



Linda K. Castor, RN, LCPC
Adult Intake Form

Welcome! The information you provide will help me get to know you better.
All will remain confidential.

Name _____ Referred by: _____

Address/City/Zip _____

Best contact number _____ Email _____

Date of birth _____ Gender _____ Age _____ Primary Physician: _____

Approximate date of last physical exam _____

Emergency contact name _____ Phone _____

Client Financial Agreement

Payment of session fees is due few minutes before our session. By signing below, you acknowledge my private pay fees of \$75. for 30 minutes or \$150. for a full hour and agree to use IvyPay, which includes a Good Faith Estimate, as I described to you via text, phone or on my website, LindaCastor.com. Upon request, I can provide you with a super bill through IvyPay. If you need to reschedule or cancel an appointment, a 24-hour notice is required. A full charge for the missed appointment will occur if 24-hour notice is not given. I will waive this charge in the case of an illness, unforeseen sudden circumstance or emergency.

Confidentiality

The information you share with me is confidential. I am bound legally and ethically from sharing any of your information without your expressed written consent. However, there are certain situations or limits to this confidentiality that you need to know. The following are examples of specific instances when I am required to talk to someone about your care: **If I believe you or another person is in physical danger, I must tell others about it.**

- If I come to believe that you are going to seriously physically harm another person, I must take all steps necessary to protect that person. This may involve calling the police, informing that person, or recommending you be hospitalized.
- If I believe you are going to seriously harm yourself, then I may need to recommend you be hospitalized or contact your family members or others that can help to keep you safe.
- In an emergency, where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life.
- If I suspect that you are abusing a child, an elderly person, or a disabled person, I must report this to a state agency. "Abuse" means to neglect, physically harm, or sexually molest another person.

In all of the above situations, I would talk about the situation with you in advance, if possible. I would reveal only what is needed to protect you or the other person. If you become involved in a court case or proceeding, you can prevent me from testifying in court about what you have told me. This is called “privilege,” and it is your choice to prevent me from testifying or to allow me to do so.

There are some situations where a judge or court may require me to testify:

- In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt
- In cases where your emotional or mental condition is important information for a court’s decision
- During a malpractice case, investigation of me or another therapist by a professional group
- When you are seeing me for court-ordered evaluations or treatment. In this case, we need to discuss confidentiality fully because you do not have to tell me what you do not want the court to find through my report.
- I may sometimes consult with another professional about your treatment. This other person is also required by law and professional ethics to keep your information confidential.
- I am required to keep records of your treatment, such as notes I take when we meet. You have a right to review these records with me.

In cases where I treat several members of a family (parents and children or other relatives) the confidentiality situation can become complicated. At the start of our treatment, we must all have a clear understanding of our purposes and my role and the limits of confidentiality.

- If you tell me something your spouse does not know, and not knowing this could harm him or her, I cannot promise to keep it confidential. We will discuss the best way to handle situations like these.
- If you and your spouse have a custody dispute, or a court custody hearing is coming up, I need to know about it. My professional ethics prevents me from doing both therapy and custody evaluations.
- If you are seeing me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. The court, however, may order me to testify.
- At the start of family treatment, we must also specify which members of the family must sign a release form for the common record I create for therapy.
- I will not record our therapy session on audiotape or videotape without your written permission.
- If you want me to send information about our therapy to someone else, you must sign *THEIR Release of Records* form and provide me with a copy before I can legally share information.
- Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

By signing here, I agree to the policies set forth in the Client Financial Agreement and acknowledge full understanding of my rights to confidentiality, as stated in this document.

PRINT Client Name

Client SIGNATURE

Date