Pierre Womble, MS, LPC-MHSP

Womble Counseling Services **120 Donelson Pike, Suite 102, Nashville, TN 37214** **615.962.3181**

CLIENT INFORMATION *(please print)* **Today's Date:**

Full Name:

_____

First **Middle** **Last**

Sex: _____ **Age:**_____ **Date of Birth:**_____

Address: _____

Home Phone # *(if applicable)*:_____

Cell/Mobile Phone #: _____

Work/other phone number (*if applicable)*: _____

E-mail address:_____

Place of Employment? _____

Work Address:_____

Marital/Relationship Status *(Check one)*:

Single ___☐___ Married ___☐___ Living in a committed relationship ___☐___

Separated ___☐___ Divorced/Divorcing ___☐___ Widowed ___☐___

Emergency Contact:

Name: _____

Phone: _____

Address: _____

Relationship to you: _____

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INTAKE FORM

Client Name: _____

Primary Care Physician Name: _____

Primary Care Physician Address:_____

Current Medications: _____

Current medical conditions or significant Medical History:

_____

Have you ever been admitted to a psychiatric hospital? Yes___☐____ No ___☐_____

If yes, please specify when and where? _____

Has anyone in your family ***(blood relatives)*** ever been diagnosed with a mental illness? Yes _☐__ No _☐__

If yes, please specify illness and relationship to patient:

_____

Has anyone in your family ever attempted suicide? Yes _☐__ No _☐__

What problems are you presently experiencing?

How long have you been experiencing this problem?

_____

What do you expect from therapy?

Have you ever, or are you now, being treated for any type of chemical dependency abuse? Yes_☐__No _☐__

If yes, when? _____Where? _____

Length of Treatment _____

Are you at the present time using any type of chemical substances? Yes _☐_ No _☐__ If yes, please indicate what you are using (drugs and/or alcohol). _____

How frequently do you use these substances? _____

Please ***check ALL*** that apply to you:

- ☐ Irritability
- ☐ Insomnia
- ☐ Drug Use
- ☐ Sexual Problems
- ☐ Sleep Related Problems
- ☐ Eating Problems
- ☐ Weight Gain
- ☐ Weight Loss
- ☐ Changes in appetite
- ☐ Problems Relaxing
- ☐ Work Problems
- ☐ Problems with Thoughts
- ☐ Phobia difficulties
- ☐ Cutting/Self-harm
- ☐ Crying spells
- ☐ Alcohol Abuse
- ☐ Financial Problems
- ☐ Marital Problems
- ☐ Sexual Abuse /trauma
- ☐ Confused
- ☐ Feeling paranoid
- ☐ Helplessness
- ☐ Troubling thoughts
- ☐ Worrying
- ☐ Co-Dependency
- ☐ Loneliness
- ☐ Physical Abuse
- ☐ Emotional Abuse
- ☐ Domestic violence
- ☐ Panic attacks
- ☐ Suicidal thoughts
- ☐ Anger
- ☐ Sadness
- ☐ Confusion
- ☐ Depression
- ☐ Anxiety
- ☐ Guilt
- ☐ Grief
- ☐ Fear
- ☐ Low Self-Esteem
- ☐ Low Self-Confidence
- ☐ Impulsivity
- ☐ No pleasure
- ☐ Relationship
- ☐ No energy
- ☐ Issues concentrating

Insurance Card Information

Primary Insurance

- **Insurance Company Name:** _____
- **Member ID / Policy Number:** _____
- **Group Number (if applicable):** _____
- **Policyholder's Name (if different from patient):** _____
- **Policyholder's Date of Birth:** ____ / ____ / _____
- **Relationship to Patient:** ☐ **Self** ☐ **Spouse** ☐ **Parent** ☐ **Other:** _____
- **Customer Service Phone Number (from back of card):** _____

_____ _____

Signature Date

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ELECTRONIC COMMUNICATIONS AND CONTACT PREFERENCES

E-mail, Text Messaging, & Other Forms of Electronic Communication

Some clients have expressed interest and preference for communicating with Pierre Womble, MS, LPC-MHSP through various forms of E-mail, Text Messaging or other forms of Electronic Communication.

I,_____, have read and understand that E-mail, Text Messaging and other forms of Electronic Communication are inherently an un-secure means of communication. Every effort will be made to treat these forms of communication confidentially. Pierre Womble, MS, LPC-MHSP may initiate contact with clients through Email, Text Messaging and other forms of Electronic Communication regarding availability of appointments, scheduling issues, & cancellation of appointments (e.g., due to illness or other unforeseen events) as appropriate.

Pierre Womble, MS, LPC-MHSP **will not** initiate contact with clients through E-mail, Text Messaging and other forms of Electronic Communication regarding **clinical matters.** Unless you indicate otherwise, should Pierre Womble, MS, LPC-MHSP need to contact you regarding scheduling conflicts, etc. that may arise during the course of treatment, he will typically contact you directly via e-mail or by phone. *Text messaging is not preferred due to the limits of confidentiality.

Check YES or NO below to show how you prefer to be contacted.

Pierre Womble, MS, LPC-MHSP may leave a voicemail on my home phone. YES _☐__NO _☐___

Pierre Womble, MS, LPC-MHSP may leave a voicemail on my cell/mobile phone. YES _☐ _ NO _☐_

Pierre Womble, MS, LPC-MHSP may contact me via e-mail. YES _☐ _ NO _☐__

Pierre Womble, MS, LPC-MHSP may contact me via *text message regarding appointments, scheduling issues, and cancellation of appointments. YES _☐_ NO _☐_

I understand that, due to unforeseen issues with technology, conversations held via Internet and cell phone cannot be deemed fully secure. YES _☐_ NO _☐ _

Signature: _____ **Date**: _____

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PSYCHOTHERAPY POLICIES

Confidentiality: Therapist have an ethical and legal obligation to keep information discussed in sessions private. The patient controls the release of information obtained during the provision of professional services unless the therapist is required by law to take actions or make disclosures. Tennessee law requires therapist to report under the following circumstances:

1. Imminent danger of patient's harm to self or others
2. Suspected child or elder or abuse, or abuse of a disabled person (made to the Department of Human Services)
3. Court order for clinical records, if patient is involved in legal proceedings

Once the information is released, the use of information in such circumstances is beyond the control of this office. If you are under 18 years of age, you will be asked to sign a separate sheet describing confidentiality policies for minors.

Fees: The fee for a 50-minute private-pay session is $150.00. Patients are responsible for full payment of fees at the time of each visit unless filing with their insurance. Applicable co-payments and co- insurances are due at the time of service if filing with an insurance carrier that is accepted. **Cash, local checks, and debit/credit cards are accepted. In addition, payments may be made by PayPal if you are unable to pay by cash or check.**

Cancelations, No-Shows, & Late Arrivals Appointment times are individually reserved for you and you alone, and last-minute cancellations prevent others who may have wanted an appointment from scheduling. Mr. Womble sees a limited number of patients so that he can give you the focus and attention you deserve. Therefore, cancellations must be made at least 24 hours in advance. You will be charged a $100.00 cancellation fee for any sessions that are not changed or canceled more than 24 hours in advance. Insurance cannot be billed for missed appointments.

If you are running late for your appointment, please contact Mr. Womble to let him know. If you have not contacted Mr. Womble by 15 minutes into your session, it will be assumed you do not plan to attend that session. Regardless of the start time, your session will still end at the scheduled time, unless a late start is the fault of Mr. Womble.

Weather: In the case of inclement weather conditions that preclude safe driving, you will not be charged for a session cancelled within 24 hours. However, it is recommended that you be in contact with Mr. Womble in advance when inclement weather is expected.

Illness: If you have a contagious illness, please do not come to an appointment with Mr. Womble. You will not be charged for a session canceled within 24 hours due to illness, provided that you do not exceed two late cancellations in a calendar year. If you feel that you (or someone for whom you're responsible) may be coming down with something, please let Mr. Womble know that your upcoming appointment is uncertain so that he can determine how to proceed.

Emergencies: In case of an emergency outside of regular business hours or when I cannot be reached, please contact the Crisis Intervention Center at (615)-244-7444 or proceed to the nearest hospital emergency room. Please do not leave emergent information in voicemails or send via text message/email, as the message may not be received until the end of the following business day.

I understand and agree to these policies, and I have received a copy of this policy statement.

Clients Signature www.womblecounselingservices.com **Date**

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NOTICE OF PRIVACY PRACTICES AND RIGHTS

Effective Date: November 11, 2018

The Health Insurance Portability and Accountability Act (HIPAA) have created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law", HIPAA provides patient protections related to the electronic transmission of data ("the transaction rules"), the keeping and use of patient record ("privacy rules") and storage and access to health care records ("the security rules"). HIPAA applies to all health care providers, including mental health care providers and health care agencies throughout our country are now required to provide patients with a notification of their privacy rights as it relates to their health care records.

Please read this document, as it is important that you know what patient protections HIPAA affords all of us. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification. By law, we are required to secure your signature indicating that you have received this Patient Notification of Privacy Rights Document.

Patient Rights

You have the right to:

- Ask questions about any part of the psychotherapy session.
- End psychotherapy at any time without any moral, legal or financial obligations other than those already accrued.
- Review the information in your files at any time with proper notification and in consultation with your psychotherapist.
- Request a release of the information in your psychotherapy files to any person or agency you designate.
- Request changes to your records.
- File a complaint if you feel your rights are violated
    - You can complain if you feel I have violated your rights by contacting me. To file a complaint, contact my office at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.
    - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
    - I will not retaliate against you for filing a complaint.

I,_____ (Print Your Name), understand and have been provided a copy of the Patient Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights concerning these matters. I understand that a more detailed version of this notice is available upon request and online at www.womblecounselingservices.com.
I understand that I have the right to review this document before signing this acknowledgment form.

_____ _____

Patient Signature or Legal Guardian if Minor *Date:*