential information must be revealed or when a client enters into a "parenting facilitating" or "court ordered" relationship with the therapist;
- (3) concerning abuse or neglect of minors;
- (4) concerning abuse, neglect, or exploitation of elderly or disabled persons;
- (5) concerning sexual exploitation by a mental health services provider; and
- (6) relating to the release and exchange of information concerning treatment of a sex offender.

Additionally, there are three situations in which I now ask for your permission to talk to another therapist about your case:

- in case of an emergency when another therapist covers for me while I am away;
- when another therapist and I consult about your case (using non-identifying data); and
- when another therapist and I are providing concurrent therapy and our consultation is in the best interest of the client.

Client records will be kept for a minimum of 5 years from the date of the last contact with the client. All client records will be kept in locked storage during this time. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and access until a referral can be made. In the case of couples or family counseling, information gathered during individual therapy may not be shared with other family members or anyone else without a signed release form by each individual. However, I encourage open communication between family members and reserve the right to discontinue therapy if the lack of openness becomes detrimental to the counseling process.

### **My Background**

I am licensed by the Texas State Board of Examiners as a Licensed Professional Counselor (LPC) and certified as a National Certified Counselor (NCC) by the National Board for Certified Counselors. I received a Master of Science degree in counseling from Texas A&M University-Commerce as well as a Master of Education degree in special education. My professional memberships include the Texas Counseling Association, Texas Association of Marriage and Family Therapists, and Northern Metro Counseling Association. As a former teacher, school counselor, and university instructor, I have a combined total of more than 30 years of working with elementary, secondary, and college level students and their parents and have been counseling in McKinney and the surrounding area since 1999.

### **About Our Appointments**

Sessions are usually 45-50 minutes. Extended sessions may be scheduled if needed. If you are unable to keep an appointment, a 24-hour notice is required to avoid payment. I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. You have the right to file a complaint against any licensed professional counselor by writing to: Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369 or by calling 1-800-942-5540.

### **Fees, Payments, and Insurance**

The fee is \$100 for individual, couple, or family counseling services per 45-50 minute session. Extended sessions may be requested and fees will be prorated per the regular fee schedule. The fee for each session is due at the beginning of each session. Acceptable forms of payment are cash, checks, and major credit cards.

If health insurance is used to help pay for psychotherapy, the Managed Care Organization (MCO) must be given a psychiatric diagnosis and other pertinent personal health information (PHI). This will become part of a permanent medical record at the Medical Information Bureau, a national data bank. Clients will be responsible for paying any applicable co-pay or deductible amount at the time of service. Charges for other services, such as telephone calls, emails, or copying/ mailing records, may be based on the time involved in providing the service per the regular fee schedule. Some services may require payment in advance. The fee for court-related services is \$750 to appear plus \$150 per hour, including travel time to and from the facility. When requested, a receipt for all fees paid will be provided as well as appropriate documentation for filing for reimbursement with an out-of-network insurance carrier.

### **If You Need to Contact Me**

My voicemail is available Monday through Friday 9:00 AM to 6:00 PM. I will make every reasonable attempt to return all phone calls within 24-48 hours during these regular business hours. If you cannot reach me in person, I may be in session with another client so please leave a detailed message. Email, text, or voicemail content is not intended to be interpreted as counseling and should be reserved for the scheduling of appointments only. Emergency messages should not be transmitted via email, text, or voicemail. If you have an emergency, please go to the nearest emergency room or dial 911 for help.

**Your signature below indicates that you have reviewed the information in this document and have had any questions answered and agree to enter into therapy with this therapist (or provide consent for a minor client). You understand that all fees for therapy will ultimately be your responsibility.**

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client (or person representing a minor client)

Relationship to Client:  Self  Parent  Guardian  Other

Your privacy is protected by the Health Insurance Portability and Accountability Act (HIPAA)

## **NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION**

This Notice describes how psychological and/or medical information may be used and disclosed. It describes how your Personal Health Information (PHI) is protected, and how Mary Jane Walker, LPC, may use and disclose this information. PHI includes personally identifiable information that relates to your past, present, or future health, treatment, or payment for health care services. Under the Health Insurance Portability and Accountability Act (HIPAA), you are afforded privacy rights regarding the use and disclosure of your health information. These include:

- a right to be informed of the potential uses and disclosures of your protected health information, and to limit those uses and disclosures of this protected health information;
- a right to receive this written notice that explains how we may use and disclose your protected health information, your rights under HIPAA's privacy rule, and Mary Jane Walker's responsibilities as a covered entity under HIPAA;
- a right to a paper copy of this notice, or to have your legally designated representative receive a copy of this notice; you are asked to acknowledge receipt of this notice;
- a right to amend your record, to restrict what information from your record is disclosed to others, and to receive an accounting of disclosures of this information that were made without your authorization, other than for treatment, payment or health care operations;
- a right to have your complaints about my policies and procedures recorded in these records.

### **I. Uses and Disclosures Requiring Authorization**

Mary Jane Walker may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when Mary Jane Walker is asked for information for purposes outside of treatment and payment operations, Mary Jane Walker will obtain an authorization from you before releasing this information. You may revoke or modify all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Mary Jane Walker has relied on that information; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim.

### **II. Uses and Disclosures with Neither Consent nor Authorization**

Mary Jane Walker may use or disclose PHI without your consent or authorization in the following circumstances:

*Child Abuse:* Mary Jane Walker, in her professional capacity, has knowledge of or observes a child Mary Jane Walker knows or reasonably suspects, has been the victim of child abuse or neglect, Mary Jane Walker must immediately report such to a police department or sheriff's department, county probation department, or county or state welfare department.

*Adult and Domestic Abuse:* If Mary Jane Walker, in her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, or if Mary Jane Walker is told by an elder or dependent adult that he or she has experienced these, or if Mary Jane Walker reasonably suspects such, she must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

*Health Oversight:* If a complaint is filed against Mary Jane Walker with the State Board that licenses her profession, the Board has the authority to subpoena confidential mental health information from Mary Jane Walker relevant to that complaint.

*Serious Threat to Health or Safety:* If you communicate to Mary Jane Walker a serious threat of physical violence against an identifiable victim, Mary Jane Walker must make reasonable efforts to prevent harm, which may include communicating that information to the potential victim, and the police. If Mary Jane Walker has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, Mary Jane Walker may release relevant information as necessary to prevent the threatened danger.

*Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made about the professional services that Mary Jane Walker has provided you, Mary Jane Walker must not release your information without: 1) your written authorization or the authorization of your attorney or personal representative; or 2) a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.

### **III. Patient's Rights**

*Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Mary Jane Walker is not required to agree to a restriction you request.

*Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* –You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing Mary Jane Walker and may request that she not telephone your residence).

*Right to Inspect and Copy* –You have the right to inspect or obtain a copy (or both) of PHI in Mary Jane Walker's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. *Mary Jane Walker may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Mary Jane Walker will discuss with you the details of the request and denial process.*

*Right to Amend* –You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Mary Jane Walker may deny your request. On your request, Mary Jane Walker will discuss with you the details of the amendment process.

*Right to an Accounting* –You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section II of this Notice). On your request, Mary Jane Walker will discuss with you the details of the accounting process.

*Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from Mary Jane Walker upon request, even if you have agreed to receive the notice electronically.

### **IV. Provider's Duties**

Mary Jane Walker is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.

Mary Jane Walker reserves the right to change the privacy policies and practices described in this notice. Unless Mary Jane Walker notifies you of such changes, however, she is required to abide by the terms currently in effect.

If Mary Jane Walker revises her policies and procedures, Mary Jane Walker will provide you with a written copy of the revised policies and procedures at the earliest possible opportunity following this revision, in person or by mail.

### **V. Complaints**

If you are concerned that Mary Jane Walker has violated your privacy rights, or you disagree with a decision Mary Jane Walker made about access to your records, you may contact the Compliance Officer for further information. For complaints, contact Mary Jane Walker at 972-984-9207 or 6951 Virginia Parkway, Suite 311, P.O. Box 6085, McKinney, TX 75071. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

**Your signature below indicates that you have reviewed this Notice of Privacy (HIPAA) form and received a copy (electronic or paper) of it.**

---

Client Signature (or person representing minor client)

---

Date