

Do you have any family history of the following conditions? (Check all that apply):
 ___Suicide ___Depression ___Anxiety ___Bipolar ___Borderline Personality ___Schizophrenia ___Substance
 Abuse ___Phobias ___Obsessive Compulsive
 ___Sex Addiction ___Codependency ___Others: _____

Name of Primary Care/Family Doctor: _____

Last Doctor's Visit (Approximate Date): _____

Do you have health insurance? Y ___ N ___ If yes, which company? _____

Do you have out-of-network mental/behavioral health benefits? Y ___ N ___ Not sure ___

AUTHORIZATION FOR DIRECT PAYMENT - RELEASE OF RECORDS

I hereby authorize insurance payments directly to Alchemy Counseling. I hereby authorize the release and exchange of pertinent psychological, psychiatric, educational, and/or medical records for insurance purposes/case management purposes only.

Signature of Insured or Responsible Party (Parent if Minor)

 Date

Behavioral Health Questionnaire

For the following questions, please circle a number best describes how you have been feeling for the past two weeks:

1. How distressed have you been?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

2. How satisfied have you been with your life?
 1 2 3 4 5 6 7 8 9 10
 Not satisfied at all Very satisfied

3. How energetic and motivated have you been feeling?
 1 2 3 4 5 6 7 8 9 10
 Not motivated/no energy Very energetic and motivated

In the past few weeks how much have you been distressed by:

4. Feeling fearful, scared?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

5. Alcohol/drug use interfering with you functioning at home/work/school?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

6. Thoughts of wanting to harm someone?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

7. Not liking yourself?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

8. Difficulty concentrating?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

9. Alcohol/drug use affecting your physical health?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

10. Thoughts of ending your life?
 1 2 3 4 5 6 7 8 9 10
 Not distressed at all Extremely distressed

11. Feeling sad most of the time?
1 2 3 4 5 6 7 8 9 10
Not distressed at all Extremely distressed

12. Feeling hopeless about the future?
1 2 3 4 5 6 7 8 9 10
Not distressed at all Extremely distressed

13. Powerful, intense mood swings (highs, lows, and/or anger)?
1 2 3 4 5 6 7 8 9 10
Not distressed at all Extremely distressed

14. Alcohol/drug use interfering with your relationships with family and/or friends?
1 2 3 4 5 6 7 8 9 10
Not distressed at all Extremely distressed

15. Feeling nervous?
1 2 3 4 5 6 7 8 9 10
Not distressed at all Extremely distressed

16. Heart pounding or racing?
1 2 3 4 5 6 7 8 9 10
Not distressed at all Extremely distressed

How have you been getting along in the following areas of your life over the past two weeks? (Leave blank if item does not apply.)

17. Work/school (For example, performance and attendance)
1 2 3 4 5 6 7 8 9 10
Terribly Fair Very well

18. Intimate relationships (For example, support, communication, closeness)
1 2 3 4 5 6 7 8 9 10
Terribly Fair Very well

19. Non-family social relationships/friends (For example, communication, closeness, level of activity)
1 2 3 4 5 6 7 8 9 10
Terribly Fair Very well

20. Life enjoyment (For example, recreation, life appreciation, leisure activities)
1 2 3 4 5 6 7 8 9 10
Terribly Fair Very well

Behavioral Health History

21. Did you ever experience physical, sexual, or emotional abuse when you were a child (Under 18 years of age)? Y ___ N ___

22. Have you ever experienced sexual/emotional/physical abuse as an adult (18 years or older)? Y ___ N ___

23. When you drink alcohol, do you drink more than three per occasion? Y ___ N ___ If yes, how often?

24. Have you ever had problems with illicit drugs or prescription medications? Y ___ N ___

Alchemy Counseling
2412 W Greenway Rd, Suite A1
Phoenix, AZ 85023
602.842.4388

INFORMED CONSENT FOR TREATMENT

Please initial each item after reviewing to acknowledge you have read it.

____(Initial) I have chosen to receive psychotherapy services. I understand that my choice has been voluntary and that I may terminate therapy at any time. I understand that psychotherapy is a collaborative effort between myself and my therapist. I understand that I have the right to be informed of the various steps and activities involved in receiving services. I will attempt to work with my therapist to develop and follow a plan of treatment. I also understand that I have the right to humane care and protection from harm, abuse, or neglect. I understand that I have the right to make an informed decision whether to accept or refuse treatment.

____(Initial) I understand that confidentiality of all records or information collected about me, and all information discussed in consultation and/or therapy sessions will be held in accordance with state and federal laws (42 CFT Prt 2) and cannot be released or disclosed without my written consent unless otherwise provided for in state and federal regulations. I understand that state and local laws require that my therapist report all cases of physical or sexual abuse of minors or the elderly. I understand that state and local laws require that my therapist report all cases in which there exists a clear danger to self or others.

____(Initial) I understand that I may be asked to complete a confidential SATISFACTION SURVEY or complete an OUTCOME MEASURES INVENTORY to facilitate my therapist maintaining a high level of quality care.

____(Initial) I understand that my portion of therapeutic expenses (insurance co-pay or deductible) is due at the conclusion of each session, and that I am responsible for payments not made by my insurance (within the limits of my insurance contract). I understand that I will be charged a fee of \$30.00 for any check returned for [NSF] non sufficient funds. I also understand that I will be responsible for my portion of balances and fees (collection fee of 50% of balance) for balances that have not been paid in 90 days and turned over to a collection agency, and subject to reporting to credit bureau. I also agree to give accurate and current billing information (i.e., insurance and billing address) and understand that incorrect information may result in my account being turned over immediately to a collection agency.

____(Initial) I understand that Alchemy Counseling os Scottsdale requires the minimum of a 24 hour notice if I will be unable to attend my appointment. I understand that if I no show for a scheduled appointment or fail to give minimum of a 24 hour notice, **I will be charged full fee for that session** (unless limited by my insurance).

____(Initial) I understand that in the case of a “If this is a life threatening or other emergency”(as instructed on Mr. Hooyman’s voice mail), I will dial 911.”

____(Initial) I have read and understand the above.

Patient's Signature

Date

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PRIVACY INFORMATION

Alchemy Counseling is fully compliant with HIPAA regulations to protect the confidentiality of your information. Your therapist is the designated "Privacy Officer" under the federal HIPAA regulations. You have a right to fully informed consent regarding Alchemy Counseling's handling of your privileged information. Unless you sign a written release of information, Alchemy Counseling cannot and will not release your treatment information to a third party. However, there are exceptions outlined below:

1. Alchemy Counseling may be required to release your information if the withholding of this information could result in harm to either you or another person. An example would be if you disclose intent to harm yourself or another person, or in cases of abuse or neglect of a child or vulnerable adult, like the elderly or disabled.
2. Alchemy Counseling may be required to release your information by court order or subpoena. An example would be if you were party to litigation and a judge decided this information was needed.
3. Alchemy Counseling may be required to release your information to emergency treatment personnel or to your emergency contact if you require immediate medical attention while in session.
4. Alchemy Counseling may release your information to another health care provider if you initiate contact with that provider. Your therapist may release your information with your verbal consent to facilitate a referral. In most cases, however, your therapist will ask for a written release of information for this purpose.
5. Alchemy Counseling may release your information to a consultant or supervisor for the purpose of insurance reimbursement, and to provide you with optimal care.
6. Alchemy Counseling may release your information anonymously in brief consultation with professional colleagues to provide you with optimal care. An example might be my describing your situation, without identifying you by name, and asking a colleague for other resources to pass on to you.

Your therapist will generally request a written release of information from you whenever possible. Your rights include: access to your records upon request, safeguarding your records at all times, and keeping accurate financial and clinical records.

I, _____, have read and understand the above information.
Print Name

Signature

Date