



The Balanced Life

Client Registration Form

Full Name of Client: _____ Date of Birth: ___/___/___ Age: ___ Gender: ___

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Ethnicity: _____

Marital Status: M S D W Client's Education Level: _____ Client's Social Security Number _____ - _____ - _____

Occupation: _____ Employer: _____

How did you hear about us? _____

If client is a minor, please complete the following:

Mother's Full Name: _____ Social Security Number: _____ - _____ - _____

Mother's Employer: _____ Work Phone: _____

Father's Full Name: _____ Social Security Number: _____ - _____ - _____

Father's Employer: _____ Work Phone: _____

If client is a student, his/her grade level: _____ School: _____

Responsible party for payment of services: _____

Address of responsible party if different than client: _____

Primary Insurance Information:

Insurance Company: _____ Policy Number: _____ Group Number: _____

Insured's Name: _____ Employer: _____

Insured's Birth Date: ___/___/___ Insured's Social Security Number: _____ - _____ - _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

Payment Policy

This notice is to inform you of our payment policies at The Balanced Life. Full payment is due at the time services are rendered. We accept cash, check or credit card payments. A fee of 2.6% + .10 is added to any credit card that is swiped for payment. If a manual entry is required, the fee is 3.5% + .15. You may also use your HSA or FSA to cover your copayments and/or deductible. Depending on your TBL provider, she may be an approved provider under your insurance plan. Be aware that we may be considered out of network for certain policies even as an approved provider for the insurance company.

A reminder text (or email, if preferred) will be placed to the number you specified to us one day prior to your upcoming appointment. We do require that cancellations be made a **minimum of 24 hours before** your scheduled appointment. Please also note that a missed appointment is not covered by your insurance company. You will be responsible for covering the cost of your counselor's time.

Frequently cancelling and rescheduling or no-showing for sessions may result in the termination of the counseling relationship. How "frequent" is defined is left to the individual discretion of your therapist.

We will be pleased to file your **primary insurance** for your convenience. If you would like for us to file your primary insurance, all deductibles and copayments will be required at time of visit.

Please initial:

- _____ I understand that for late cancellations I will be charged \$_____ (less than 24 hrs notice) (to be completed by counselor).
- _____ I understand that there will be a charge of \$_____ if I fail to show up to my appointment (*this includes less than one hours' notice of not coming to my appointment*) (to be completed by counselor).
- _____ Returned checks will incur a **\$30** service charge.
- _____ I understand that I, the client/responsible party, will be responsible for **payments in full** regardless of amounts compensated by my insurance company. Should my account be turned over to an attorney/collection agency for nonpayment, I will be responsible for additional attorney/collection fees as well.
- _____ If applicable, I authorize The Balanced Life to file insurance on my behalf and provide my insurance company any necessary information. I also authorize payment to be made directly to The Balanced Life.

I acknowledge that I understand and agree to the above payment policy.

Client/Parent/Responsible Party

Date

The Balanced Life Office Staff

Date

NOTICE OF PRIVACY PRACTICES & CLIENT RIGHTS

We, The Balanced Life, are required by federal and state law to maintain the privacy of your health information. We are also required to provide you with this notice about our responsibilities in respect to your health information. We reserve the right to change our privacy practices and the terms of this notice at any time, and those changes are permitted applicable by law. Before any changes are made, we will provide this notice and make the new notice available upon request. This notice describes how any health information about you may be used and disclosed and how you can gain access to this information. You have rights to your health record at any time. You may request that we provide copies to you of this record, which we will be happy to provide to you at cost of .15 per page. *Please review this notice carefully and if you have any questions, concerns, or complaints, feel free to contact any office staff.*

Uses and Disclosures of Protected Health Information (PHI):

Protected Health Information, also known as PHI, includes information such as (but not restricted to): name, address, and insurance information that can be used to identify you. It is information about your past, present and future health condition or payment for healthcare. The Balanced Life will not use or disclose any more of your PHI as necessary to accomplish the intended purpose. We are legally required to follow the privacy practices that are described in this notice.

Treatment: We may use or disclose your PHI to a physician, other healthcare provider or your insurance to provide treatment for you.

Payment: We may use and disclose your information to obtain payment for services we provide to you.

Healthcare Operations: We may use your PHI for your healthcare operations. This includes evaluating the quality of healthcare services, reviewing competencies or qualifications of healthcare personnel, conducting training programs, accreditation, certification and/or credentialing activities. The Balanced Life may also provide your PHI to our accountants, attorneys, consultants, health improvement agencies and others in order to make sure that we comply with all laws.

Patient Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to disclose your PHI to anyone for any purpose. You may revoke an authorization at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. However, unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the notice. We will only disclose your health information to your family and friends to the extent necessary to help with your healthcare ONLY if you have given us permission to do so.

Abuse or Neglect: We may disclose your health information to the appropriate health authorities if we have reasonable belief that you are possibly a victim of abuse, neglect, domestic violence or if we feel as though you are a threat to yourself or others.

Additional Limitations to Confidentiality: When records are ordered to be released by a Judge or Court or should your account be turned over to an attorney/collection agency for non-payment.

Supervision of Children: Children 12 and under are not permitted to be in our office without adult supervision. Please ensure that you make appropriate childcare arrangements prior to your session.

Client (or Designee) Signature: _____ Date: _____

The Balanced Life Staff: _____ Date: _____

Social Media and Electronic Communication Policy

This document outlines our office policies related to the use of Social Media. Please read it to understand how we conduct ourselves on the Internet as mental health professionals and how you can expect us to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, we encourage you to bring them up when you meet with your counselor. As new technology develops and the Internet changes, there may be times when we need to update this policy. If we do so, we will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Friending

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Following

We publish a blog on our website and post counseling related items on Facebook and Instagram. We have no expectation that you as a client will want to follow our blog or Facebook or Instagram feed. Our primary concern is your privacy. You are welcome to use your own discretion in choosing whether to follow us.

Please be aware that we will not follow you back. We only follow other health professionals on social media and we do not follow current or former clients on blogs or other social media. Our reasoning is that we believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your counselor, please bring them into your sessions where you can view and explore them together, during the therapy hour.

Interacting

Please do not use messaging on Social Networking sites to contact us. These sites are not secure and we may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with us in public online forums if we have an already established client/therapist relationship. Engaging with us in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact your counselor between sessions, the best way to do so is by phone or email. You will be provided your counselor's direct number and email at your first session. See the email section below for more information regarding email interactions.

Use of Search Engines

It is NOT a regular part of our practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with your counselor via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if your counselor ever resorts to such means, she will fully document it and discuss it with you when you next meet.

Business Review Sites

You may find our counseling practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is not a request for a testimonial, rating, or endorsement from you as our client.

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative. We urge you to take your own privacy as seriously as we take our commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with your counselor about your feelings about your work, there is a good possibility that she may never see it.

If we are working together, we hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide you and your counselor are not a good fit. None of this is meant to keep you from sharing that you are in therapy with us wherever and with whomever you like. Confidentiality means that we cannot tell people that you are our client and our Ethics Code prohibits us from requesting testimonials. But you are more than welcome to tell anyone you wish who your therapist is or how you feel about the treatment provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

Location-Based Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. If you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at our office on a weekly basis. Please be aware of this risk if you are intentionally “checking in” from our office or if you have a passive LBS app enabled on your phone.

Email and Text Messaging

We prefer using email and text **only** to arrange or modify appointments. Be mindful that email and text communication is not completely secure or confidential. If you choose to communicate with us be aware that all emails and texts are retained in the logs of your and our Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails and texts we receive from you and any responses that we send to you become a part of your legal record. Thus, we highly recommend that you do not send any information related to your mental health or counseling treatment via either of these mediums.

Client (or Designee) Signature: _____ Date: _____

The Balanced Life Staff: _____ Date: _____

SYMPTOM CHECKLIST

Name: _____ Date: _____

Please CHECK as many of the following items which currently apply to you:

SLEEP PROBLEMS:

- Difficulty Falling Asleep
- Early morning waking
- Waking during the night
- Feel tired when waking
- Unpleasant dreams
- Excessive sleep

CHANGES IN:

- Weight ____ lbs lost/gained
- Health
- Sexual interest
- Sexual performance
- Appetite
- Energy level

FEELINGS OF:

- Anxiety
- Tiredness
- Boredom
- Lack of interest
- Sadness
- Depression
- Despair
- Worthlessness
- Helplessness
- Emptiness
- Rage
- Tension
- Loneliness
- Guilt
- Hopelessness
- Fear
- Anger

THOUGHTS OF:

- Harming yourself
- Harming others

CONFLICT WITH:

- Spouse/Partner
- Family member
- Other significant relationship
- Other: _____

RECENT HISTORY OF:

- Nausea/vomiting
- Diarrhea
- Fever/chills
- Sweating
- Chest pain
- Dizziness
- Headaches
- Trembling
- Lower back pain
- Dry mouth
- Shortness of breath
- Palpitations
- Rapid breathing
- Head injury/TBI
- Loss of consciousness
- Loss of memory
- Confusion
- Seizure
- Bleeding
- Swollen Joints
- Numbness, tingling
- Paralysis
- Flashbacks
- Blackouts

DIFFICULTY WITH:

- Short attention span
- Carelessness or sloppy work
- Listening when spoken to
- Following through on instructions
- Organizing tasks or activities
- Avoiding homework or paperwork
- Losing things at home or school
- Forgetfulness in daily activities
- Fidgeting or squirming in seat
- Sitting still
- Talking excessively
- Speaking out of turn
- Waiting for others
- Interrupting or intruding on others

PROBLEMS WITH:

- Arguing a lot
- Lying
- Stealing
- Losing Temper
- Avoiding people
- Spending/finances
- Sexual behavior
- Gambling
- Eating
- Fighting
- Pornography
- Increased drinking
- Substance abuse
- Destroying things
- Impulsivity
- Decision Making
- Self-Harm (cutting, burning, etc.)
- Sexual Identity
- Gender Identity

FEAR OF:

- Loss of control
- Death
- Being alone
- Places/situations
- Objects or animals
- Terminal Illness
- Being possessed
- Being insane

EXPERIENCE OF:

- Vivid dreams
- Nightmares
- Hearing voices
- Seeing visions
- Being out of body

OTHER:

- _____
- _____
- _____