

Alamo Heights Counseling

Alamo Heights Counseling, 900 NE Loop 410, Suite D200, San Antonio, TX 78209
San Antonio TX 78209-1407
210-822-2600

1. A-1) Informed Consent for Counseling/Psychotherapy (Adult Client)

INFORMED CONSENT FOR COUNSELING OR PSYCHOTHERAPY

This document does not apply to services such as Parent Facilitation, Custody Evaluations, Supervised Visitation, and other Court-Related Services.

This document contains important facts and information regarding our services. Please read the entire document carefully. Your counselor/therapist can answer any questions you have regarding this document.

SERVICES PROVIDED

Alamo Heights Counseling, Inc. provides counseling, also known as psychotherapy, and other related services (including assessments, treatment planning, consultations, individual and family counseling, and referrals to other mental health professionals when necessary).

TYPES OF PROVIDERS

Providers are Alamo Heights Counseling, Inc. include Licensed Professional Counselors (LPCs) who may be referred to in documents as "counselors"; Licensed Marriage and Family Therapists (LMFTs) who may be referred to in documents as "therapists"; and Licensed Clinical Social Workers (LCSWs) who may be referred to in documents as "social workers."

All of these clinicians provide similar services that may be referred to as counseling, family therapy, psychotherapy, marriage counseling/therapy, couples counseling/therapy and a variety of other terms. When the term "counseling" or "therapy" is used generically, it may refer to the services of any of these mental health professionals.

BENEFITS AND RISKS

The benefits of counseling are many. They include improvement in relationships, better understanding of emotions and the behaviors associated with them, development of coping skills for dealing with difficult situations and uncomfortable emotions, and resolution of the specific concern that led you to seek counseling. You may also acquire a better understanding of self, values, and goals, as well as insights into their own motivations and those of others.

Risks associated with counseling are minimal, but it is important for you to be aware of them. When you are operating as part of your family system and your behaviors change, effects may be felt throughout the family system. Counseling will likely change the way you interact with others. Even though this change is expected to be considered an improvement, it may require adjustment on your part or on the part of other family members.

As part of the counseling process, you will likely confront emotions that are uncomfortable, including sadness, guilt, loneliness, fear, anger, and helplessness. The discomfort associated with these feelings are a normal part of the counseling process and are usually temporary. Your counselor will help you identify emotions and learn coping skills for facing these emotions. Your counselor may uncover information regarding situations which have been traumatic for you.

Occasionally, emotions feel worse before they feel better as individuals struggle to cope with difficult emotions. Working toward counseling goals also requires effort on your part. You will be challenged in many ways during counseling. Counseling involves effort, and requires the client (and members of the client's family system) "buy in" to the goals of counseling.

If you will be receiving specialized therapy such as EMDR, additional benefits and risks may be discussed with you at the time specialized services begin. An additional informed consent may be required.

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, it is a contractual agreement. Given this, it is important that you understand how your relationship with your counselor will work, and what you can expect from your counselor and the counseling experience. "Informed Consent" means that before you consent to counseling/therapy, you are provided information about what counseling/therapy is and how it works so you can make a truly informed decision. This document provides information to assist you in making the decision to pursue counseling/therapy. If you have any questions, please feel free to ask your counselor. Even if you do not ask questions, your counselor may go over information related to informed consent with you. Please read this document entirely and indicate that you have done so by signing this document.

THERAPEUTIC PROCESS

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort.

Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. Your therapist cannot promise that your behavior or circumstance will change. He or she can commit to supporting you and doing his or her best to understand you and the repeating patterns in your life, help you understand yourself and these patterns better, and help you clarify what it is that you want for yourself.

CONFIDENTIALITY

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens to kill or seriously harm another person, a counselor may inform law enforcement to protect the life of the person who is the intended target.
3. If a counselor suspects abuse of a child, the counselor is required by state law and the code of ethics to report the suspected abuse to the Texas Department of Family and Protective Services Child Protective Services hotline.
4. If a counselor suspects abuse of an elderly or disabled person, the counselor is required by state law and the ethics code to report the suspected abuse to the Texas Department of Family and Protective Services Adult Protective Services hotline.
5. If a court of law issues a legitimate court order which orders the counselor to release specific information, such as therapy notes, to the Court. (A subpoena is not sufficient to require the release of records, therefore if your

counselor receives a request for your records via subpoena, your counselor will not release the records until a court order is issued. If your counselor receives a subpoena, but not a court order, you will be contacted.

A subpoena is not sufficient to require the release of records, therefore if your counselor receives a request for your records via subpoena, your counselor will NOT release the records until you sign a consent or until a court order is issued. It is our policy that if we receive a subpoena for your records, but not a court order, we contact you and ask for more information about the reason for the subpoena and whether you wish to have your records released. If you do wish to have records released, you will be asked to sign a HIPAA release before we will release the records. Federal and state law allow us a specific period of time after you sign the release, so please be proactive in responding quickly if you do want your records released.

Occasionally your counselor may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. If any information about you is shared in this context, it will be done without using your name or other identifying information.

If you and your counselor happen to see each other outside of the therapy office, your counselor will not acknowledge you first in order to protect your privacy and confidentiality which are of the utmost importance to us. If you recognize and greet your counselor first, however, he or she will be happy to acknowledge you and speak briefly. Please feel free to speak with your counselor in advance about how to handle chance encounters in public places.

SESSION LENGTH

A counseling session is usually booked for 60 minutes. A 60 minute counseling session may last 53-57 minutes rather than exactly 60 minutes, and that is in compliance with health insurance industry standards. A shorter session may be scheduled and billed as a 45 minute session, but 60-minute sessions are standard at our organization.

In the event that the health insurance policy that covers you does not cover a 60 minute session, you will have the option to schedule a 45 minute session OR private pay for a 60 minute session. (We cannot, however, bill health insurance for a 45-minute session and bill you separately for the additional time.)

Because our schedules include many clients who use health insurance, most private pay sessions are also sixty (60) minutes long.

It is important that you arrive on time for your session both so that you receive the full benefit of services and so that your counselor can provide services to the individual scheduled after you on time. If you arrive after your scheduled appointment time, you may still be seen, but your appointment may end at the scheduled end time and, if necessary based on how late you are, be billed as a 45-minute session instead.

If you arrive more than fifteen (15) minutes late for a scheduled session, the session may need to be cancelled, especially if you are using health insurance to pay for your counseling because of rules made by the health insurance industry.

Except in very rare instances where a thirty (30) minute session is scheduled because it is deemed to meet the clients clinical needs and an insurance companies contractual requirements, Alamo Heights Counseling, Inc. does not conduct sessions shorter than forty-five (45) minutes.

FREQUENCY OF SESSIONS

Many clients are scheduled for one (1) hourly session each week.

How often you are scheduled will depend on several factors, including the severity of any symptoms you are experiencing, your availability, your counselor's availability, any specific requirements related to our contract with your health insurance company if you are using insurance to pay for services, and other factors. Some clients may be seen once or twice a month, while other clients may be seen twice a week.

It is rare to be seen more often than twice a week due to the need to allow time to process and practice between sessions, but occasionally emergencies or other therapeutic necessities may result in more frequent sessions.

PAYMENT OF FEES

If you are using health insurance to pay for your counseling, the health insurance company may require a copayment. When a copayment is required, we are required by our contract with the health insurance company to collect the copayment at the start time of your appointment, BEFORE services are rendered. Please plan to pay any copayment BEFORE the appointment begins. Copayments are generally even numbered amounts or amounts that do not include change (example: \$50.00 or \$25.00).

Some insurance companies do not require a copayment but instead require coinsurance, which is a percentage of the amount rather than a set payment amount. When coinsurance is required and we are able to calculate the amount, we will collect the coinsurance before services are rendered as well. Coinsurance is generally expressed as a percentage rather than an amount (example: 20% coinsurance after deductible).

Some insurance companies require that a deductible be met before they will pay any portion of your care. In such a case, the amount you will be charged will be the "allowable amount" based on our contract with your health insurance company. Although the insurance company is not paying for a portion of your child's or teen's care, you are still receiving a benefit from having insurance because insurance companies provide you a discount for using an in-network provider. Our full fee is \$150.00, but you will not necessarily pay \$150.00 for each session until you meet your deductible. Instead, you'll likely pay lower amount because you will receive a discount as a result of our contract with you insurance company.

Alamo Heights Counseling, Inc.'s policy is to join all insurance networks when possible. It is a rare occurrence when we have no providers in your health plan's network. If this does occur, we will discuss it with you as soon as we are aware.

Private pay clients are responsible for paying the full fee (\$150.00) at the time of the appointment. Alamo Heights Counseling, Inc. accepts cash, check, money orders, debit cards, credit cards, and HSA account credit/debit cards. We prefer that you store a credit card number on file to pay for missed appointment fees, even if you prefer to pay at each appointment. Alamo Heights Counseling, Inc. does not carry a balance owed on a client account except under very rare circumstances when the incorrect amount is charged in error. If we accidentally under-charge you, we will ask you to pay the reminder at the next appointment; if we accidentally over-charge you, we will use the credit at your next appointment.

Because we are not a non-profit organization with grant funding, it is rare that we accept clients on a sliding-scale basis. In the instances in which we do this, the discount means that the counselor is not being paid his or her full rate. Sliding scale is not available when a client has insurance, as the insurance discount has already been applied, and the insurance company's contract controls the rate.

RETURNED CHECKS & CHARGE-BACK FEES

When a check does not clear because a client has insufficient funds in his or her account, Alamo Heights Counseling, Inc. charges \$25.00 to present the check to our financial institution a second time. Checks may be presented twice. If the check is rejected twice by the client's financial institution, there the total charge is \$50.00 in fees in addition to the amount of the check that "bounced." If you write a check that fails to clear, Alamo Heights Counseling, Inc. will notify you by telephone before your next appointment unless we do not learn of the returned check in time. After two occurrences of a check being rejected, Alamo Heights Counseling, Inc. may no longer accept your check. You can continue your treatment using a different payment method.

NON-PAYMENT/INABILITY TO PAY

If you are unable to pay the fee or copayment for your sessions, you may be referred to an agency that provides counseling free of charge. A counselor may choose to offer pro-bono services, but Alamo Heights Counseling, Inc. does not require counselors to do so. Alamo Heights Counseling, Inc. is not a non-profit organization and therefore

receives no government assistance, no grants, and no tax incentives for providing free services. We apologize for any inconvenience that results.

CANCELLATIONS AND NO-SHOWS POLICY

If you need to cancel or reschedule an appointment, you must call 210-822-2600 as soon as possible to let us know. If you reach voice mail, you must leave a message or we will not know that you called. If you have your counselor's cell phone number, please also let your counselor know directly that you need to cancel your appointment as some of our counselors make their own schedules. When possible, please provide at least 24 hours' notice.

When you are unable to give 24 hours' notice, a no-show fee will be assessed as it is impossible to schedule another client into that time slot without sufficient notice. Your health care insurance will not cover a session that is not kept, so the on-show fee is your responsibility. You will be asked to pay the no-show fee at or before your next appointment. From May 2016 until April 30, 2019 the fee was \$25.00 for each no-showed appointment. Beginning May 1, 2019, the fee will be \$25.00 for the first no-showed appointment and will increase with each subsequent no-show. This is below industry standard. Many counseling practices require a full-fee for a no-show.

Appointments that are cancelled with less than 24 hours' notice are treated the same as no-showed appointments. Please be aware of your appointment time and ensure that you cancel your appointment with sufficient notice that you are not assessed a no-show fee.

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CANCELLATIONS AND NO-SHOWS--SPECIAL POPULATIONS

If your health care coverage does not allow us to charge a no-show fee, we will not charge a no-show fee, however, after two no-showed appointments, your counselor may elect to refer you to a non-profit agency that provides free or reduced counseling services, as he or she needs to make the appointment slot available to a client who will be able to use it. An example of a health plan that does not allow a no-show fee is Medicaid. If you will be using Medicaid to pay for your services, you are still required to provide notice if you cannot keep your appointment so that your counselor can offer that appointment slot to another client. Repeated no-shows may result in a referral to an agency that is grant funded.

The contract between Alamo Heights Counseling, Inc. and DFPS does not allow for payment for no-showed appointments. No showed appointments take up an hour in a counselor's schedule that could have been used for a person who was able to come to an appointment--and may have really needed the services--therefore when DFPS clients no-show an appointment, their caseworker will be notified and their chart will be noted. When DFPS clients no-show two appointments in a row, their caseworker will be notified and treatment will be terminated. The client's caseworker will need to refer the client to another counselor or another organization. As Texas Medicaid also prohibits charging a no-show fee for no-shows and short-notice cancellations, if your services are paid for by Medicaid and you no-show two appointments in a row, the assigned counselor may choose to refer the client to another counselor in another organization. If you were referred by DFPS and no show two or more appointments, you may be reassigned and your caseworker will be notified.

CONFIDENTIALITY AND RELEASE OF RECORDS

All records and information will be kept confidential and will be held in accordance with state and federal (HIPAA) laws regarding the confidentiality of such records and information. Our Privacy Policies are available on our website and are also part of our required intake paperwork. If you would like a paper copy of our Privacy Policies and are unable to print them from our website, please let our office staff know and they will provide a copy.

RELEASE OF RECORDS WHEN YOU WERE REFERRED BY DFPS OR OTHER GOVERNMENT AGENCY AS PART OF A LEGAL REQUIREMENT

If you were referred to Alamo Heights Counseling, Inc. by the Texas Department of Family and Protective Services, Bexar County Probation, or other government-associated agency, that agency may require that you participate in counseling as one of the terms of your Service Plan, Probation, Parole, etc. When this is the case, we will ask you to sign an authorization allowing us to release information to your caseworker, probation officer, parole officer, etc. A signed authorization will allow us to provide monthly reports and other routine updates to your case worker, probation officer, or other assigned point of contact. If you are unwilling to sign a consent for release, the counseling you receive may not meet the requirements of the agency that made the referral. If the agency has agreed to pay for your services and you do not sign a release, the agency will not pay, and you will need to make other arrangements for payment of services if you still wish to receive counseling.

LICENSURE

Alamo Heights Counseling, Inc. contracts with Licensed Professional Counselors, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists. Information on the credentials of each LPC, LCSW, or LMFT are available at intake and at your request. With the exception of Cheryl L. Shulter, Director, all counselors are independent contractors. Each counselor is responsible for his or her own professional liability insurance and for renewing his or her professional credentials as required by Texas law.

Alamo Heights Counseling, Inc. occasionally provides clinical experience for LPC Associates (newly licensed counselors under supervision for a minimum of 18 months) and LMFT Associates (newly licensed LMFTs under supervision for a minimum of 18 months). Associates under supervision are not permitted to accept health insurance but are permitted to co-counsel with an LPC or LMFT who is accepting insurance. Associates ARE permitted to provide direct counseling services to private pay clients. Beginning in August 2021, a small number of Practicum Students from Our Lady of the Lake University will obtain their practicum hours here. These students are graduate students in the OLLU program leading to a masters degree and LMFT licensure, but they are not yet licensed. Practicum students are unable to accept health insurance but may be available on a limited basis to provide low-cost counseling services for clients who would not otherwise be able to receive services.

GRIEVANCES/COMPLAINTS

If you are unhappy with the services you are receiving, we hope you will first discuss it with your counselor and attempt to reach a resolution. If your counselor is unable to resolve your concerns, our Director, Cheryl L. Shulter would like to discuss it with you. Please notify staff that you would like to schedule time to speak with her when she is not with one of her clients. Additionally, you always have the option to file a grievance with the applicable licensure board. To make a complaint, one may contact the Complaints and Investigative Section, PO Box 141369, Austin, Texas 78714-1369 or call 1-800-942-5540. We hope that in the event of a complaint, you will give us the opportunity to correct the issue.

CONFIRMATION OF SINGLE SIGNATURE FOR MULTIPLE INTAKE DOCUMENTS

This adult intake packet consists a total of 8 documents identified as A-1 through A-6, as well as additional screens on which you were asked to enter health insurance information. The EHR program used by Alamo Heights Counseling, Inc., a program called "TheraNest" through which you were invited to the Client Portal, will obtain your signature once time and apply it to all documents in a complete packet. By completing any portion of these documents, you acknowledge that you were provided access to the TheraNest Client Portal and therefore had access to, were provided electronic copies of, and were asked to complete all of the documents contained in this packet.

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2. A-2) Notice of Privacy Practices (Adult Client)

ALAMO HEIGHTS COUNSELING, INC.

HIPAA NOTICE/NOTICE OF PRIVACY PRACTICES & POLICIES

Notice of Alamo Heights Counseling, Inc.'s
Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION, INCLUDING PSYCHOLOGICAL INFORMATION ABOUT YOU (OR YOUR MINOR CHILD IF YOUR MINOR CHILD IS OUR CLIENT) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create records of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to offer you a copy of our privacy practices.

I. Definitions

"You" refers to any individual who is a current counseling client of Alamo Heights Counseling, Inc. and may also refer to past clients of Alamo Heights Counseling, Inc. depending upon the length of time that has passed since most recent date of service. When the signor of this document is the parent of a minor child and that minor child is the client of a counselor at Alamo Heights Counseling, Inc., "you" may be read as "your child" and interpreted as such.

"PHI" refers to information in your health record that could identify you.

"Use" applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside our office, such as releasing, transferring, or providing access to information about you to other parties.

"Treatment" is when a counselor who is employed by or contracted with Alamo Heights Counseling, Inc. provides, coordinates, and manages your health care and services related to your health care. Example of using your PHI for

treatment are providing therapy or coordinating your care with your psychologist, psychiatrist or primary care physician. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to complete information in order to provide quality care. The word "treatment" may include the coordination and management of health care providers third parties consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

"Payment" is when Alamo Heights Counseling, Inc. obtains payment for the healthcare services we provide to you. Examples of how we might use or disclose your PHI for payment purposes are when we provide information to your health insurance company for payment purposes, or when we mail you a statement or invoice for the portion of the cost that is your responsibility, or when we swipe your credit card for a copayment or payment towards deductible for services rendered. Non-counselor employees of Alamo Heights Counseling, Inc. will have access to PHI for purposes of billing and managing our accounting.

"Health Care Operations" are activities that relate to the performance and operation of our practice. Examples of include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. It may also include scheduling your appointments, filing and storing documents related to your care, and destruction of documents as required by law.

"Your Counselor" applies to a master's degree level or higher provider employed by or contracted with Alamo Heights Counseling, Inc. and who provides direct counseling or therapy services to you. This includes individuals licensed as Licensed Professional Counselors, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists and Licensed Psychologists. Under certain circumstances, the term "counselor" or "your counselor" may also apply to a Licensed Chemical Dependency Counselor at an associate's or bachelor's degree level. If you are unsure of the education and licensure of any provider at Alamo Heights Counseling, Inc., please ask.

"Progress notes" are notes your counselor makes, either during or after your therapy session. Progress notes include the date on which your counseling session took place and may also include the time of your session, as well as information about the topics addressed, your therapeutic goals, your appearance, cognition, and ability to participate in the session, and any homework given or plans for next session. These notes are considered a part of your PHI.

"Psychotherapy notes" are notes your counselor has made about a conversation during a private, group, joint, or family counseling session and which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. (Psychotherapy notes are sometimes called "process" notes, which is a separate and distinct term from progress notes, defined above.) Not all counselors at Alamo Heights Counseling keep psychotherapy notes, and psychotherapy notes are not kept for all clients. Psychotherapy notes are addressed further later in this document.

"Consent" is your giving permission for your information to be used or disclosed.

"Authorization" is written permission above and beyond general consent, which permits specific disclosures. Authorization is always in writing and includes specific details regarding what information may be disclosed.

II. Uses and Disclosures with your Consent

Alamo Heights Counseling, Inc. may use or disclose your PHI for treatment, payment, and health care operations purposes with your consent.

TREATMENT. We may use and disclose PHI in order to provide, coordinate, or manage your health care and other services related to your health care. An example of disclosure for treatment purposes is when your counselor consults with another health care provider, such as your psychologist, psychiatrist, or primary care physician. You indicate your consent to treatment by coming to Alamo Heights Counseling, Inc. to obtain counseling. You indicate you consent to our disclosing information to another health care provider when you share with us the names of your other providers and ask that we discuss your care with your other providers. Although written authorization is not

required for treatment purposes, we may ask you to sign an authorization (as described below) for documentation purposes.

PAYMENT. We may disclose PHI for payment related purposes. For example, we may disclose PHI to your health insurance company in order to determine whether services are covered and to bill your health insurance company for services. Billing information may identify you, your diagnosis, and the treatment provided. Alamo Heights Counseling, Inc. may also send you an invoice or statement at your mailing address to obtain the portion of the payment that is your responsibility. Providing us your health insurance information indicates that you consent to our disclosing PHI to your health insurance company. If you wish to revoke this consent, you must notify us in writing. If you choose to revoke this consent, we can no longer utilize your health insurance.

HEALTH CARE OPERATIONS. We may use and disclose information about you for administrative and operational purposes. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

III. Uses and Disclosures which require Authorization

Alamo Heights Counseling, Inc. may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures.

Alamo Heights Counseling, Inc. will disclose your PHI when you sign an authorization indicating you authorize such disclosure.

An example of a time when you might request such a disclosure is when you request that we share information with an attorney due to a legal matter.

If you are involved in a Department of Family and Protective Services case and a requirement of your service plan is counseling, we will ask you to sign an authorization, even if such authorization is not required by law. If you are unwilling to sign an authorization, the Department of Family and Protective Services may not recognize the services you receive here. If the Department of Family and Protective Services has agreed to pay for your counseling but you do not sign an authorization, the Department of Family and Protective Services may withdraw their consent to pay or may not consider your participating in counseling to meet the requirements of your Service Plan.

In instances when Alamo Heights Counseling, Inc. is asked for information for purposes outside of treatment, payment and health care operations, Alamo Heights Counseling, Inc. will obtain an authorization from you before releasing any portion of your PHI, and if you do not sign an authorization, will not disclose/release any information unless required by law to do so, such as when we receive a Court Order even after making legal attempts to have your PHI protected.

Psychotherapy notes are separate from the rest of your PHI and are afforded a higher level of protection than ordinary PHI. Your counselor may or may not keep psychotherapy notes, and keeping psychotherapy notes is not required by law, ethics code, or health insurance payors. You may ask your counselor whether he/she keeps psychotherapy notes. Generally, Alamo Heights Counseling, Inc. does not release or disclose psychotherapy notes to anyone for any purpose. If you have a question about psychotherapy notes, please let a staff member know and time can be scheduled to address your concerns.

You may revoke all authorizations of PHI at any time, provided the revocation is in writing. You may not revoke an authorization to the extent that (1) Alamo Heights Counseling, Inc. and/or your counselor has relied on that authorization and information has already been disclosed/released; 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 under the policy.

IV. Uses and Disclosures which do not require consent, authorization or notification

Alamo Heights Counseling, Inc. and/or your counselor may use or disclose PHI without your consent, authorization, or notification in the following circumstances:

- **Child Abuse:** If your counselor has cause to believe that a child has been, or may be, abused, neglected, or sexually abused, your counselor must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If your counselor has cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, your counselor must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against your counselor/therapist/social worker with the applicable State Board of Examiners, the State Board has the authority to subpoena confidential mental health information from Alamo Heights Counseling, Inc. relevant to that complaint.
- **Serious Threat to Health or Safety:** If your counselor determines that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, your counselor may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, we may be required to disclose health information in response to a court order. We may be required disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only under specific circumstances. It is our policy to inform you when such a request is made and to make every possible legal effort to obtain an order protecting the information requested.

V. Uses and Disclosures which do not require consent or authorization but about which we make an attempt to notify you before disclosure

Alamo Heights Counseling, Inc. and/or your counselor may use or disclose PHI without your consent or authorization under the following circumstances, but will notify you prior to doing so:

- **Worker's Compensation:** If you file a worker's compensation claim, your counselor may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and Alamo Heights Counseling, Inc. and your counselor will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

VI. Uses and Disclosures in which Alamo Heights Counseling, Inc. Does Not Engage

Even when permitted by law or ethics code, it is the policy of Alamo Heights Counseling not to use PHI for marketing purposes. Alamo Heights Counseling will not use or disclose your PHI for marketing purposes, nor will Alamo Heights Counseling, sell your PHI. We may market our new services via flyers placed in our waiting room, or your counselor or a staff member may let you know if additional services become available which may interest you.

VII. Rights and Duties

CLIENT RIGHTS AND CLIENT DUTIES

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Alamo Heights Counseling, Inc. 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 a counselor. Upon your request, Alamo Heights Counseling, Inc. will send your bills to another address.)
- Duty to provide means of communication – If you elect to receive information by alternative means or at an alternative location, you have the duty to provide Alamo Heights Counseling, Inc. the contact information to use
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of your PHI in health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You may be denied access to your PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your counselor will discuss with you the details of the request and denial process. This does not apply to psychotherapy notes, which are not part of the health record.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. You may ask to correct what you believe to be an error in your record or to add information you believe is missing from your record. Alamo Heights Counseling, Inc. may deny your request. On your request, your counselor 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 III of this Notice). On your request, your counselor will discuss with you the details of the accounting process. As Alamo Heights Counseling makes every effort to obtain your consent and authorization for all disclosures, it is rare that these types of disclosures exist. In any given year, you may request a list of all disclosures within that year.
- Right to a Paper Copy – You have the right to obtain a paper copy of this notice from Alamo Heights Counseling, Inc. upon request, even if you have previously agreed to receive the notice electronically. In order to obtain a paper copy, please ask a member of the office staff.

ALAMO HEIGHTS COUNSELING'S RIGHTS AND DUTIES

- Right to Refuse Restrictions – Under certain circumstances, Alamo Heights Counseling, Inc. may have the right to refuse certain restrictions you may request on your PHI. We may deny your request if we believe it will negatively affect your healthcare to do so.
- Right to Deny Access – Under certain circumstances, Alamo Heights Counseling, Inc. may have the right to deny you access to your records. We will not provide to you a copy of your record if we believe that doing so will cause you harm.
- Right to Deny Amendment – Under certain circumstances, Alamo Heights Counseling, Inc. may have the right to deny a request to amend your record. If you make a request to amend your record and Alamo Heights Counseling declines your request, we will provide you written notice of the reason within sixty (60) days.
- Right to Charge for Copies and to have adequate time to produce records – Medical professionals may charge for copies of the health record. Texas Law sets limits on the amount that a health care professional may charge for records. It is our policy to remain well below the legal charge for records while still covering the cost of paper and ink. The cost to provide your record will be determined based on the number of pages and the method by which you wish to receive the records (paper or electronic). We will provide records to you within thirty (30) days of when we receive your written request. We may also charge when you request an accounting of all disclosures.
- Duty to Maintain Privacy – Alamo Heights Counseling, Inc. is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- Right to Change/Update this Notice/Policy – Alamo Heights Counseling, Inc. has the right to change the privacy policies and practices described in this Notice. When we make changes, those changes will apply to all information we have on file about you.

- Duty To Provide a Copy of this Notice – When Alamo Heights Counseling, Inc. revises its policies and procedures, we will post a revised copy in our office and on our website, and will make both paper and an electronic copies of this Notice available to you.
- Duty To Follow the Terms of Notice In Effect – Alamo Heights Counseling will follow the terms of the notice that is currently in effect.

VIII. Complaints

If you have a concern that your counselor/therapist/social worker has violated your privacy rights, or you disagree with a decision your counselor/therapist/social worker made about access to your records, our Director would like to hear from you. Because she also regularly sees clients, if you need to meet with the Director, please let the office staff know and someone will contact you to schedule a time.

If you are concerned that your counselor/therapist/social worker has violated your privacy rights, or you disagree with a decision your counselor/therapist/social worker made about access to your records, you may contact the applicable State Board (listed below).

State of Texas Behavioral Health Executive Council

1-800-821-3205

333 Guadalupe Street, Suite 3-900, Austin, TX 78701

<https://www.bhec.texas.gov/>

You may also contact Texas Department of State Health Services

Mail Code 1982

P.O. Box 149347

Austin , Texas 78714-9347

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

IX. Effective Date

These policies were created on March 16, 2016. Minimal text changes including correction of typographical errors, changes in capitalization and punctuation, and clarification of specific definitions were made on January 1, 2019. Changes made on January 1, 2019 are not changes to the policy or substance of this notice or to Alamo Heights Counseling, Inc's practices and policies but do provide clarification and elaboration related to several items.

X. Acknowledgement & Client Signature (or Signature of Consenting Parent/Guardian when the client is a minor child)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Your signature below indicates that 1) you were informed that we have updated our privacy policy effective March 16, 2016, 2) that you were informed that our policy was minimally updated on January 1, 2019, 3) that you were given an opportunity to read the January 1, 2019 version of the privacy policy, 4) that you have received a copy of these notices electronically and 5) that you are aware that you may request a paper copy if you so desire.

CONFIRMATION OF SINGLE SIGNATURE FOR MULTIPLE INTAKE DOCUMENTS

This adult intake packet consists a total of 6 documents identified as A-1 through A-6, as well as additional screens on which you were asked to enter health insurance information. The EHR program used by Alamo Heights Counseling, Inc., a program called "TheraNest" through which you were

invited to the Client Portal, will obtain your signature once time and apply it to all documents in a complete packet. By completing any portion of these documents, you acknowledge that you were provided access to the TheraNest Client Portal and therefore had access to, were provided electronic copies of, and were asked to complete all of the documents contained in this packet.

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3. A-3) ***NEW*** Telehealth Services Informed Consent (updated for 2020 CoViD-19 quarantine) (Adult Client)

WHAT IS TELEHEALTH?

Telehealth means provision of healthcare services with the provider and recipient of services being in separate locations and the services being delivered via technology. When mental health services are provided, this service is sometimes referred to as "tele-mental-health." In this document, we use the term "telehealth" only. Nearly all services provided by providers at Alamo Heights Counseling, Inc. are mental health services.

Services delivered via telehealth rely on a number of electronic, often Internet-based technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health apps, and others.

Providers at Alamo Heights Counseling, Inc. typically provide services using the HIPAA compliant tele-health platform "doxy.me " via internet.

*During the quarantines and shelter-in-place orders connected with the 2020 CoViD-19 pandemic, federal and state governments have relaxed the standards relating to HIPAA-compliant means of telehealth, however, Alamo Heights Counseling, Inc. prefers to utilize methods which are previously compliant and already demonstrated to be secure, therefore for regular, routine care, providers use only doxy.me. In the event that either counselor or client is unable to reach the doxy.me service for some reason, or if doxy.me becomes unreliable, alternative means of connecting and communicating may be used. HIPAA compliant alternatives are preferred, even when federal and state laws have relaxed these guidelines.

You will need access to Internet services and technological tools needed to use the above-listed tools in order to engage in telehealth work with your provider.

If you have any questions or concerns about the above tools, please address them directly to your provider so you can discuss their risks, benefits, and specific application to your treatment.

BENEFITS AND RISKS OF TELE-MENTAL HEALTH

Receiving mental health services via health has the following benefits:

*It allows you to receive services at times or in places where the service may not otherwise be available

*It allows you to receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.

*It allows you to receive services when you are unable to travel to the provider's office

*The unique characteristics of telehealth media may also help some people make improved progress on health goals that may not have been otherwise achievable without telehealth.

Receiving services via telehealth has the following risks:

*Telehealth services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider's ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

-Internet connections and cloud services could cease working or become too unstable to use

-Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.

-Interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. Your provider may also be unable to help you in-person.

*Cloud-based service personnel, IT assistants, and malicious actors ("hackers") may have the ability to access your private information that is transmitted or stored in the process of tele-mental health-based service delivery.

There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services. Your provider will assess these potential benefits and risks, sometimes in collaboration with you, as your relationship progresses.

ASSESSING TELEHEALTH'S FIT FOR YOU

Although it is well-validated by research, service delivery via tele-mental health is not a good fit for every person. Your provider will continuously assess if working via tele-mental health is appropriate for your case. If it is not appropriate, your provider transition to working with you in-person (if/when possible) or will help you find in-person providers with whom to continue services.

Please talk to your provider if you find the tele-mental health media so difficult to use that it distracts you from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the tele-mental health medium seems to be causing problems in receiving services. Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns to your provider is often a part of the process.

You also have a right to stop receiving services by tele-mental health at any time without prejudice. If your provider also provides services in-person and you are reasonable able to access the provider's in-person services, you will not be prevented from accessing those services if you choose to stop using tele-mental health.

YOUR TELEHEALTH ENVIRONMENT

You will be responsible for creating a safe and confidential space during session. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

COMMUNICATION PLAN

At your first session, you and your provider will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, your provider has the following policies regarding communications:

The best way to contact your provider between sessions during the 2020 CoViD-19 shelter-in-place order is via the provider's cell phone. Some of our providers will give you their direct number, while others use a Google Voice

account or similar second line. Communicate with your provider about the best way to reach him or her during this time.

Your provider endeavors to respond to messages from you within 24 hours, however, your provider may not respond on his or her non-working days. Check with your provider about what his or her work schedule is going to be during this period. Sometimes, your provider may be able to respond more quickly than 24 hours. That does not mean that he or she will always be able to respond that quickly.

Your work with your provider will be done primarily during scheduled sessions. Communicate with your provider about what his or her hours are and how much contact is appropriate between sessions. Generally speaking, contact between sessions should be limited to confirming or changing appointment times or questions about billing issues, but you and your provider may make different arrangements based on your individual situation.

Your provider may coordinate care with one or more of your other providers. Although HIPAA and our informed consent policy allows providers to coordinate care with other providers without a specific separate consent from you, except in an emergency, your provider will generally ask you to sign a consent or assent form before doing so. Your provider will use reasonable care to ensure that those communications with other providers are secure and that your privacy is safeguarded.

In an emergency, your provider may communicate with other providers without your knowledge and consent to keep you safe.

LOCATION AND LICENSURE

All providers are licensed in the State of Texas. Services will be provided to you while you remain in the State of Texas. At the beginning of each session, let your provider know whether you are at your own home or another location within the State of Texas.

If you plan to be outside the State of Texas on the date of your appointment, you need to let your provider know. It is possible that your session will need to be rescheduled for a time when you are in the State of Texas, as providing counseling services across state lines is governed by your provider's licensure board's ethics code, and may not be allowed.

SAFETY AND EMERGENCY PLAN

As a recipient of tele-mental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your provider.

Your provider will require you to designate an emergency contact. You will need to provide permission for your provider to communicate with this person about your care during emergencies.

Your provider will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your provider in the creation of these plans and that you follow them when you need to.

YOUR SECURITY AND PRIVACY

Your provider employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in tele-mental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

RECORDINGS

Please do not record video or audio session without your provider's consent. Making recordings can quickly and easily compromise your privacy. Your provider will not record video or audio sessions.

CONFIRMATION OF SINGLE SIGNATURE FOR MULTIPLE INTAKE DOCUMENTS

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4. A-4) Reason For Referral--Current Symptoms (Adult Client)

Reason for Referral

In a sentence or two, why are you coming to counseling?:

Below is a list of symptoms. If you are experiencing any of these, you may check all that apply to help your counselor to understand your situation.

- Work-related stress
- Parenting Issues
- Personal Growth
- Grief and Loss
- Depressed Mood
- Relationship Difficulties
- Symptoms of anxiety
- Recent Panic Attacks
- Phobia(s)
- symptoms of PTSD, exposure to traumatic event(s)
- anger management (voluntary)
- Anger Management (court-ordered/mandated/required)
- Probation or Parole (mandated therapy required by P.O.)
- CPS Case (mandated therapy as part of your service plan)
- Delusions and/or Hallucinations
- Drug or Alcohol-related Issue

- Lapses in Memory/Missed Time
- Suicidal Thoughts
- Suicide Attempt
- Behavioral Concerns
- Appetite Issues
- Avoidance
- Crying Spells
- Excessive Energy
- Guilt
- Fatigue
- Irritability
- Impulsivity
- Libido Changes
- Loss of Interest in previously enjoyed activities
- Racing Thoughts
- Risky Activity
- Sleep Changes
- Suspiciousness
- Reason not listed (type in space provided)

Not listed reason number 1:

- Reason not listed 2 (type in space provided)

Not listed reason number 2::

Current Symptoms

What do you most want your counselor to know about the reason you will be coming to counseling, your current condition, or your current feelings?:

Aggravating Factors (What makes your symptoms worse?):

Relieving Factors (What helps you feel better?):

Have you previously suffered from this complaint?:

If yes to the question above, did you seek treatment for this complaint previously?:

If Yes, enter previous therapist(s) seen for complaint, describe treatment (If no, type NA):

Current Mental Health Care

Are you currently under the care of another mental health provider?:

If you are currently under the care of another mental health provider, please indicate below.

- Psychiatrist or Psychiatric Nurse Practitioner (this is a medical doctor or nurse practitioner who specializes in treating mental health and can prescribe medications)
- Psychologist (this type of mental health practitioner typically has "PhD or "PsyD" after his or her name and make do testing or therapy)
- LPC, LMFT, LCSW (these individuals are licensed to provide counseling, therapy, and other treatments, but are not called "doctor")
- LCDC (these individuals are licensed only to treat disorders related to substance use)
- General Practitioner (If your family doctor, pediatrician, or other primary care provider has treated a mental health condition for you or diagnosed you with a mental health condition, please check this box.)

Are you currently prescribed psychotropic medications?:

If you are currently prescribed psychotropic medications, please list the 1) NAME of the medication, 2) DOSE you take, 3) TIME of day you take it, 4) REASON it was prescribed to you and 5) WHO prescribes it.:

Are you currently diagnosed with any of these conditions?

- Generalized Anxiety Disorder or other Anxiety Disorder
- Bi-Polar Disorder
- Dementia
- Depersonalization Disorder, or Dissociative Identity Disorder or any other dissociative disorder
- Oppositional Defiant Disorder, Conduct Disorder or other behavioral disorder
- ADHD or ADD of any type
- Post Traumatic Stress and/or Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder or other compulsive disorder

- Learning Disability
- Panic Attacks, Anxiety Attacks, or other panic-related disorder
- Phobic Disorder
- Mental Retardation/Low Intellectual Functioning
- Schizophrenia, Schizoaffective Disorder, or Schizotypal Personality Disorder

Substance Use

Do you drink alcohol?:

Do you smoke?:

Do you use any other drugs?:

- Have you ever used or been exposed to any of the substances below in any quantity? (Check all the apply)
- Marijuana
- Hallucinogens (LSD, psilocybin)
- Heroin
- Cocaine
- Inhalants (glue, paint)
- Ecstasy
- Pain medications other than as prescribed for pain
- benzodiazepines (Xanax, etc.) other than as prescribed for anxiety

Do you exercise?:

Exercise Type, if yes to above:

Present Situation

Are you employed?:

Type of work you do, if employed:

Are you a student?:

Name of school if you are a student:

Which of the following best describes your living arrangements?:

If you marked "other" above:

Family, Friends, Relationships

How is your relationship with your father?:

How is your relationship with your mother?:

If you are married or in a long-standing relationship, how is your relationship with your spouse/partner?:

Are you divorced or widowed? If yes, how long ago?:

What is your sexual orientation?:

What is your gender identity and what are your preferred pronouns?:

Do you have child(ren)? If yes, how is your relationship with your child(ren)?:

In what religion were you raised? Do you practice the same religion now? Are you a member of a religion/spiritual group? Do you anticipate your religious experiences being a part of your therapy?:

Are you sexually active?:

Additional

Anything else you want your counselor/therapist to know?:

CONFIRMATION OF SINGLE SIGNATURE FOR MULTIPLE INTAKE DOCUMENTS

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5. A-5) Health History (Adult Client)

Previous Mental Health Care

Please answer ALL questions. If the question does not apply, type "NA" in the space provided

Have you attended counseling previously?:

If you have attended counseling previously, how long ago?:

Have you ever experienced suicidal thoughts?:

If you have experienced suicidal thoughts, how long ago?:

Have you ever attempted suicide?:

If you have ever been hospitalized for psychiatric reasons, please indicate why and when.:

Have you ever been diagnosed with any of these conditions?

- Generalized Anxiety Disorder or other Anxiety Disorder
- Bi-Polar Disorder
- Depersonalization Disorder, or Dissociative Identity Disorder or any other dissociative disorder
- Dementia
- Oppositional Defiant Disorder, Conduct Disorder or other behavioral disorder
- ADHD or ADD of any type
- Post Traumatic Stress and/or Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder or other compulsive disorder

- Learning Disability
- Panic Attacks, Anxiety Attacks, or other panic-related disorder
- Phobic Disorder
- Mental Retardation/Low Intellectual Functioning
- Schizophrenia, Schizoaffective Disorder, or Schizotypal Personality Disorder
- Enter title
- Enter title

Enter text here

If Yes, enter previous therapist(s) seen for complaint, describe treatment (If no, type NA):

(check all that apply)

- Anxiety
- Appetite Issues
- Avoidance
- Crying Spells
- Depression
- Excessive Energy
- Fatigue
- Guilt
- Hallucinations
- Impulsivity
- Irritability
- Libido Changes
- Loss of Interest
- Panic Attacks
- Racing Thoughts
- Risky Activity
- Sleep Changes
- Suspiciousness

Medical History

Allergies:

Previous diagnoses/mental health treatment:

Previously treated by:

Previous medications:

Dates treated:

Previous medical conditions:

Previous surgeries:

Family History

Were you adopted? If yes, at what age?:

Siblings and their ages:

Were your parents married or living together during your childhood?:

Did your parents divorce or separate? If yes, how old were you?:

Did your parents remarry? If yes, how old were you?:

Who raised you? Where did you grow up?:

Family member medical conditions:

Family member mental conditions:

Treated with medication?:

Enter title

Medications:

Have you ever been arrested? If yes, when and why?:

Have you ever been exposed to any of the following?

(check all that apply)

- Alcohol
- Tobacco
- Marijuana
- Hallucinogens (LSD)
- Heroin
- Methamphetamines
- Cocaine
- Stimulants (Pills)
- Ecstasy
- Methadone
- Tranquilizers
- Pain Killers

If yes to any, list frequency/dates of use:

Have you ever been treated for drug/alcohol abuse? If yes, when?:

Do you smoke cigarettes? If yes, how many per day?:

Do you drink caffeinated beverages? If yes, how many per day?:

Have you ever abused prescription drugs? If yes, which ones?:

Physical Health

Check any of the following you have ever been diagnosed with by a medical doctor or other health care professional.

- Head Injury
- Fainting/Dizziness

- Blackouts
- Shaking/Tremors
- Electrical Accident
- Stroke
- Cancer
- Loss of consciousness
- Dangerous/deadly allergies
- Neurological conditions/illnesses
- Surgery
- Toxic Exposure
- Seizures
- Migraines
- Loss of coordination
- Serious infection(s)
- Diabetes Type I
- Diabetes (Type II)
- Kidney Disease
- Radiation Exposure
- Liver Disease
- Malnutrition
- Thyroid Problems
- Weakness/Numbing

CONFIRMATION OF SINGLE SIGNATURE FOR MULTIPLE INTAKE DOCUMENTS

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6. A-6) Credit Card On File Consent Form (Adult Client)

Credit/Debit Card On File Consent

Client Full Name:

Client Date Of Birth:

For your convenience, you may request that Alamo Heights Counseling, Inc. store your credit card on file and charge your credit card for services, copayments, coinsurance, (and no-show fees when applicable). The information typed below is to document your consent and make a note of what card number and expiration date you have stored on file. The information provided below is NOT sufficient to run your card. Your complete card information must be entered once by Alamo Heights Counseling, Inc. staff while you are present in the office (or while you are on the telephone if you are a tele-health only client).

Cards will be stored on-file with TSYS/Global Payments, a secure credit card processor. Alamo Heights Counseling, Inc. staff will be able to run your card once it is stored but will not be able to view your credit card information. Alamo Heights Counseling, Inc. does not store credit card information on our server or computers.

Card Type:

Cardholder name as it appears on card:

Last 4 digits on your preferred credit or debit card:

Expiration Date of your preferred credit or debit card:

CONFIRMATION OF SINGLE SIGNATURE FOR MULTIPLE INTAKE DOCUMENTS

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Client's Signature: