

***** CONFIDENTIAL INFORMATION ****

CLIENT INTAKE for Blue Lotus counseling

Date _____

Contact Information:

Name: Last _____ First _____ MI _____

Maiden/Other _____ D.O.B. _____ Age _____

What do you prefer to be called: _____ Current Living situation: _____

Street _____ City/State _____ ZIP _____

Telephone #'s: Home _____ Work _____ Cell _____

Email address: _____

How do you prefer to be contacted? _____

May I leave a message on your home phone? ___yes ___no; Work phone? ___yes ___no;

Cell phone? ___yes ___no Email? ___yes ___no

Emergency Contact: Name _____ Phone _____

Relationship to you _____

Background Information:

Ethnic Group (Check all that apply)

___ American Indian / Alaskan Native

___ Asian

___ Black / African American

___ Native Hawaiian / Pacific Islands

___ White / Caucasian

___ Latina/Latino

___ Middle Eastern

___ Multi-Ethnic

Gender

___ Female

___ Male

___ Transsexual / Transgender

___ Other: _____

Sexual Orientation (Optional)

___ Bisexual

___ Gay/Lesbian

___ Heterosexual

___ Pansexual

___ Uncertain

___ Asexual

Why are you seeking therapy at this time?

Do you believe you are currently in crisis? (explain):

Do you have family and friends who are available to you? If yes, please describe:

Have you ever been in therapy before? Why? With Whom? Were you satisfied with the process? Why, or Why not?

Did you receive a diagnosis (specify): _____

Have you ever been hospitalized for psychiatric reasons? (explain)

Names and contact information for current or previous therapists and dates of treatment:

(I cannot contact them without your written consent):

Name of therapist	Dates	Phone
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Please list all medications you are currently taking (prescribed and non-prescribed)

Name of medicine	Dosage	For what reason	Prescribed by
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Please list any current medical problems:

What is your general physical condition? Do you consider yourself healthy?

For these questions answer on a 5 point scale:

1 being not at all / 2 being rarely / 3 being occasionally / 4 being often / and 5 being every day or night

How often in the last month have you had trouble

going to sleep? _____

Staying asleep? _____

Waking up? _____

Sleeping all day? _____

Eating too much (binge eating)? _____

Not eating enough (restricting)? _____

Suicidality (It is important that you answer these questions honestly)

Do you currently feel like killing yourself? _____ yes _____ no

Do you have a plan of how to kill yourself? _____ yes _____ no

What is that plan?

Do you intend to carry out your plan? _____ yes _____ no

Do you own a weapon, gun or have access to firearms? _____ yes _____ no

Are you willing to develop a safety plan with this therapist? _____ yes _____ no

How often do you currently use alcohol and how much do you consume at a time?

Are you concerned that you may have a drinking problem or alcoholism?

yes

no

in recovery: How long? _____

How often do you currently use illicit (or recreational drugs including marijuana) drugs? Which ones? And how much do you consume at a time?

Are you concerned that you may be addicted to drugs?

yes

no

in recovery: How long? _____

What is your history with alcohol and drugs? Age of first experimentation? Have you abused them or been addicted? Have you ever been in treatment for addictions? When? Where?

Have you ever been abused as a child or adult? At what ages? (specify): _____ Physically
_____ Sexually
_____ Emotionally
_____ Other (specify): _____

By whom? Explain:

Have you received treatment as an abuse survivor? _____yes _____ no

When and From Whom: _____

Are you currently being abused by / or abusing anyone? Whom? What has happened?

Are you afraid for your life for any reason? (explain)

Are you afraid you might seriously hurt or kill someone? (explain):

What, if any, trauma have you been through in your past?

With whom are your current significant relationships? How would you describe them?

What significant losses have you experienced in your lifetime?

What are your strongest sources of support right now?

What are your greatest strengths?

What are your main goals for therapy?

What else do you want me to know about you?

What do you NOT want me to know about you?

How did you hear about me?

Thank you for your time in completing this form

Blue Lotus Counseling Michele Ater

Counselor

3035 W. 25th Avenue
Denver, CO 80211
609 Alkire Street
Golden, CO 80401
720-316-6076

WAIVER FOR EMAIL and text USAGE

I, _____, understand that should I decide to use the email system to contact Michele Ater of Blue Lotus Counseling the following items cannot be assured:

1. Michele Ater, Blue Lotus Counseling is the only person using the computer and email system. However, complete privacy cannot be guaranteed due to the state of computer technology.
2. Given that email might be generated from, or to, your office, there is no way to guarantee the confidentiality of the email at that end of the communication.
3. General information regarding your issue can be discussed via email. However, specifics related to your issues will need to be accomplished with a phone call or face to face session.
4. The system used by Michele Ater, Blue Lotus Counseling is not equipped with encryption or firewalls, etc. However, the email system is not used by any other person and is not part of an agency or group of therapists.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____



Michele Ater, M.A., LPCC, NCC
BLUE LOTUS COUNSELING, LLC

3035 West 25th Avenue
Denver, Colorado, 80211
609 Alkire Street
Golden, CO 80401
720.316.6076
Bluelotuscounseling1@gmail.com

Disclosure Statement

Your Rights as a Client

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the State of Colorado. Any questions, concerns, or complaints regarding the practice of mental health may be directed to: Mental Health Grievance Board, 1560 Broadway, Suite 1340, Denver, Colorado 80202, (303) 894-7766. You are entitled to receive information about the methods and techniques of therapy I use, duration of therapy (if known), fee structure, and my degrees, credentials and licenses. You may seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Confidentiality

All information provided to me by you in our professional relationship is confidential except in the following circumstances: (a) you sign a release of information for a specific individual or agency; (b) child or elder abuse; (c) you are in imminent danger to self or others; (d) subpoena of records in a criminal procedure, or (e) All information provided to me by you in our professional relationship is confidential except in the following circumstances: (a) you sign a release of information for a specific individual or agency; (b) child or elder abuse; (c) you are in imminent danger to self or others; (d) subpoena of records in a criminal procedure; (e) I am required to report any suspected threat to national security. Additionally, I will consult with a treatment team of supervisors and/or a medical backup. The purpose of consultation is to enhance my ability to help you, and these professionals are required to follow the same standards of confidentiality previously described.

Education/Training/Credentials I have a Master's Degree in Clinical Mental Health Counseling Psychology from Argosy University, Denver . I have a Bachelors in English from Ohio University, Athens. I have worked as a business professional, business consultant, Reiki and a life coach for many years. I am a registered Psychotherapist with a registration #NLC0105794. **As a Licensed Professional Counselor Candidate, and National counselor candidate I am under the supervision of Leslie Jordan.** A client of mine is also a client of my supervisor.

Theoretical Perspective

I work from a client-centered, post-modern Existential perspective that integrates multiple counseling theories to best meet your needs. I collaborate with you to understand the struggles you face and how you can make the changes you desire. My work may incorporate theory and techniques from cognitive behavioral, experiential, solution focused, thought field therapy and existential therapy. I work with Thought Field Therapy (TFT), Reiki, Guided meditations and nutritional focus of mind*body*spirit. When working with couples and families I draw from systems, transgenerational, and emotionally focused therapies as well as work on crucial communication skills. Coming from a holistic perspective, I believe it is essential to understand the context of people's lives. I may ask about others who are important in your life, diet, exercise, occupation, cultural influences, and how you are impacted by societal pressures and oppressions. Together we will work to make positive changes in your life, working in holistic manner that addresses the mind, body, emotions, spirit, and social environment.

Services, Fees and Payment

I offer individual, child and family therapy, as well as periodic workshops and therapy groups. Fees for my services are on my website at \$90/clinical counseling that may be combined with Reiki/meditation and \$60 for Reiki or meditation only. Our sessions are 50 minutes long. This disclosure is for both and the modalities will be

determined at the first session. Payment is expected at the time of service and may be made in cash, check, credit or debit cards.

Couple/Family Counseling: Sessions with couples/families will be charged at the same rate as individual counseling; however the sessions may be extended to 75 minutes and the fee will be pro-rated accordingly. Should I see any family member in a private session I reserve the right to bring that information into the joint session if I feel it is necessary to treatment of the couple/family. Please note this is different than individuals in counseling and their privilege of confidentiality.

Cancellations

Since I have reserved your appointment time exclusively for you, it is my policy to receive at least a 24 hour cancellation notice or you will be charged for the appointment. I will negotiate exceptions for emergencies such as severe weather or sudden illness on an individual, per time basis.

Location

Our sessions will be held either at the main People House location (3035 W. 25th Ave Denver, CO 80211) or at my Golden office (609 Alkire Street Golden, CO 80401).

Telephone Calls and Emergencies

I am available to return business calls in the evenings and limited times during the day. I do not have my phone on while in session. If I am out of town, I will give you the name and phone number of the associate covering for me while I am gone. I do not provide 24 hour emergency coverage. **If you have an emergency please call your local 24 hour crisis line listed in the front of your phone book or call 911.** There is no charge for brief phone calls. Calls lasting longer than 10 minutes will be charged on a pro-rated basis of my hourly fee. My policy for written reports requested by insurance companies, physicians, etc. will also be charged at my hourly rate unless very brief. I will accept texts, with the same conditions.

There are both risks and benefits inherent in therapy. Please ask me about these in relation to your specific case. There may be psychological side effects from counseling. This risk comes with any therapy. You may share painful things. Our goal is to confront these issues, and with time, we hope any negative side effects will lessen and our work together will benefit you. Additionally, there are no guarantees regarding the outcome of therapy.

Court Appearance/Mediation

I will charge \$1,000 per records requested and \$100 per hour for time spent on records, in court or in any part of litigation.

Agreement and Acceptance:

I have read the preceding information. I have also received the HIPAA Confidentiality Information Regarding Psychotherapy and Privacy Notification attachments. I understand my rights and responsibilities as a client and I have had an opportunity to ask questions.

Client Signature (parent or guardian for a minor)

Date

Therapist Signature

Date

Regulatory Requirements applicable to Mental Health Professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

HIPPA Privacy Notification Blue Lotus Counseling

PRIVACY NOTIFICATION

The following information includes the new federal regulations that took effect as of April 14, 2003. Many of the items in this notification will not apply to you and the counseling environment. However, in order to be in compliance with the federal requirements, I am listing all of the information in this notification.

I. 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.

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made;

however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me.

Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and on my website. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not.

Below you will find the different categories of my uses and disclosures, with some examples. I have underlined the most pertinent to the counseling environment.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

1. For treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care. Personally, my procedure is to acquire a Release of Information prior to the disclosure and/or to be sure that the provider has already obtained a Release of Information from you. If I am not able to have a written Release from you prior to the discussion, I will ask you to sign one after the conversation. However, prior to the discussion I will obtain a Verbal Release from you.

2. For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

3. To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.

In my practice, I do not use business associates such as billing companies, claims processing companies or similar services. As such, this only applies to bill and collect from your insurance company and I do not do that electronically at this time.

4. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI. In the case of counseling, this will usually only apply to any time I would need to break confidentiality.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.

Example: I may make a

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disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative

proceeding. These times are listed in the Disclosure Statement.

2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

4. To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.

5. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.

6. If disclosure is mandated by the Colorado Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect.

7. If disclosure is mandated by any Abuse Reporting law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.

8. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

9. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

10. For health oversight activities. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

11. For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

12. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.

13. For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.

14. Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

15. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

16. I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative benefits and services that may be of interest to you.

17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

18. If disclosure is otherwise specifically required by law.

19. Please note that I will generally obtain your consent. These are the new guidelines set up by HIPAA

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI (In general this is your health record)

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must

request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my

receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will

also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a

summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider

your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do

not have the right to limit the uses and disclosures that I am legally required or permitted to make.

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C. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.

D. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by Email. You have the right to request a paper copy of it, as well.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence

Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: 3038296422

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

Client Signature _____ Date: _____