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INFORMED CONSENT AND PAYMENT AGREEMENT

Welcome to my practice! I strongly believe you should feel comfortable with the psychologist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful. The following document outlines the policies and guidelines I follow in my practice. Please make sure you read this entire document and understand the terms/policies.

Any questions will gladly be addressed at the first meeting and any time following. I understand the paperwork portion can seem long and tedious, but this will help me understand how best to serve you and help you know what to expect from me as your psychologist. Please initial at the bottom of each page as you read through.

My Approach to Counseling

My theoretical approach is based on a foundation of person-centered psychology integrated with the following: acceptance and commitment therapy, cognitive-behavioral therapy, eye movement desensitization and reprocessing (EMDR), Gottman method, and emotionally focused therapy for couples. I believe my approach allows me to be flexible in meeting the individual needs of clients while being grounded in theory and research in order to be purposeful. Areas of specialty for me include couples counseling, relationship difficulties, anxiety, stress management, and life transitions.

My Office

My practice is owned and operated by me. Although my office is in a building where other therapists have offices, I conduct my own business and therapy. I have no employees. Others are not responsible for the treatment I provide.

I have contracts with companies that assist with some administrative responsibilities (e.g., electronic notes, appointment reminders). As required by the Health Insurance Portability and Accountability Act (HIPAA), I have formal business associate contracts with these businesses in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law.

My Background

I am a psychologist and have experience in various settings including community mental health, university counseling centers, and skilled nursing facilities. I hold these qualifications:

- I have a doctoral degree in counseling psychology from the University of North Texas, whose program is approved by the American Psychological Association (APA).
- I completed an APA approved internship at the Texas Tech University Student Counseling Center.
- I am licensed as a psychologist in Texas (TX license #33692).
- I am a member of the APA.

The Benefits and Risks of Therapy

Both the benefits and risks are critical to consider when making any treatment decisions. In therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making significant changes in their lives. Finally, I cannot guarantee that you will see improvement in your relationships, symptoms, or emotions as a result of our work together.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve. Their personal goals and values may become clearer. They may grow in many directions—as

Initials _____

persons, in their relationships, in their work or schooling, and in their well being. I do not take on clients I do not think I can help. Therefore, I will enter our work with optimism about progress.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA) and the rules and laws for psychologists in Texas. In your best interests, the APA and state of Texas put limits on the relationship between a psychologist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints and I will only work within the scope of my practice. My priority is to ensure you receive the appropriate services, and this means I may need to refer you to adjunctive or other services if I feel they may be necessary.

Second, in my effort to maintain your privacy, I may not say hello or talk to you very much if our paths cross between sessions. My behavior will not be a personal reaction to you but a way to maintain your confidentiality.

Third, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. Therefore, even though you might invite me, I will not attend your family gatherings, such as parties or weddings. I will not celebrate holidays or give you gifts, and I may not notice or recall your birthday. I cannot be a therapist to someone who is already a friend. I cannot have a business relationship with any of my clients, other than the therapy relationship.

Finally, it is generally not ethical for me to provide counseling to you at the same time as another psychologist or therapist. It may be appropriate, however, for me to be working with you individually while you are also seeing another therapist for couples counseling or vice versa. When more than one psychologist or counselor is providing you treatment at one time, we will discuss the purpose and appropriateness of the arrangement. We will also discuss signing a release of information for me to consult with the other therapist.

Confidentiality

It is your legal right that our sessions and my records about you be held in strict confidence unless you provide written permission to release information which states exactly what information is to be shared, with whom, and why. I will not even reveal that you are or are not receiving treatment from me without appropriate authorization. Please understand that once I provide information or records to the person or entity that you request, I have no control over how the information is used or stored.

In all but a few rare situations, your confidentiality or privacy is protected by state law and by the rules of my profession. If one of the following situations arises in which I must disclose information without your consent, I will make every effort to fully discuss it with you before taking action and will limit my disclosure to what is necessary. Here are the most common cases in which confidentiality is **not** protected:

1. **Court orders:** Are you suing someone or being sued? Are you being charged with a crime? If so, I may then be ordered to provide the court your records. Please consult your lawyer about these issues.
2. **Threats of harm to self or others:** If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person which usually means informing the appropriate persons of the threat.
3. **Child, elderly or disabled person abuse:** If I believe a child, elderly person, or disabled person has been or will be abused or neglected, I am legally required to report this to the appropriate authorities. Past abuse may also require a report.
4. **Sexual exploitation by a therapist:** If you report sexual interaction between a therapist and a past or current client, I am required to report this to the appropriate authorities.

Additional uses and disclosures for which your consent or authorization is not required as related to treatment, payment, and health care operations are discussed in the Notice of Privacy Practices. Please note that if you

Initials _____

choose to seek reimbursement from your insurance, your insurance company will be able to access your treatment records (see Insurance Reimbursement section below for more information).

If I do not hear from you after a missed appointment and have reason for concern, I may reach out to your identified emergency contact to ensure your well-being. I also ask you not to disclose the name or identity of any other client in the building that you may see in coming to or leaving a session.

I sometimes consult other therapists or medical professionals about my clients to assist me in providing high-quality treatment. These persons are also required to keep your information private and your name will never be given to them without your consent. They will be told only what they need to understand your situation and to provide input about treatment.

Records

As a mental health professional, I keep records about our work together. This includes notes on sessions, phone calls and any other communication with or about you. It is my office policy to destroy clients' records 10 years after the end of our therapy. Records are kept within a locked filing cabinet and within a secure, encrypted, and HIPAA compliant web-based practice management system.

Unless I feel it would be significantly harmful to you, you are able to access your records at any time. I ask you to understand and agree that you may not examine or release records created by anyone else that have been sent to me.

I require 14 days notice prior to allowing you to view your records. Because these are professional records, they can be misinterpreted and/or upsetting. Therefore, I recommend that you initially schedule a time to review them in my presence or have them forwarded to another mental health professional so you can discuss the contents together.

If you would like a copy of your records released, I require 21 days of notice and will charge a copying fee of 25 cents per page and the cost of postage for the appropriate method of sending confidential records (if applicable).

By your signature below, you authorize me to designate an appropriate professional to serve as custodian of your record, and who will assume possession of, and responsibility for your treatment record in the event of my death, disability, or unforeseen circumstances (e.g., illness) resulting in the closing of my practice. Notice will be posted, as necessary, on my website and phone voicemail.

Referrals

Based on what I learn about you, I may recommend a medical exam, an evaluation for medication, or other treatment referrals. I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by other providers, I will coordinate my services with them after you sign a release of information.

If an individual client needs couples counseling, I usually will refer to another therapist for the couples work. If one or both partners in a couple need individual counseling, I often will refer to another therapist for individual counseling. Typically, it is best that I only be your individual or couples provider and not act as both so that objectivity is maintained.

Therapy Process

We will spend the first 1 to 4 sessions deciding if we are a fit and determining your needs. If we decide that working together is not a fit for your needs or that other services would be best for you, we will determine appropriate referrals. If we decide to continue working together, we will usually meet once a week unless a different frequency of sessions is warranted and will decrease the frequency of appointments as appropriate.

We will collaboratively identify your goals and revisit these goals throughout our work together, as I find these change over time. Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

I request you not bring children with you to appointments. You need to focus on the session to achieve your goals and be able to discuss all topics freely some of which may not be appropriate for your children to hear.

Initials _____

Appointment Scheduling and Cancellation Policy

Sessions begin and end at the scheduled times. Sessions are about 50 minutes long. When a session is extended more than 10 minutes beyond the usual 50 minute session, I will tell you, because sessions that are extended beyond 10 minutes will be billed your regular session fee on a prorated basis.

I require 24 hours notice for cancelling or rescheduling appointments. If you do not provide at least 24 hours notice, you will be responsible for the full payment for the missed session. If you are more than 15 minutes late for an appointment, the session is considered missed, your appointment will be rescheduled, and you will be responsible for the full payment for the missed session. I may choose to make exceptions for extenuating circumstances.

Please note that multiple missed/cancelled appointments and late arrivals may require us to discontinue treatment. In this circumstance, I will discuss with you how we should proceed.

If you have not scheduled an appointment for 2 weeks or more, your usual appointment time may no longer be available. While I do my best to accommodate scheduling requests, changes in your scheduling may result in waiting for an appointment time to become available that fits your needs.

Termination of Counseling

Counseling may end for various reasons. When your counseling goals are met, we will determine an appropriate timeframe for ending our work together. Many clients prefer to do this slowly by reducing the number of sessions over time. Once our work together is complete, your file will be closed.

After a missed appointment, I will attempt to contact you 2 times. If you do not respond, I will accept that as your notice that you have terminated counseling with me and will close your file. If we agree to pause your sessions, I will attempt to contact you to follow up at the agreed upon timeframe, as well as one additional time after. If I do not hear from you, I will assume you are no longer interested in my services and close your file.

Once your file is closed, you are no longer under my care. If you wanted to resume sessions in the future, it would be up to you to contact me to discuss resuming. Some clients return periodically during stressful times later in life. If we agree to resume, your file can be re-opened by providing updated paperwork at your first appointment.

If for some reason treatment is not going well, I might recommend you see another therapist or another professional. As a responsible and ethical psychologist, I cannot continue to treat you if my treatment is not working for you or if you need a different level of care than my practice can provide. If you wish for another professional's opinion at any time, I will do my best to help you find a qualified provider.

If there are changes in your life that disrupt your ability to continue counseling with me, please inform me and we can discuss your situation including the possibility of referrals. I also ask that you talk with me if you are dissatisfied with the work we are doing so we can determine changes that may be helpful or make appropriate referrals as needed.

Contacting Me

There are times when I am not immediately available, and I cannot provide 24-hour crisis counseling. Non-urgent phone calls, emails, and texts during normal workdays (Monday through Friday) are returned within 24 hours. Non-urgent contacts after 5pm on Friday and on the weekend will be returned on Monday. Non-urgent contacts on holidays will be returned the next business day. If you do not hear from me within these timeframes, please call back as the message may have been lost.

Emergencies: If you have an emergency or life-threatening situation, you should do one of the following to ensure your safety: (1) call 9-1-1 or (2) go to the nearest emergency room.

Urgent calls: Telephone consultations between sessions concerning urgent matters occur at times. Urgent matters are times when you are distressed and feel the need to call me outside of our regular meeting time. I will attempt to keep these contacts brief (less than 10 minutes) due to my belief that important issues are better addressed within regularly scheduled sessions. Calls that exceed 10 minutes will be charged the regular fee

Initials _____

prorated over the time needed. If you have an urgent need to speak with me, please indicate that fact in your phone message and follow any instructions that are provided on my voicemail. I do my best to respond within 2 hours. If you do not hear from me within that timeframe, please call again as the message may have been lost. Please do not text or email about urgent issues.

Phone: Phone calls are the most secure method for communicating with me. Therefore, phone calls are best for private, urgent, or time sensitive matters. If you have a cell phone that provides alerts on your home screen, consider who may easily see notifications of your contact with me on your cell phone. This means how you enter my name in your phone as a contact and which form of communication you would like to have with me (see email and text below).

E-mail: E-mail is a popular, yet insecure and non-confidential method of communication. When you send an email, it has the potential to be seen by many people prior to reaching its destination. For this reason, I will not discuss clinical, personal or counseling matters with you via email and ask you to refrain from doing so as well. Also, e-mail is not checked regularly so please call if you have a time sensitive need. I recommend only using e-mail regarding scheduling appointments if desired.

Text: Texting uses similar communication as email and is also, therefore, not secure. For this reason, I will not discuss clinical, personal or counseling matters with you via text and I ask you to refrain from doing so, as well. Please only use text for scheduling appointments if desired.

Coverage During My Absence: If I will be unavailable due to vacation, personal emergency, or illness, the number for trusted mental health professional will be available on my voicemail to assist you with urgent matters during my absence. I have chosen these licensed mental health care providers with great care and will share only necessary information with them that will allow them to provide appropriate care for you. You agree to pay any charges that may arise from appointments with this professional and agree not to hold me responsible for interventions or decisions made with this professional. You further provide consent for me to consult with this professional upon my return in preparation for continued work together. If something unforeseen were to happen to me, a trusted colleague will contact you to discuss the situation and ensure you continue to receive services without significant interruption.

Social Media Policy

Social media is a great way to help people be informed and engaged. I use social media for my practice, as well as other professional projects. I created a social media policy so you understand how I use social media and how it could impact you and our relationship.

I must keep my relationship with you completely confidential except as indicated in the Confidentiality section above. If you post on any of my social media pages, you are opening up the possibility of people inferring about our relationship or asking you about your connection to me. You get to decide what you tell people. You have a choice as to what you reveal about yourself online; however, I will not reveal my connection to you.

My professional practice standards prohibit me from accepting requests to connect or to be “Friends” on personal or business social media sites, such as Facebook, LinkedIn and Twitter accounts. I do not interact with past or current clients via social media. I do not expect you to follow any of my social media accounts or online materials such as blogs. You are welcome to use your own discretion in choosing whether to follow me. Note that I will not follow you back. I mainly follow other health professionals and do not follow past or current clients.

Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. The best ways to interact with me are indicated above in the Contacting Me section. I may remove your communication/comment/message from my account if I feel it violates your confidentiality.

There are directory pages, such as yelp, and some of these include forums for users to rate providers. Many automatically add listings regardless of whether the business added itself to the site. If you find my listing, please know that my listing is not a request for a testimonial, rating, or endorsement from you as my client. The Texas State Board of Examiners of Psychologists rules state that psychologists may not solicit testimonials. If you post a review, I cannot respond on any of these sites whether it is positive or negative.

Initials _____

Of course, you have a right to express yourself on any site you wish. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. None of this is meant to keep you from sharing that you are in therapy with me. If you choose to write something on social media or a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum.

Couples Counseling

While couples counseling may improve and enrich relationships, relationships may also end during or after couples counseling as difficult feelings and concerns are addressed. There are no guarantees that couples counseling will make your relationship succeed, but we will work together to establish healthy skills and to process underlying feelings to aid you and your partner in addressing issues.

I do not keep secrets for either party in couples counseling. Therefore, if you speak with me individually between sessions or in an individual session, anything discussed may be shared with your partner. If you have issues you do not wish to discuss with your partner yet, let me know that you have concerns you are not ready to address in couples counseling but do not tell me specifics of such concerns. I will provide referrals for individual counseling with another therapist where you can process such concerns privately until you are ready to bring them into couples counseling. At times, it may be clinically appropriate to meet with each member of the couple individually, and the purpose of such sessions would be clearly discussed in advance. As noted in the Referrals section above, I often will refer clients who see me for couples counseling to a different therapist if individual therapy is needed.

If you want the records from couples counseling sent to anyone, both partners will have to sign a release before the complete couples record can be provided. I maintain joint documentation in couple's therapy as the relationship is the focus of treatment. If one person from couple's therapy signs a release but the other person refuses to do so, I will remove information in the record related to the person who refused to give permission for the release to protect his/her confidentiality. Only the part of the record related to the person who has signed a release will then be released. This will result in a disjointed record but will protect confidentiality of the partner who does not grant permission for the release while allowing the other person access to his/her part of the record. As noted in the Confidentiality section above, the complete couples record could also be released if ordered by a court of law.

Court Policy

Please be advised that should I be requested to write a letter on any court related matter, I will NOT be stipulating in writing or in person as to an opinion. As a therapist, I may only provide observations and feedback. At no time will I make a recommendation in regards to custody or any other court-related matter.

If a court order is served and is requesting that I be present in person and/or there is a request for records, I will request your consent before turning over confidential information. I will discuss with you exactly what has been requested by court and there is no guarantee that the information once released will be kept confidential. This information may include mental health history, current status, and inclusive records and may not be in your best interest. While I will seek to touch base with you before responding to a court order, keep in mind that such an order may require the release of confidential information without your consent as noted in the Confidentiality section above. The psychologist-client relationship does not render me as your advocate. I will withhold any opportunity to engage in a dual relationship in this way.

Should it be necessary for me to be involved in any legal related matter including deposition, the fee is \$250 per hour for my services, including preparation, travel, and necessary expenditures (e.g., meals, parking). This fee must be paid 14 days in advance .

Should I be ordered by court to write a letter to the court, the time shall be billed at \$250 per hour.

Should I be court ordered to appear in court, the fee stipulation is as follows:

- \$2000 per day plus \$250 per hour for travel to and from the court.
- \$250 per hour for preparation

Initials _____

I will not be on-call at any time. Should a case be trialed, I will be paid in full for each day as well as an additional \$1000 per day as it hinders my ability to be available to other clients.

All court fees must be received by cash, cashier's check, debit card, or credit card 14 days prior to the court date. If the court appearance is not needed or cancelled, the fee paid is only refundable if I am notified of the change at least one week in advance of the court date. Should the court calendar shift the hearing to another date, I must be re-issued a court order with the new court hearing date.

Should I be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

Fees

Payment for services is an important part of any professional relationship. You are responsible for seeing that my services are paid for. I review fees annually and you will be given 60 days notice if my fees change. My fees are as follows:

- | | |
|--|------------------------|
| • Intake, individual or couples session | \$165 |
| • Non-legal related services (see below) | \$165/hour prorated |
| • Legal-related matters | See Court Policy above |
| • Cancellation/missed appointments with less than 24 hours notice or late arrivals (more than 15 minutes late) | \$165 |
| • Returned check | \$35 |

Non-legal services (e.g., consultations with professionals over 10 minutes long, completion of extensive reports/forms) will be discussed when needed so that fees are agreed upon in advance based on the time required to complete them. I will not charge for my time spent completing routine reports, consultations with other professionals lasting less than 10 minutes, or making calls about appointments.

Payments

I accept cash, check, credit card, debit card, or health savings account for payment of services, and payment is due at each session. I do not accept insurance and am considered out-of-network with insurance companies.

As a licensed psychologist, I can provide you with receipts for your sessions that you may present to your insurance for possible out-of-network reimbursement following appointments. You are responsible for verifying and understanding the limits of your insurance coverage.

If for some reason you find that you are unable to continue paying for my services, please inform me and I will help you consider any options that may be available to you at that time, including referrals. If you have an unpaid balance, I will notify you, and I may not schedule an appointment until you have paid the balance.

Insurance Reimbursement

Although I do not accept insurance, I am an out-of-network provider. I can provide you with a statement to present to your insurance company for possible reimbursement following your session which includes fees paid, services provided, and your diagnosis. Your insurance company will determine whether treatment for your symptoms and concerns meet their standards for "medical necessity." Some insurance plans only allow for certain services or place restrictions depending on diagnosis. Make sure you understand the coverage of your insurance plan.

Please note that when you choose to allow your insurance company to contribute to your treatment, you do allow them access to your clinical records. Information from your clinical records may influence your future insurability and/or insurance rates. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans, summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they

Initials _____

do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit to your insurance, if you request it.

I am opted out with Medicare. If you are a Medicare beneficiary, please let me know so that a private contract can be completed. When working with an opted out provider, Medicare beneficiaries may not submit a Medicare claim and will not receive Medicare payment.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA), by those of my state license, and by all federal and state laws. Problems can arise in our relationship, just as in any relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear and to seek solutions to complaints. You may also contact the Texas State Board of Examiners of Psychologists, the organization that licenses those of us in the independent practice of psychology, to file a complaint.

I, _____, agree to participate with Dr. Blackledge in my individual or couples psychotherapy. I understand that I have the right not to sign this form and can choose to discuss my concerns with Dr. Blackledge before therapy begins. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. If at any time during the treatment I have questions about any of the subjects discussed in this agreement, I can talk with Dr. Blackledge about them. I agree to the above listed terms and policies for services. I acknowledge that I have read and understood these terms and policies.

Printed name of client

Signature of client

Date

I, Dr. Blackledge, have informed this person of the points raised in this agreement. I have responded to all of this person's questions. I believe this person fully understands this agreement, and I find no reason to believe this person is not fully competent to give voluntary, informed consent to treatment. A copy of this form has been provided to this person.

Signature of psychologist

Date

Initials _____

CONTACTING YOU AND APPOINTMENT REMINDERS

Contacting You

Your privacy is of the utmost importance to me. Contacting you between appointments is necessary at times and below you can select the best ways for me to reach out to you when needed. Please keep in mind that the degree of security varies by each method of communication as discussed in more depth in the Informed Consent and Payment Agreement. I will only discuss clinical or personal matters via phone calls or voicemail. Given the lack of security by text and email, these may only be used for scheduling appointments if you desire.

I encourage you to be mindful of who might have access to hear or read your communications with me. Keep in mind that if others see my communication with you, even about scheduling, they may know or assume that you are working with me which may be more than you are ready to reveal.

Please select and provide only those methods of contacting you where I can leave an identifying message (check all that apply):

_____ **home phone:** _____

_____ **cell phone:** _____

_____ **text:** _____

_____ **email:** _____

_____ **mail:** _____

Appointment Reminders

You can receive an appointment reminder to your email address, your cell phone via a text message, or your home phone via a computer generated voice message the day before your scheduled appointment. Again, as noted above, please be aware that by allowing appointment reminders to be sent to you, others may come across them decreasing your privacy.

Reminders are sent as a COURTESY, but there may be times they do not work perfectly. Please note that you will be held responsible for missed appointments whether or not a reminder is sent or received.

Where would you like to receive appointment reminders? (check only one)

_____ Via a text message on my cell phone (normal text message rates will apply): _____

_____ Via an email message (only one email address per client): _____

_____ Via an automated telephone message to my home phone: _____

_____ None of the above. I'll remember my appointments on my own.

I, _____, understand that I have given permission for Dr. Blackledge to communicate with me and leave identifying messages as indicated above in the Contacting You section. I am aware that not all means of communication are secure and have chosen methods of contact that I feel comfortable with utilizing. Appointment information is considered "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private and am requesting that it be handled as I have noted above.

Signature of client

Date

Jennifer King Blackledge, Ph.D.
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CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

I understand that when I meet with Dr. Blackledge, she will be collecting Protected Health Information (PHI) about me as she evaluates, diagnoses, and otherwise provides mental health treatment to me and that my PHI is protected by the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws. I recognize that she may use my PHI for the following purposes:

- Treatment (e.g., psychotherapy, consultation with other providers to coordinate care)
- Payment (e.g., determination of eligibility/coverage, billing, claims management)
- Health care operations (e.g., quality assessment of her services, business planning).

Dr. Blackledge will be using my PHI to plan and provide my mental health care. She will seek an authorization to release information for purposes other than treatment, payment for services, and health care operations unless otherwise required by state or federal law as discussed in the Notice of Privacy Practices and in brief below.

I understand that there are times Dr. Blackledge may use or disclose my PHI without my consent or authorization. Examples of such times include the following circumstances: child, elderly, or disabled persons abuse; serious threat of suicide; serious threat of harming others; health oversight; worker's compensation; and court orders. Dr. Blackledge will act in accordance with state and federal laws when using and disclosing PHI without my consent or authorization as explained in the Notice of Privacy Practices.

I acknowledge that I received and understood the Notice of Privacy Practices for Dr. Blackledge which provides details related to the use and disclosure of my PHI and my patient rights under HIPAA. By signing this form, I agree to let Dr. Blackledge use my private information and send it to others within the limits of the Notice of Privacy Practices. I understand that Dr. Blackledge may not treat me if I do not sign this consent.

I understand that Dr. Blackledge may change her Notice of Privacy Practices in the future and that if she does so, I may obtain a copy of the new notice on her website at www.DrBlackledge.com. I can also request a copy at any time of the current Notice of Privacy Practices by contacting her office.

After signing this consent, I understand that I may revoke it in writing at any time, except with regards to actions already taken based on this consent. I understand that I may request in writing that some of my private information used for treatment, payment, or health care operations be restricted; however, I understand that Dr. Blackledge is not required to agree to these limitations. If she does agree, she will do as requested.

Signature of client

Date

Printed name of client

Signature of psychologist

Date

Client received copy of the Notice of Privacy Practices

ADULT HISTORY QUESTIONNAIRE
CONFIDENTIAL

The information that you provide on this confidential questionnaire will be used to provide Dr. Jennifer King Blackledge with information to assist her in forming a complete and accurate clinical understanding of you. Please complete this form to the best of your knowledge. If you are unable to answer a question, you may leave it blank and discuss the information when you meet with Dr. Blackledge. Please complete all pages, using additional pages if needed to answer the questions. Thank you for your assistance!

IDENTIFICATION:

Full Name	Date of Birth	Age
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Gender	Race/Ethnicity	Sexual Orientation
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Home Address	City, State, Zip Code
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Home Telephone number	Cell Phone number	Work Telephone Number
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Email address _____

How did you hear about Dr. Blackledge? _____

In case of an emergency, who may Dr. Blackledge contact?

Name: _____ **Relationship:** _____

Phone number: _____

Are you a Medicare beneficiary? (If so, a private contract must be completed.) **YES** **NO**

CURRENT SITUATION:

1. Please state in your own words the nature of your present concern:

2. What event/crisis brought about this request for Dr. Blackledge's assistance?

3. Briefly describe your goals and expectations for therapy and what you hope to accomplish by working with Dr. Blackledge:

4. Have these concern(s) affected (*check all that apply*):

Family and personal relationships Job performance
 Social relationships Health
 Other: (explain) _____

5. How long have these problems existed? _____

6. With whom do you usually discuss your problems or worries? _____

BACKGROUND:

1. Number of years of education completed: _____ Degree: _____

2. Briefly describe how you felt about school?

3. Your current employment:

Employer: _____

Job Title: _____

Length of Employment: _____

4. Partner's Current Employment:

Employer: _____

Job Title: _____

Length of Employment: _____

5. Currently, I am:

Single Divorced
 Married Widow/Widower

6. My most recent/current spouse (or significant other) is/was with:
Full Name: _____

7. We have/had been together for _____ years _____ months
Are you married? YES / NO If yes, for how long? _____

8. Please provide the following information regarding your immediate family (e.g., parents, brothers, sisters, spouse, children, etc.):

Relationship	Name	Age	Occupation	Education	Living	Deceased	Married	Divorced	Separated	Remarried	Partnered
				1- Less than H.S 2- High School 3- Some College 4- College Degree 5- Higher							

9. Please list the people living in the same household with you:

Name	Age	Relationship	Education Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. If either of you have been married before, please give dates and cause/s for the termination:

11. If your parents are (were) divorced, please give date, cause(s):

12. List any subsequent marriages by either of your parents:

13. Please check any of the following that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> sleep difficulties | <input type="checkbox"/> academic/school concerns |
| <input type="checkbox"/> trouble concentrating | <input type="checkbox"/> problems with alcohol |
| <input type="checkbox"/> change in appetite | <input type="checkbox"/> problems with drugs |
| <input type="checkbox"/> often feel hopeless | <input type="checkbox"/> difficulties with parents |
| <input type="checkbox"/> not assertive enough | <input type="checkbox"/> difficulties with child(ren) |
| <input type="checkbox"/> often feel anxious | <input type="checkbox"/> decreased interest in things |
| <input type="checkbox"/> anger problems | <input type="checkbox"/> mood swings |
| <input type="checkbox"/> restricting food intake | <input type="checkbox"/> over-exercising |
| <input type="checkbox"/> suicidal thoughts | <input type="checkbox"/> legal problems |
| <input type="checkbox"/> often feel stressed | <input type="checkbox"/> often feel irritable |
| <input type="checkbox"/> don't trust people | <input type="checkbox"/> flashbacks |
| <input type="checkbox"/> crying spells | <input type="checkbox"/> loss of interest |
| <input type="checkbox"/> often feel guilty | <input type="checkbox"/> sexual identity issues |
| <input type="checkbox"/> religious/spiritual concerns | <input type="checkbox"/> want to avoid people |
| <input type="checkbox"/> difficulty expressing emotions | <input type="checkbox"/> loss of menstrual periods |
| <input type="checkbox"/> feel emotionally numb | <input type="checkbox"/> body image concerns |
| <input type="checkbox"/> feel lonely | <input type="checkbox"/> difficulty making decisions |
| <input type="checkbox"/> decrease in motivation | <input type="checkbox"/> job concerns |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> emotional abuse |
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> binge eating |
| <input type="checkbox"/> laxative use | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> unable to relax | <input type="checkbox"/> cutting/self-injurious behavior |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> dislike weekends/vacations |
| <input type="checkbox"/> difficulty in social situations | <input type="checkbox"/> panic attacks _____times/week |
| <input type="checkbox"/> sexual problems | <input type="checkbox"/> worry too much |
| <input type="checkbox"/> discrimination/harassment | <input type="checkbox"/> sexual assault/rape survivor |
| <input type="checkbox"/> career indecision | <input type="checkbox"/> self-esteem problems |
| <input type="checkbox"/> weight loss | <input type="checkbox"/> weight gain |
| <input type="checkbox"/> financial concerns | <input type="checkbox"/> weight concerns |
| <input type="checkbox"/> loss of a significant person | <input type="checkbox"/> racial identity issues |
| <input type="checkbox"/> physical health concerns | <input type="checkbox"/> difficulties with boss |
| <input type="checkbox"/> eating disorder | <input type="checkbox"/> headaches |
| <input type="checkbox"/> chronic or acute illness | <input type="checkbox"/> often feel overwhelmed |
| <input type="checkbox"/> chronic or acute pain | <input type="checkbox"/> problems with partner/spouse |
| <input type="checkbox"/> relationship violence | <input type="checkbox"/> family of origin issues |
| <input type="checkbox"/> self-confidence problems | <input type="checkbox"/> problems with friends |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ |

14. How do you usually express your anger? _____

15. With whom are you most often angry with? _____

16. Legal history:
 Number of arrests: _____
 When? _____ What were you arrested for? _____

MEDICAL:

1. Have any of your family members received psychiatric care? YES / NO
If so, please describe: _____

2. List any significant illnesses, hospitalizations or surgical procedures you have experienced:

3. List any medical conditions that you are currently experiencing:

4. Do you smoke cigarettes? YES / NO If yes, how much? _____

5. Do you drink alcohol? YES / NO
If yes, how many times per week? _____
If yes, on average, how many drinks do you drink per sitting? _____
If yes, have you ever felt the need to cut down on your drinking? _____

6. Have you used illegal medications or drugs? YES / NO
If so, describe the drug(s) and dates you used drug(s):

7. Please indicate on each item below whether you, any of your blood relatives, your spouse/partner, or anyone living with you has experienced any of the following:
Problem Drinking _____
Mental Illness _____
Alcoholism _____
Drug Dependence _____
Emotional Problems _____
Depression _____
Psychological or Psychiatric Treatment _____
Suicide Attempts _____
Committed Suicide _____

8. Have you ever been seriously depressed or felt suicidal? YES / NO If yes, please describe:

9. Who is your primary care physician? _____

10. What medication(s) do you currently take? _____

Who prescribed this medication? _____

11. Have you sought psychological treatment in the past? YES / NO
If so, please list all psychologists, counselors, psychiatrists, or social workers with whom you have sought treatment.

Name Location Date(s) Type of Service

12. List any support groups or therapy groups that you have attended.

RELIGIOUS/SPIRITUAL EXPERIENCE:

1. Do you consider yourself a spiritual or religious person? YES / NO
If so, what types of activities do you engage in to meet your spiritual/religious needs?

SOCIAL RELATIONSHIPS:

1. Do you have (*please check one*):
_____ many friends _____ a few "very special" friends
_____ seldom make friends _____ usually withdraw from others

2. Has there recently been a change in the type/number of these relationships? YES / NO
If so, please describe: _____

3. Do you have difficulty in social situations (too shy; try too hard to please others, become too "hyper," aggressive, or possessive; fearful/afraid of others)? YES / NO
If so, please describe: _____

4. How do you usually cope with stress? _____

5. What types of activities do you usually enjoy doing? _____

6. Briefly describe your strengths and interests:

OTHER:

1. Is there anything else that you have not had the opportunity to note on these forms that is important for Dr. Blackledge to know about you? If yes, please respond below or on the back of this form.

Your signature below indicates that you have responded to this questionnaire as completely and candidly as you are able.

Printed Name

Signature

Date

YOUR PATIENCE AND THOROUGHNESS IN COMPLETING THIS FORM IS GREATLY APPRECIATED.