



Center for Healthier Relationships,
Individuals, & Sexualities

Demographic Form

Therapist you desire to work with: _____

Legal Name: _____ Name: _____

Gender: _____ Pronoun(s): _____ Sexual Orientation: _____

Date of Birth: _____ Age: _____

Address: _____

Phone Number: _____ Leave a Message: Yes ___ No ___

Email: _____

Preferred Method of Contact: _____

Relationship Status _____

Emergency Contact _____ Phone Number: _____

Relationship to Emergency Contact: _____

Have you been in therapy before? If so, please provide a brief timeline and statement on your experience:



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Psychiatric Medication:

Non-psychiatric Medication:

Past History of Suicidal Thoughts: Yes _____

No _____

Past History of Suicide Attempts: Yes _____

No _____

History Homicidal Thinking: Yes _____

No _____

Present Homicidal Thinking: Yes _____

No _____

How did you hear about CHRIS



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Limits of Confidentiality

Information in therapy is considered confidential, whether it is written or verbal. This information can only be shared with written expressed consent by the client(s). Individuals fourteen years and older must sign consent to release such information. When a therapist is treating multiple parties, as the case with family and couples work, all individuals over fourteen years of age and older must consent to release information. For individuals under the age of fourteen, a parent or legal guardian must provide consent to release information. There are a few rules which govern confidentiality.

Duty to Warn and Protect

When a client expresses an active desire to harm themselves, a therapist may be legal responsible to seek emergency intervention services, which could necessitate a break of confidentiality. Additionally, if a client express a desire to harm another, therapist may be responsible for insuring warning of the individual(s) which may also prompt a break of confidentiality.

Abuse of Children and Vulnerable Adults

If a client provides information which creates a suspicion of child abuse or neglect, therapists are mandated reporters and must contact appropriate governing agencies to insure child safety. When the client is not directly involved in the suspected abuse, then ever effort will be maintain to hold their information confidential. These rules also apply when a client discloses potential abuse or neglect of vulnerable adults, such as those with cognitive or physical impairments.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents of minors under the age of fourteen have the ability to request records. Parents of children who are fourteen years or older must receive consent from the minor to access such records. Thus, a written consent from the minor is required.

Court Order/Board/Search Warrant

Therapist may be required by law to provide information to court or ethics boards. When such a request is made, therapist will follow guidelines of the law to provide requested information.

Text Messaging

Text messaging is not considered HIPAA compliant. As such, providers discourages clients from texting and clients acknowledge their communication is not HIPAA compliant and are taking a security risk by texting. Some providers may not be able to text. Providers will typically use phone or email communication to correspond with clients outside of sessions.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature

Date



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Financial Statement and Legal Notice

Session Fees

Clients are responsible for paying session fees at time of service. Session fee can be paid by cash, check, or credit card. Clients can pay by FSA/HSA when allowed by their FSA/HSA policy. For clients paying via credit card or FSA/HSA, a secure electronic payment system is used. The programs used store the credit card information to allow therapist to charge for late cancellations or no shows as defined below. There is a \$50.00 fee for returned checks. If you require particular documentations, such as court report summaries, they can be provided. The therapist will bill at a quarter session hour increment for the time it takes to draft and send such documents. Any additional between session consultations, such as needing support for 15 minute phone call, will be billed at a quarter hour increment.

Cancelation Policy

Client are expected to give a minimum of 24 hours notice prior to canceling or rescheduling an appointment. When 24 hours notice is not provided, therapist may charge up to full fee of session. Emergencies may arise, when this happens, provide notice and as much detail as possible. A determination of an emergency is up to the discretion of the therapist. You and provider will discuss potential for charge. If you are charged prior to being able to inform therapist of emergency, then charge will be issued as credit if emergency is met.

Insurance

Therapists at CHRIS do not accept insurance directly. Those with a license may be able to provide a statement for reimbursement if you have out of network benefits. It is your responsibility to check if you have such benefits and to let the therapist know your need for such statements. Statements can be provided after a session or in other defined frequency, such as on a yearly or quarterly basis.

Short Version HIPAA Compliance Notice

Therapists at CHRIS follow HIPAA compliance. Information is confidential and cannot be released without express written consent of the client with exceptions outlined under the confidentiality form. A longer version of HIPAA compliance can be provided at upon request.

Short Version No Surprises Act Agreement

The No Surprises Act requires that providers given an estimate of cost for services. Session rate per session is \$_____. Max cost per year, provided meeting on a weekly basis would be \$_____. A longer version of this form can be provided at upon request.

Client Signature

Date



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Consent to Treatment

CHRIS is a network of therapists, who work in consortium. Each clinician has their own specialities and modalities of practice. Therapy is an individual process. Some clients meet weekly while others eventually titrate down to monthly. Some clients end a therapy process with their provider after a short duration of treatment and others work with providers long-term. The length of treatment cannot be determined at the onset nor can any particular outcome be guaranteed. As such, no refunds will be issued for services rendered.

Most therapy sessions will be conducted at 50 minute session duration. However, there are times when a double session (100 minutes) may be required or agreed upon. In these events, a session fee for the total 100 minutes will be assessed. If you arrive late, that is time which you have lost in the session period. Sessions will typically still go until the intended time period.

Pennsylvania is a two-party consent state, which requires all individuals to consent to video or audio recording. As such, therapists at CHRIS may not record sessions without expressed written consent by client(s). Clients working with therapist(s) at CHRIS may not record sessions without talking to their therapist(s) and completing a video recording consent form.

Therapists at CHRIS may provide diagnoses. Diagnoses are determined by clinical expertise using the criteria set forth in the Diagnostic Statistical Manual, using the latest edition. This is typically reserved for statements for insurances, documentation for court, or support services. If you have a question about your diagnoses, you may inquire of the therapist with whom you are working.

Therapists at CHRIS are not emergency mental health providers. In event of an emergency, clients are expected to seek emergency mental health services by calling 911, going to an Emergency Room or Crisis Center, or seeking the aid of Mobile Crisis.

In the event an emergency occurs for your therapist and they are unable to contact you personally, a trusted colleague within the CHRIS network or another licensed therapist may contact you. They will not review your case file beyond basic demographic information to contact you. They will maintain compliance to HIPAA requirements.

You have the right to express concerns regarding your treatment. Ideally, address concerns with the treating therapist. However, if you do not feel comfortable doing so, you may reach out to the Director of CHRIS, Chris Wilson, PhD at 484-469-8705 or by email cwilsonlmft@chriswilsonphd.com.



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Statement of Understanding

I have read all parts of this document. I acknowledge the limits of confidentiality. I recognized that all fees are due at the time of service. I understand HIPAA compliant and NSA agreement. I agree to the fee policy and to pay all fees at time of service.

Client Signature

Date