



Hunt Counseling P.A.
140 Pecan St Keller, Texas 76248
Phone: 972.989.1191 www.chrishuntlpc.com

Client Information
Please make sure to fill out this form completely

Name: _____ Date: _____

Home Phone: _____ Mobile: _____

Please indicate where we may leave a message (circle) Home Mobile Work

Email: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Sex: Male: _____ Female: _____

Marital Status Single: ___ Relationship: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___

Name of Spouse/Sig other _____ Children's Name(s) & Age(s) _____

Identify any previous marriages:

Identify any history of psychiatric/emotional/drug or alcohol problems and treatments in your **Current Family**
and in your **Family of Origin**: _____

Primary Care Physician: _____ City: _____

Education (Highest level completed) _____

Emergency Contact

Name: _____ Phone: _____

Address: _____ Relationship: _____

Health Information

Please rate your health: Very Good ___ Good ___ Average ___ Declining ___

Recent weight changes: Lost _____ Gained _____

Date of Last physical exam: _____ Report from most recent exam:

List all important past or present injuries, illnesses or disabilities:

Are you currently taking any medication? Yes ___ No ___ if yes please list them with dosages _____

Prescribed by: _____

Have you ever used drugs for other than prescribed medical purposes? Yes ___ No ___ If yes please list them

Have you ever had a severe emotional upset? If so, please explain:

Have you ever terminated a pregnancy? If yes, When:

Have you ever had a miscarriage? If yes, When:

Other Information

Have you ever been arrested?

Have you recently suffered loss from serious personal, social, business, or other reversals Yes _____ No

Have you ever been the victim of a crime? Yes ___ No ___

If so, have you filed with Texas Crime Victims Compensation? Yes ___ No ___

Religious/Faith Background

Current Faith involvement

Please explain any recent changes in your spiritual life _____

Personality Information

Have you ever had any counseling or therapy before? Yes ___ No ___

Outcome _____

Please list dates and names of
counselors: _____

Have you ever been in a residential or outpatient program for chemical dependency or psychiatric treatment?
Yes ___ No ___ If yes, Please list facility and dates, and indicate if you completed the program successfully:

Please circle any of the following words which best describe you now: active, ambitious, self confident, persistent, nervous, hardworking, impatient, impulsive, moody, often-blue, excitable, imaginative, calm, serious, easy-going, shy, good-natured, introvert, extrovert, likable, leader, quiet, stubborn, submissive, lonely, self conscious, sad, fatigued, anxious, sensitive,
other _____

Consent

How did you hear about Chris Hunt? _____ May we send them a thank you note? _____

Please read and initial in the space provided. I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered. I have also read and received a copy of CLIENT’S RIGHTS AND INFORMATION. _____ I hereby consent for therapeutic services provided by Chris Hunt.

Client’s Signature Date

Counselor’s Signature Date

I attest that I am the legal guardian or managing conservator of this minor child,

with rights to consent medical treatment for this minor child and I do hereby consent for counseling services to be provided to this child.

Signature of Guardian or Managing Conservator

Relationship

HUNT COUNSELING P.A. FINANCIAL POLICY

_____ I understand, that if I have insurance, I am responsible to verify whether or not I have out of network benefits, and find out what my deductible is. Neither Chris Hunt nor Hunt Counseling PA is in network with any insurance or managed care systems.

_____ I understand that upon payment to Hunt Counseling PA, Hunt Counseling PA will provide me with a receipt which I can submit to my insurance company for reimbursement. I am responsible for all interactions with my insurance company. Neither Chris Hunt nor Hunt Counseling PA provides billing services to insurance companies.

_____ I understand that a regular session lasts about 50 minutes and the fee is \$150. Payment is due at the time of service.

_____ I understand that I am solely responsible for any and all fees resulting from my services from Hunt Counseling PA

_____ I have had the opportunity to ask questions about this policy. I understand it in full and have no further questions.

Signature Date

CLIENT'S RIGHTS AND INFORMATION

When you come in for counseling, you are buying a service. Therefore, you need information to make a good decision. Below is general information about the practice. You are entitled to ask your therapist about any of these questions, at any time. If you do not understand the answers please feel free to ask again

I. FINANCIAL A session with Chris Hunt costs \$125 dollars. The session will last approximately 50 (fifty) minutes. If you have insurance, you are solely responsible to verify whether or not you have out of network benefits, and find out what your deductible is.

Upon payment to Hunt Counseling, Hunt Counseling will provide you with a receipt which you can submit to your insurance company for reimbursement. You are responsible for all interactions with my insurance company. Neither Chris Hunt or Hunt Counseling PA provides billing services to clients or insurance companies. A regular session lasts about 50 minutes and the fee is \$125. Payment is due at the time of service. Returned check fee is \$25 for each returned check from your financial institution

II. CANCELLATION/ NO SHOW POLICY: Please be aware and understand that failure to call 24-hours in advance for cancellation of an appointment will result in your being billed the full amount for the session. Your scheduled appointment has been set for you only. Please be considerate of others who may need help as well.

III. CONFIDENTIALITY All of your communication becomes part of the clinical record, which is accessible to you in request. Your therapist will keep confidential anything that is communicated, with the following exceptions: a) you direct or give permission to tell someone 1 (214) 738-0216; b) your therapist determines that you are in danger to yourself or others; c) your therapist is ordered by the courts to disclose information; d) your therapist becomes aware of child abuse, elder abuse, or sexual impropriety by a doctor, minister, professional counselor, etc.

IV. COUNSELING: Counseling is a process that helps individuals, couples and families identify problems, establish goals, and identify pathways for achieving these goals. Counselors are trained to assist patients in changing troublesome and problem causing thoughts, feelings, behaviors, and relationships. Experience and research shows that patients who actively work on their problems both in counseling sessions and outside, and take responsibility for changing their own thoughts and behaviors are more likely to achieve their goals and receive more benefit from counseling than those who do not. As a client you have the right to refuse to participate in treatment or to terminate treatment at your discretion.

V. This office uses a voice mail system in order to provide our patients with 24-hour access. The voice mail is checked during the day and evening in case emergencies arise.

VI. Any person wishing to make a complaint concerning an ethical, legal or personal right violation may do so by contacting the Texas State Board of Examiners of Professional Counselors or the Texas LPC Board Phone is (512) 834-6658, or to the Professional Licensing and Credentialing Division (800) 832-9623.

**HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT
NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices as a requirement under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPPA) of 1996. Although Chris Hunt has always had privacy and patient confidentiality standards in place to limit unauthorized access or disclosure of personal health information, the new privacy rule provides additional safeguards for ensuring that health information is adequately protected and is used to provide quality patient care.

The Notice explains how Chris Hunt may use and share your personal health information to carry out treatment, payment of services and health care operations. Other reasons permitted or required by law are also referred to in the notice. The notice explains your rights to read and control your protected health information and explains the responsibility Chris Hunt has to protect you. Personal health information may be about your past, present, or future physical or mental health or condition related to health care services. It could include your age, ethnicity, or other personal statistics.

You have the right to do the following.

- Read and copy your personal health information,
- Ask for limits to be put on the use or sharing of your health information,
- Ask that communication about your personal health information be done through ways that further protect your privacy,
- Ask to have corrections made to your personal health information, and
- Get a listing of where and when your personal health information was shared.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFO

Following are examples of permitted uses and disclosure of your protected health information. These examples are not exhaustive:

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health with a third party. We may disclose your protected health information from time to time to another physician, or provider who becomes involved in your care by providing assistance with your diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your protected health information to provide the treatment required.

Payment

Your protected health information will be used to obtain payment for your health care services. This may include certain activities that Chris Hunt might undertake that may need insurance approval before insurance will pay (reviewing services provided to determine medical necessity.)

Health Care Operations

Chris Hunt may use or disclose your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, training of students, and conducting or arranging for other health care related activities. Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability,
- Report child abuse or neglect,
- Report reactions to medications or problems with products,
- Notify a person who may have been exposed to a disease or may be at risk for contracting the disease, Notify the appropriate government authority if we believe a patient is the victim of abuse, neglect, or domestic violence as required by law.

Communicable Diseases

Chris Hunt may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk for contracting or spreading the disease or conditions.

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

HUNT COUNSELING COURT POLICY

Court appearances are billed at \$250.00 per hour with a minimum charge of eight (8) hours, for a total of two thousand (\$2000) dollars. This MUST be paid in such a way so that the check clears *TWO FULL WEEKS PRIOR TO THE APPEARANCE*.

Because the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition.

The therapist asks that clients only request a court appearance in extreme cases.

Unfortunately, in certain instances, result in the need to terminate therapy and refer you to another therapist. In such cases as the therapist is ordered to testify by the court, or requested by the client about his/her counseling with you, the therapist will be monetarily compensated as set forth below.

In the event that it is necessary for Chris Hunt to testify before any court, arbitrator, Child Protective Services, Law Office, Deposition, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, including travel, preparation, and necessary expenditures (copies, parking, meals, hotels and the like) @ the rate of \$250.00 per hour with an eight hour minimum.

This includes summons to depositions, Child Protective Services, Texas State Attorney General proceedings, Internal Revenue Services proceedings and any other activity deemed included in this category by Chris Hunt. Chris Hunt is the final authority in determining whether or not your proceeding/activity is included in this category of billing.

My signature indicates: I have read this document completely. I understand it completely. I have had the opportunity to ask questions. I agree to the terms in this document.

Signature Date

HUNT COUNSELING
140 Pecan Street Keller, Texas 76248
Phone: 972.989.1191 www.huntcounseling.com

RELEASE OF INFORMATION

I _____ give my consent for Hunt Counseling, or their representative,
_____, to release the following information:

Type of information

To: _____

Name and organization

Mailing address

Phone _____ Fax _____ Email _____

For the specific purpose of: _____

_____ This release is reciprocal.
initial

Without my specific revocation, this consent will expire on _____.

I release _____ and Hunt Counseling from any civil or criminal liability or responsibility, pursuant to Article 5561(h), V.A.T.S. and or other applicable statutes and regulations as a result of having released the requested information pursuant to this signed consent.

Signature

Date

Witness

Date