



OFFICE POLICIES

CLIENT NAME: _____

DATE: _____

Confidentiality

The confidentiality of the counseling services provided by Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) is protected by law. Unless you grant written permission, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) will neither inform nor confirm to anyone that you are receiving therapy, nor disclose personal information provided. Law requires that confidentiality be broken if one or more of the following conditions are applicable:

1. A client is in danger of self-harm.
2. A client makes a threat against a readily identifiable victim.
3. The abuse of children, elderly persons, and disabled/incompetent individuals is known or reasonably suspected.
4. A judge orders the release of the information contained in a client's file.
5. The information is necessary to defend against a malpractice suit by a client.
6. A client is examined pursuant to a court order.
7. The client is involved in litigation and has claimed mental/emotional damages.
8. The insurance company paying for services exercises their right to examine all records.

Please note that insurance companies require a diagnosis of a mental disorder (e.g. depression, panic disorder, etc.) before they will reimburse clients. As a result, some clients choose not to file for reimbursement.

Please understand—If a minor child is 14 years of age or older, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) MUST obtain a release signed by the minor child in order to release ANY information. If abuse or neglect or suspected abuse or neglect, disclosed under the conditions above, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Chloe Hammick, Intern) is mandated by law to report such information to the appropriate authorities.
INITIALS _____

Scheduling/Billing

For the purposes of scheduling, billing, accounting, and general correspondence, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) is permitted to release your contact information to employees and associates, who shall maintain confidentiality.

INITIALS _____

Insurance

Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) is NOT responsible for filing insurance claims. It is the responsibility of the client to contact their insurance company for reimbursement rates and any claim forms necessary. Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Chloe Hammick, Intern) shall provide the necessary documentation for clients to self-file insurance claims.

INITIALS _____

Client Rights

It is your right to receive information from me about methods of therapy and techniques used by Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern). You are also entitled, at any time, to seek a second opinion from another qualified therapist, or terminate therapy. In a professional relationship (such as this one), sexual intimacy between a therapist and a client is never appropriate. **INITIALS** _____

Credit Card Processing Fees

Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) accepts 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, or if we are charging a card on file, the fee is 3.5% + .15. You may also use your HSA or FSA to cover your session fee (same fees apply as listed above). If paying via invoice the same fees apply as a manual entry. **INITIALS** _____

Financial Agreement and Authorization for Treatment

By signing below, the client agrees to receive counseling services from Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) and it is understood that payment in full is due at the time services are rendered. Sessions will be billed at the agreed upon rate for 50-minute sessions and prorated for sessions 75 minutes or longer. If a client is not able to pay at the time of the session Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Chloe Hammick, Intern) will send an invoice for the amount due (please see credit card processing fees above for fees applied to an invoice payment).

INITIALS _____

Returned Checks

Clients are responsible for nonsufficient fund charges accrued due to returned checks. There will be a \$30 service fee for all returned checks. This fee, plus the unpaid session fee will be due at the time of your next appointment, or by the end of the month, whichever comes first. After two returned checks, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) will no longer accept checks as a form of payment, and the client is responsible for providing an alternative payment method. **INITIALS** _____

Compliance

It is the responsibility of the client to follow through with the agreed upon treatment plan. Failure to comply with treatment recommendations, homework assignments, or other aspects of the treatment plan will result in dismissal from treatment. Should this occur, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan,

Intern) will provide you with the names of other qualified therapists in your area.

INITIALS _____

Methods and Approach

Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) uses a variety of therapeutic techniques and methodologies in the therapeutic setting (eclectic approach). These approaches include, but are not limited to, Cognitive Behavioral Therapy, Exposure and Response Prevention Therapy, and Rogerian Active Listening. **INITIALS** _____

Cancellations/Missed Appointments

At times, it may be necessary to cancel an appointment. Changes or cancellations **MUST** be made at least **24 HOURS** in advance. Missed appointments and cancellations made less than 24 hours in advance will be assessed for 25% of the full session fee for the first occurrence, 50% of the full session fee for the second occurrence, and 100% for the third occurrence. After two missed appointments with no prior notification, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) reserves the right to cancel all upcoming appointments for that client and/or may require prepayment for future appointments.

INITIALS _____

Late Policy

If a client is late for an appointment (by 20 minutes or more), and does not attempt to provide notification of their tardiness, Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) reserves the right to cancel the appointment and the appropriate fees will be applied to the client's balance.

INITIALS _____

Appointment Reminders

Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) offers reminders for appointments as a courtesy. Sometimes these reminders malfunction; therefore, it is the client's responsibility to keep up with all appointment dates and times. A courtesy reminder not received and/or appointments that are left unconfirmed cannot justify a missed appointment. These missed appointments will be deemed a no-call/no-show, and the appropriate fee will be applied to your balance. **INITIALS** _____

Electronic Correspondence

I give Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) permission to contact me via email, phone call, or text message. Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) takes confidentiality seriously. Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) will take steps necessary to ensure the privacy of communication, however, due to the nature of electronic/digital communication, confidentiality cannot be guaranteed. **INITIALS** _____

Letter/Documentation Fees

Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) is happy to provide any necessary documentation at the request of clients. We will typically take time in session to complete this paperwork. If a letter or document takes longer to prepare, or if it is requested to be completed outside of session time, there will be a \$25.00 fee due upon receipt of the document. **INITIALS** _____

Subpoenas/Court Appearances

All court related work is billed at \$250.00 per hour. **Insurance will not reimburse for this type of charge.** Clients will be responsible for payment which includes: phone calls, filing documents with the court/attorney(s), pre-court record review, pre-court case formulation, depositions, consultations with attorneys, court appearances, all time spent in court including testimony/waiting, and total time out of the office (departure to return). **The minimum charge for a court appearance is \$2,000.00.** A retainer for \$2,000.00 is due in advance. If a subpoena or notice to meet attorneys is received without a minimum of 48-hour notice (two business days), there will be an additional \$300.00 “express” charge. Also, if the case is reset with less than 72 business-hour-notice, then the client will be charged \$500.00 in addition to the retainer of \$2,000.00. Even though you are responsible for the testimony fee, it does not mean that the testimony will be solely in your favor. Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) can only testify to the facts of the case and to professional opinion. Clients will be asked to sign a release of information and agreement for court appearances, if these services are required.

INITIALS _____

Emergencies

Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) cannot guarantee availability to answer phone calls, emails, or text messages at all times. Therefore, please do not call Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern) in case of an emergency. **IN CASE OF A MENTAL HEALTH EMERGENCY, CALL THE MENTAL HEALTH CENTER AT 256-533-1970, DIAL 911, HELPLINE 256-539-1000, OR 256-539-3424, YOUR PRIMARY CARE PHYSICIAN, OR ONE OF THE LOCAL HOSPITAL EMERGENCY ROOMS AND CONTACT DOWNTOWN BEHAVIORAL HEALTH (LINDSAY BURLESON, LLC / MAGGIE FUTCH, LLC / CHLOE HAMMICK, INTERN) AS SOON AS POSSIBLE.** **INITIALS** _____

Teletherapy Informed Consent Form

I _____ hereby consent to engage in teletherapy with Downtown Behavioral Health (Lindsay Burleson, LLC / Maggie Futch, LLC / Rachel Gulyas, ALC / Chloe Hammick, Intern / Sydney Buchan, Intern). I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the general Disclosure Statement I received previously.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Maggie Futch, that: the transmission of my information could be disrupted or distorted by technical failures; and/or the transmission of my information could be interrupted by unauthorized persons.
4. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if Maggie Futch believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be recommended to resume appointments when face-to-face services resume at Downtown Behavioral Health. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my counselor, my condition may not be improve, and in some cases may get worse.
5. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
6. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.
7. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.
8. I understand that payment is due at the completion of the session.

I (print name) _____ understand that my clinician may not be in network, nor is responsible for any private insurance reimbursements. (Please contact your insurance provider to discover or verify mental health coverage).

I have read and agree with all the above policies and information. I understand that I will be responsible for charges and will pay for services rendered regardless of amounts, if any, reimbursed to me by my insurance provider. My signature below constitutes an understanding of and an agreement to the terms and conditions above.

Client Signature: _____ Date: _____

Signature: _____ Date: _____
Responsible Party if Different from Above

Symptom Checklist

Name: _____ Today's Date: _____

PLEASE PLACE A CHECKMARK NEXT TO THE SYMPTOMS YOU EXPERIENCE

SLEEP PROBLEMS

- ☐ Difficulty falling asleep
- ☐ Early morning waking
- ☐ Waking during the night
- ☐ Feel tired when waking
- ☐ Increase in dreams
- ☐ Unpleasant dreams
- ☐ Excessive sleep

CHANGES IN

- ☐ Energy level
- ☐ Weight ☐ lbs: lost / gained
- ☐ Health
- ☐ Sexual interest
- ☐ Sexual performance

FEELINGS OF

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

CONFLICT WITH

- ☐ Spouse
- ☐ Family member
- ☐ Other loved one

EXPERIENCE OF

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

THOUGHTS OF

- ☐ Harming yourself
- ☐ Harming others

RECENT HISTORY OF

- ☐ Nausea / Vomiting
- ☐ Diarrhea
- ☐ Sweating
- ☐ Chest pain
- ☐ Dizziness
- ☐ Headaches
- ☐ Trembling
- ☐ Lower back pain
- ☐ Dry mouth
- ☐ Shortness of breath
- ☐ Palpitations
- ☐ Rapid breathing
- ☐ Head injury
- ☐ Loss of consciousness
- ☐ Loss of memory
- ☐ Confusion
- ☐ Seizure
- ☐ Bleeding
- ☐ Swollen joints
- ☐ Numbness / tingling
- ☐ Paralysis
- ☐ Flashbacks
- ☐ Blackouts

PROBLEMS WITH

- ☐ Arguing a lot
- ☐ Lying
- ☐ Stealing
- ☐ Losing temper
- ☐ Avoiding people
- ☐ Spending / finances
- ☐ Sexual behavior
- ☐ Gambling
- ☐ Eating
- ☐ Fighting
- ☐ Increased drinking
- ☐ Destroying things

FEAR OF

- ☐ Loss of control
- ☐ Death
- ☐ Being alone
- ☐ Places / situations
- ☐ Objects or animals
- ☐ Cancer / AIDS
- ☐ Being possessed
- ☐ Being insane

DIFFICULTY WITH

- ☐ Short attention span
- ☐ Carelessness or sloppy work
- ☐ Listening when spoken to
- ☐ Following through on instructions
- ☐ Organizing tasks / activities
- ☐ Avoiding homework or paperwork
- ☐ Losing things at home or school
- ☐ Forgetfulness in daily activities
- ☐ Fidgeting or squirming in seat
- ☐ Playing quietly
- ☐ Talking excessively / speaking out of turn / interrupting
- ☐ Waiting for others