



**SAGE HILL**  
COUNSELING

# NEW PATIENT INTAKE FORM

## Client Information

Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

## Contact Information

*When you are contacted, we want to insure your confidentiality and privacy. Please indicate whether or not a detailed message may be left.*

Primary Phone: \_\_\_\_\_ Message:  Yes  No      Secondary Phone: \_\_\_\_\_ Message:  Yes  No

Text: \_\_\_\_\_ Message:  Yes  No      Work Phone: \_\_\_\_\_ Message:  Yes  No

Primary Email: \_\_\_\_\_ Message:  Yes  No

Occupation: \_\_\_\_\_

Relationship Status:  Single  Engaged  Married  Separated  Divorced  Remarried  Cohabiting

Spouse/Other: \_\_\_\_\_ Spouse/Other Occupation: \_\_\_\_\_

List members of your family and/or all others:

Name	Gender	Age	Living with you?	Relationship to you

## Health Information

Briefly describe your reason for seeking help: \_\_\_\_\_

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When were you last examined by a physician? \_\_\_\_\_

List any major health problems for which you currently receive treatment: \_\_\_\_\_

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List all medications you are now taking: \_\_\_\_\_

Have you received psychiatric or psychological treatment or counseling before?  Yes  No

If yes, please give name(s) of provider(s), location(s) and treatment dates: \_\_\_\_\_

Please check all that apply to you:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Nervousness           | <input type="checkbox"/> Self Worth               | <input type="checkbox"/> Stress               |
| <input type="checkbox"/> Depression            | <input type="checkbox"/> Financial Concerns       | <input type="checkbox"/> Problems at Work     |
| <input type="checkbox"/> Loss/Grief            | <input type="checkbox"/> Parenting Problems       | <input type="checkbox"/> Anxiety/Fears        |
| <input type="checkbox"/> Sleep Problems        | <input type="checkbox"/> Sexual Compulsivity      | <input type="checkbox"/> Health Concerns      |
| <input type="checkbox"/> Drug/Alcohol Use      | <input type="checkbox"/> Recent Weight Loss/Gains | <input type="checkbox"/> Separation           |
| <input type="checkbox"/> Loneliness            | <input type="checkbox"/> Trouble Concentrating    | <input type="checkbox"/> Friendships Concerns |
| <input type="checkbox"/> Anger                 | <input type="checkbox"/> Suicidal Thoughts        | <input type="checkbox"/> Eating Disorders     |
| <input type="checkbox"/> Relationship Problems | <input type="checkbox"/> Headaches                | <input type="checkbox"/> Faith Concerns       |
| <input type="checkbox"/> Pornography Use       | <input type="checkbox"/> Chronic Pain             | <input type="checkbox"/> Abuse                |
| <input type="checkbox"/> Other: _____          |   |   |

Anything else you would like us to know: \_\_\_\_\_

## Referral Information

Most of our clients come as referrals from other patients who've had meaningful and successful experiences with us.

Are you willing to share who told you about Sage Hill Counseling? We'd like to send them a note of thanks.  Yes  No

If so, what is their name? \_\_\_\_\_

Can we share your name with the person who referred you?  Yes  No

## Disclaimer

Sage Hill Counseling is a practice management company that specializes in providing marketing and business administration services to licensed and pre-licensed mental health professionals. Sage Hill Counseling does not provide any direct or indirect clinical oversight to any of its affiliated therapists.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# PATIENT'S RIGHTS IN PSYCHOTHERAPY

## Right to privacy and confidentiality

There is a legal privilege in protecting the confidentiality of the information that you share with your therapist and exceptions to that protection. There are some situations when your therapist is permitted or required by law to disclose information without your consent or authorization. These situations are unusual in psychotherapy. If one of these situations arises, your therapist will make every effort to fully discuss it with you before taking any action and your therapist will try to limit the disclosure to what is necessary. These exceptions include:

### Authorization

You give your therapist permission to share confidential information.

### Safety

If you are to harm yourself, your therapist may be obligated to seek appropriate help for you, contact family members or others who can help provide protection, or notify other appropriate authorities. Also, if your therapist knows or suspects that a child, elderly person, or disabled person has been abused or neglected, the law requires that a report be filed with the appropriate government agency.

### Legal proceedings

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by law. Your therapist cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information. However, if a patient files a complaint or lawsuit against their therapist, the therapist may disclose relevant information regarding that patient in order to defend themselves.

## Right to choose a therapist

You have the right to choose a therapist who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time. You also have a right to know the professional training and credentials of your therapist.

## Right to raise questions about therapy

You have the right to ask questions about your treatment at anytime. Your feelings and feedback about the therapeutic process are always a primary concern and their discussion is often beneficial to therapy. Following are some examples of questions you may want to ask:

**What are the benefits and risks of my treatment?**

**Are there alternative treatments?**

**How likely is my treatment to be successful?**

**If I am unhappy with my therapy or with you, what do I do about it?**

## Right to terminate therapy.

You can end therapy at any time. While psychotherapy can be extremely helpful, not everyone finds therapy successful, and on rare occasions, due to the nature of therapy, some problems are made worse.



# PATIENT'S PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about the information contained in this Notice, please contact your therapist.

Your therapist is required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with notice of their legal duties and privacy practices with respect to your health information. Your therapist is also required to abide by the terms of this Notice so long as it remains in effect. Your therapist reserves the right to change the terms of the Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by them. You may receive a copy of any revised notices from your therapist or a copy may be obtained online at [www.sagehillcounseling.com](http://www.sagehillcounseling.com).

## Uses and Disclosures of Protected Health Information (PHI):

### For Treatment

Your PHI may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. Your therapist will ask you to sign a Release of Information form before they consult with other health care professionals. They cannot disclose PHI to any other health care professional without your authorization.

### For Payment

Your therapist may use and disclose PHI so they can receive payment for treatment and services provided to you. This will be done only with your written authorization. This includes filing for insurance benefits and processing claims. If it becomes necessary to use collection processes due to lack of payment, your therapist will disclose only the minimum amount of PHI necessary for purposes of collection.

### For Health Care Options

Your therapist may use or disclose your PHI to support their business activities including, but not limited to, quality assessment activities, licensing, and credentialing. Your therapist may share your PHI with third parties that perform various business activities (i.e. accounting to billing services) provided they have a written contract with the business that requires it to safeguard the privacy of your PHI.

### Required by Law

Under the law, your therapist must disclose your PHI to you upon request. In addition, they must disclose to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with requirements of the Privacy Rule.

### Without Authorization

Applicable law and ethical standards permit disclosure of information about you without your authorization in a limited number of other situations. Types of uses and disclosures that may be made without your authorization are as follows:

- Required by Law or mandatory Government Agency audits or investigations
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

### Minors

If you are a minor, information regarding illegal or harmful acts may be disclosed to a parent or guardian.

### **Verbal Permission**

Your therapist may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

### **With Authorization**

Uses and disclosures that are not specifically permitted by applicable law will be made only with your written authorization. You have the right to revoke your authorization any time by writing your therapist with your request.

### **Square, Inc.**

Sage Hill Counseling uses Square, Inc. as a vendor to process and collect payments. This means that Square, Inc. has access to limited patient information (name and credit/debit card number). For more information on how Square, Inc. works to protect this information you can visit <https://squareup.com/legal/hipaa>.

## **Your Rights Regarding Your Protected Health Information (PHI):**

You have the following rights regarding PHI. To exercise any of these rights, please submit your request in writing to your therapist.

### **Right of Access to Inspect and Copy**

You have the right, which may be restricted only in exceptional circumstance, to inspect and copy PHI that may be used to make decisions about your care. Restrictions apply only in those situations where compelling evidence indicates that access would cause serious harm to you. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's record will not be accessible to you. Your therapist may share a reasonable, cost-based fee for copies.

### **Right to Amend**

If you feel the PHI your therapist has about you is incorrect or incomplete, you may ask your therapist to amend the information although they are not required to agree to the amendment.

### **Right to an Accounting of Disclosures**

You may obtain an accounting of certain disclosures of PHI made by your therapist after June 16, 2014. This right applies to disclosures other than those already mentioned.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Your therapist is not required to agree to any restriction you request.

### **Right to Request Accounting of Disclosures**

You have the right to request that your therapist communicate with you about medical matters in a certain way or at a certain location.

### **Right to a Copy of the Notice**

You have the right to a paper copy of this Notice.

## **Questions and Complaints**

If you desire further information about your privacy rights, or are concerned that your therapist has violated your privacy rights, you may contact them. You may also file written complaints with the Director, Office for Civil Rights or the U.S. Department of Health and Human Services. Your therapist will not retaliate against you if you file a complaint with the Director or your therapist.

## **Effective Date and Changes to this Notice**

This Notice is effective January 1, 2015. Your therapist may change the terms of this Notice at any time. If your therapist changes this Notice, they will post the revised Notice on the website [www.sagehillcounseling.com](http://www.sagehillcounseling.com). You may also obtain any revised notice by contacting your therapist.



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# PATIENT POLICIES

## Location

6363 Poplar, Suite 404, Memphis, TN 38119

## Scheduling

Appointments are generally made on a weekly basis. While we try to establish regular times for our patients, appointments are not automatically held open from week to week. It is your responsibility to reschedule with your therapist at the end of a session.

## Missed Appointments/Cancellations

You will be charged for a missed appointment if you have failed to notify your therapist within 24 hours of your scheduled time (emergencies and illness accepted at your therapists discretion).

## Payments

Unless other arrangements have been made, payments are to be made at each session. The fee is based on a clinical hour of 50 min. Checks are to be made payable to "Sage Hill Counseling." If you choose to pay via credit/debit card there will be an additional \$5.00 convenience fee. Fees may increase periodically, and thus the fees are subject to change with one week's prior notification.

## Insurance/Third Party Billing

WE DO NOT file insurance claims. We are NOT paneled by any insurers. If your insurance provider or another third party will be covering the cost of your counseling, then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. We are willing to fill out any part of the form that is necessary. (This may include additional fees and does not insure that they will reimburse you.)

## Communication

You may leave a brief voice message regarding appointment and scheduling on your therapist's confidential voicemail extension by calling 901-302-9575 or e-mail. Messages are checked on a regular basis and will be returned in a timely manner. Please limit your messages to appointments and scheduling. If you are in an emergency and cannot reach your therapist, please call one of the following numbers for help; General Emergencies, 911; or Crisis Hotline: 901-274-7477.



# CREDIT CARD AUTHORIZATION FORM

## Credit Card Policy:

Sage Hill Memphis requires a credit card on file to be used only for missed appointments and late cancellation fees. In addition, you can choose to authorize your therapist to charge your card automatically for sessions that you attend. Because there is an additional banking fee associated with using a credit or debit card, a \$5.00 per transaction fee will be charged should you choose this option.

## Type of Credit Card: (please circle)

Visa                      MasterCard                      Discover                      AM EX                      Other \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV Number: \_\_\_\_\_

## Authorization:

\_\_\_\_\_ The undersigned card member consents and permits Sage Hill Memphis, LLC, to charge to my credit account fees for late cancellations or missed appointments.

\_\_\_\_\_ Recurring Charge Authorization: The undersigned card member consents and permits Sage Hill Memphis LLC, to charge the standard rate for counseling sessions. I understand there will be an additional \$5.00 fee for this convenience. I release my therapist, as applicable, from any and all claims arising from the use of this service. I understand and agree that Sage Hill Memphis LLC, may continue to charge such amounts to my Credit Card account until receiving notification from me that I have terminated this consent and permission at which time Sage Hill Memphis, LLC, shall cease charging any such amounts to my Credit Card account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number



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# INSURANCE POLICY

## **Insurance/Third Party Billing**

WE DO NOT file insurance claims. We are NOT paneled by any insurers. If your insurance provider or another third party will be covering the cost of your counseling, then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. We are willing to fill out any part of the form that is necessary. (This may include additional fees and does not insure that they will reimburse you.)



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# RECEIPT OF INFORMATION

I acknowledge that my therapist has given me a copy, reviewed, and discussed with me the following information:

- \_\_\_\_\_ Patients Rights in Psychotherapy
- \_\_\_\_\_ Patient Protected Health Information
- \_\_\_\_\_ Insurance Policy
- \_\_\_\_\_ Therapist Information sheet

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date