



Yelm Prairie Counseling

AnneMarie Murdock MA, LMFT - Individual Counseling Intake form

Client Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Referred by _____

Phone (Okay to call/leave messages? Y / N): Home: _____

Best phone number: _____

Email: _____

Address: _____

City, St, Zip: _____

What level of education did you complete?

What ethnicity do you identify with?

Are you employed?

Who are you employed by?

How do you feel about your work?

MEDICAL INFORMATION

Have you ever been to therapy before?

How was it for you?

Did you receive a mental health diagnosis?

Who is your emergency contact?

How are they related to you?

What is their phone number?

Who is your Primary care physician?

Where are they located?

Current medications, (Include recreational drugs):

Do you drink alcohol?

Use marijuana?

Describe your use?

Intake Questions:

What brings you in for therapy?

How long has this issue been bothering you?

Are you currently in a committed relationship?

If yes, with who?

Do you have children? If so, please write their names and ages below.

Who lives with you?

Do you feel safe at home?

Do you have pets? IF so, tell me about them below:

Suppose tonight, while you slept, a miracle occurred. When you awake tomorrow, what would you notice when you woke up, that would tell you life had suddenly gotten better?

In the last two weeks, have you had thoughts of harming yourself or others?

DISCLOSURE STATEMENT - a copy of this disclosure statement can be found online at www.yelmprairiecounseling.com

AnneMarie Murdock, MA. Mailing Address and location: 503 Van Trump Ave NW, Yelm, Washington 98597. Cell/text: (360) 481-3660; e-mail: yelmprairiecounseling@gmail.com.

If an emergency arises and you cannot contact me, contact the Crisis Clinic at (360) 586-2800, OR call 911, OR go directly to St. Peter's Hospital Emergency Room.

Therapist's Credentials

Masters in Counseling and Psychology.

LMFT: Licensed Marriage and Family Therapist with additional training in trauma, domestic violence and abuse, intimacy and sex.

Therapist's Education, Training, and Experience: MA from St Martins University in Counseling Psychology. BA from Evergreen State College in Health and Human Development and Contemporary Social Issues. Over 30 years' experience in Equine Facilitated Therapy. Child and Family therapist, internship January – September 2016 at Greater Lakes Mental Health Care. Safe Place Advocate Volunteer, 2014. Private Practice since 2016.

Therapeutic Orientation and Treatment Modality (Techniques Used):

I work with individuals, couples, families and children. Together, we work to identify and process feelings and behavior patterns, and continue the journey toward more useful behaviors and thought patterns. My style is warm and positive, and my hope is to give you tools to make the changes you desire. I strongly believe that you are the expert on your life. My therapeutic modality is Family Systems. Meaning that I treat people in the context of their relationships, and see them as part of a greater whole. Techniques I often use include: CBT, Psychoeducation, play therapy, and Humanistic approaches.

Course of Treatment: Since each person's situation and needs are different, at this time I do not know what will be the best course of treatment for you. However, we will discuss treatment options as we become more familiar with each other. If you decide to terminate therapy, please let me know. I appreciate feedback, and would like to have the opportunity to give our time together some closure. You are also welcome back at any time in the future, should you wish to return for more therapy.

Client's Cost Per Session: I do not currently accept insurance. The fee is \$100 for an individual 50-minute session and \$120 for a family session. Clients are asked to make payments, by Cash, check or credit card, at the beginning of each session, unless other arrangements are made. If you would like a receipt/statement, please let me know and I will email you one, you may be able to receive a reimbursement of some portion of the fee through your insurance company. It is your responsibility to find out what your insurance covers, and to submit the paperwork for reimbursement. Writing reports, lengthy phone calls, and running overtime will be billed at a

rate of \$100/hr in 15 minute increments. In the event of an unpaid bill, your name, address, phone numbers, social security number, date of birth, dates of service, and payment record may be disclosed to a collection agency or small claims court. In such incidents, I would, of course, attempt to notify you before taking such action.

Missed appointments

I understand that things happen and we can't always make an appointment. Please know that I have scheduled this time for you, and if you cannot make it I expect to be notified 24 hours in advance. If you miss an appointment without notifying me beforehand, I may charge the fee for the missed appointment, which must be paid prior to your next appointment.

Legal Statements and Issues: Washington State law requires Licensed Therapists to provide clients with certain information about their rights and responsibilities (see WAC 246-809-710). This subsection does not grant (clients) new rights and is not intended to supersede state or federal laws and regulations, or professional standards. You have the right to refuse treatment and the right to choose a practitioner and treatment modality that best suits your needs. If you wish to obtain a list of the acts of unprofessional conduct listed in the laws (RCWs), you may contact the Department of Health at: Washington State Department of Health (360) 236-4030 101 Israel Road SE, Tumwater, WA 98501 (or: PO BOX 47890, Olympia, WA 98504-7890) or visit: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130.180>

Confidentiality and Releases of Information: I keep a record of the health care services that I provide to you. You may ask to see and copy that record. You may also ask me to correct that record. I have an ethical and moral responsibility to protect your confidentiality and I will not normally disclose your records to others. However, there are some limits to that protection. First, in some instances you may wish for me to share information with another person or entity; for example: an attorney, minister, or another health-care provider. In such cases, you will be asked to sign a "release of information" form. Second, I may be required by law to disclose your confidentiality information. ***This would occur only in the following instances:***

- 1) If I have reason to believe your or someone else's life and safety is threatened or endangered.
- 2) If there is evidence, or even suspicion, of physical or sexual abuse or neglect of a minor child or vulnerable adult (dependent, developmentally disabled, or incapacitated person). I must, by law, report all incidents of past or current abuse or neglect of children or vulnerable adults. I must also report serious threats against another person and serious suicide intentions.
- 3) As part of good professional practice, there are times when I consult with colleagues on various therapeutic issues. When I do, it is with considerable caution and I do not disclose any identifying information about you.

4) If a judge orders certain information disclosed in a legal proceeding. In legal proceedings when your psychological health is at issue (e.g. work related stress, divorce, custody battles, etc.) the attorney for the opposing side may have certain information subpoenaed. In that case, I would inform you of the subpoena and if you objected to my complying, you would have 14 days to seek a protection order to contest the subpoena. I cannot contest it for you and I may still be required to release the information.

Your signature will verify that you have read and understand the information in this Disclosure.

Client signature

Date

Consent For Transmission Of Protected Health Information By Non-Secure Means

Email and text are not secure means of transmitting information, and are not HIPAA compliant. Although my phone is password protected, there are no guarantees that your information will not be seen by others. I give clients the option of texting and emailing me as a way of keeping in touch between sessions. My responses will be brief and include only necessary information. Please do not send information, or ask questions that you would not want to be intercepted on the internet or by others. Signing below indicates that you have been informed that I cannot guarantee confidentiality if you choose to use text or email.

I consent to allow AnneMarie Murdock to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments.
- Information related to billing and payment.
- Agreed upon resource information.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Signature of Client

Date