Chuck Sugar Counseling, PLLC

Chuck Sugar, LPC, MHSP

Licensed Professional Counselor & Mental Health Service Provider

New Client Intake Form

(Please print)

_____ _____

Today's Date Years Married (if applicable)

_____

Referred by whom?

Spouse/Partner/Child Information

_____	_____
Name(s)	Name(s)
_____	_____
Occupation	Occupation
_____ _____	_____ _____
Home Phone Work Phone	Home Phone Work Phone
_____ _____	_____ _____
Cell Phone Other Phone	**Cell Phone** Other Phone
_____	_____
Street Address	Street Address (if different)
_____	_____
City ST ZIP	City ST ZIP
_____ ____ xxx-xx-_____	_____ ____ xxx-xx-_____
Date of Birth Age Social Security #	Date of Birth Age Social Security
_____	_____
Email address	Email address

Marital Status: Single____ Engaged____ Married____ Separated____ Divorced____ Remarried____

List members of your family and/or all others living in your home:

Name:	**Gender**	**Age**	**Relationship to you**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your reason for seeking help:

_____

_____

_____

_____

_____

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

_____

_____

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:

- ❒ **NERVOUSNESS**
- ❒ **LOSS / GRIEF ISSUES**
- ❒ **DRUG/ALCOHOL USE**
- ❒ **ANGER**
- ❒ **PORNOGRAPHY**
- ❒ **FINANCIAL CONCERNS**
- ❒ **SEXUAL COMPULSIVITY**
- ❒ **SUICIDAL THOUGHTS**
- ❒ **STRESS**
- ❒ **ANXIETY/FEARS**
- ❒ **SEPARATION**
- ❒ **EATING DISORDER**
- ❒ **DEPRESSION**
- ❒ **SLEEP PROBLEMS**
- ❒ **LONELINESS**
- ❒ **MARITAL PROBLEMS**
- ❒ **SELF-WORTH**
- ❒ **PARENTING PROBLEMS**
- ❒ **LACK OF CONCENTRATION**
- ❒ **HEADACHES**
- ❒ **PROBLEMS AT WORK**
- ❒ **HEALTH CONCERNS**
- ❒ **TROUBLE WITH FRIENDS**
- ❒ **LOSS OF FAITH IN GOD**
- ❒ **OTHER** _____

Have you ever tried to commit suicide? ____ If so when and how? _____

Do you currently intend and/or have plans to commit suicide? _____

Are you currently being sexually, physically or emotionally abused?_____(which)

If yes, please explain_____

_____

Have you ever been physically or sexually abused? _____ If yes, please explain (generally if desired) _____

_____

Do you feel safe to go home today?_____ If not, please explain_____

_____

_____

_____

Chuck Sugar Counseling, PLLC

Chuck Sugar, LPC, MHSP

I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making informed decisions concerning my services. Please ask questions at any time.

Appointments:

My services are by appointment only. The length of the appointment is generally a 50-minute session, and this is known as the "clinical hour" as defined by the State of Tennessee Board of Health. Because the appointment is reserved for you, it is necessary to charge the full hourly rate for appointments that are not canceled 24 hours in advance. If we can reschedule for a session later *in the same week*, I often will not charge a penalty for the session canceled with less than 24 hours notice. Similarly, the full fee is charged if you are scheduled to come, have not provided 24 hour notice of cancellation, and "no show" for our appointment. Failure to provide a 24 hour notice of cancellation generally means that some other person is not able to use that appointment time**. If you are running late,** please call or text me at (615) 714-2699 and tell me. Otherwise, if you are over 15 minutes late, I will assume you are not coming and I may leave the office.

Messages:

As we work together, you will notice that I do not accept phone calls while I am with my clients. **If you are in crisis,** and you can't reach me, please call the crisis hotline at **(615) 244-7444, call 911, or go to a nearby emergency room.** I don't check voice mail regularly throughout the day. The best way to reach me during the day is by email, chuck@chucksugar.com, which I check between sessions and usually return emails very quickly. If I'm out of the office for an extended period of town (like a vacation), my email will automatically respond to you saying when I will be back in the office.

Counseling:

I expect and encourage you to obtain knowledge of the process, goals and possible side effects of the counseling. I expect my counseling will give you the maximum benefit and I will also keep you informed about alternatives to my counseling. Counseling may be tremendously beneficial for some individuals, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt, or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual's thinking, and calling into question some or even many of your beliefs and values. As your counselor, I will be available to discuss any of your assumptions, problems, or possible negative side effects of our work together.

Infrequently, a patient's distress remains or becomes so high that hospitalization or the use of medication must be considered. I am not a physician and consequently do not prescribe medication; however, at times I may encourage you to consider hospitalization or other in or out-patient care. In cases where hospitalization and/or medication may be required, this will be discussed in advance with you and if necessary, with other responsible parties. I work with several psychiatrists in the area, and I often collaborate on the issues of medication, hospitalization, and second opinions; in this way your needs are better served.

INITIAL HERE_____DATE_____

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Client Rights:
At any time, you may question and/or refuse my counseling or diagnostic procedures or methods, or gain whatever information you wish to know about the process and course of counseling. My clients are given the respect of the highest level of confidentiality. There are, however, important exceptions to confidentiality that are legally mandated. In general terms, these exceptions require:

1.) that I notify relevant others if I learn that a client has any intention to harm either themselves or another individual
2.) report any incident of *suspected* child abuse, neglect, or molestation in order to protect the child or children involved.
3.) that in legal cases, I or my records may be subpoenaed by the court. Confidentiality will be respected in all cases, except as noted above. In those additional cases where, in my judgment, the maintenance of confidentiality is, in fact, destructive to you, I will inform you of my concern, and you will have the final decision as to whether or not I maintain confidentiality.

When deemed necessary, you will be ***asked*** to sign a "Consent for Release of Confidential Information" form which will allow us to discuss your evaluation and/or treatment with others (e.g. physicians, previous counselors, pastoral staff, etc.). If you wish, you may also limit the time of release by an expiration date, and/or limit what I have permission to discuss by writing these instructions on the release form.

Education and Licensure:
I have a Master's Degree in Counseling, LPC and I am **Nationally Board Certified** by the **National Board of Certified Counselors** (NBCC) and a **Licensed Professional Counselor in the State of Tennessee**. (License #2255) I am also a **Mental Health Service Provider** (MHSP).

Chuck Sugar Counseling, PLLC:
Chuck Sugar provides counseling services for Chuck Sugar Counseling, PLLC, which is a **P**rofessional **L**imited **L**iability **C**orporation registered with the state of Tennessee EIN# 26-0637927. Please understand that all checks should be made payable to Chuck Sugar Counseling, PLLC and that you are doing business with Chuck Sugar Counseling, PLLC, not Chuck Sugar as an individual. If a check is made payable to Chuck Sugar or Chuck Sugar Counseling, it will be assumed that the check was intended for Chuck Sugar Counseling, PLLC and will be deposited into its checking account.

Termination:
Termination of counseling may occur at any time and may be initiated by either the client or the counselor. I request that if a decision to terminate is being made, that there be a minimum of a seven day notice in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself can be a constructive, useful process. If any referral is warranted, it will be made at that time.

***INITIAL HERE*_____ *DATE*_____**

Clients Who Are Dependents:
If you are requesting my services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practice as outlined above will apply. However, as your child's counselor, it is important that your child be able to completely trust me. As such, I keep confidential what your child says in the same way that I keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to question and understand the nature of my activities and progress with your child, and I must use my discretion as to what an appropriate disclosure is. In general, I will not release specific information that the child provides to me. However, I would like to discuss your child's progress in broader terms and value your participation in their counseling experience.

Counseling Fees:
My standard rate for a 50-minute counseling session is $165. This fee also includes my time on your behalf, including record keeping and preparation. I encourage you to discuss fees at anytime and I ask that you pay for services at the time of the session. If you pay with a check, I request that your check for payment be made out in advance to Chuck Sugar Counseling, PLLC so that our entire time may be spent attending to your concerns. If a check bounces, you will be responsible for the bank fees.

Court Appearances:
(This is in the event that a client wants me to testify in court on his or her behalf) You agree to the following: If I or my attorney subpoena Chuck Sugar to testify in court, I agree to pay Chuck Sugar Counseling, PLLC for the time to prepare and set aside for court as follows: $200/hr, with a minimum amount of 10 hours ($2,000), to be paid to Chuck Sugar Counseling, PLLC ***and received*** by Chuck Sugar at 205 Powell Place Suite 129, Brentwood, TN 37027 at least 10 business days in advance of the court date. I agree to release Chuck Sugar from responding to any subpoena issued by my attorney if I have not complied with these payment terms.

Insurance:
I do <u>not</u> take insurance or file insurance claims. I will gladly print out a receipt for you with the appropriate Diagnostic and Procedural codes most insurance companies require in the event that **you** want to file a claim with your insurance company yourself. Though some clients are reimbursed for some or all of their counseling fees, I cannot guarantee your insurance company will reimburse you for the counseling sessions. Please check back regularly or email me if this is an issue for you. **If you would like a receipt, please request it at the beginning of each session.**

HIPAA:
The **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct. HIPAA is a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. I work hard to adhere to HIPAA regulations in an effort to keep your information confidential.

INITIAL HERE_____ DATE_____

Email Confidentiality:

When communicating via email, it is important to know that confidentiality cannot be guaranteed. My email has never been compromised or hacked to my knowledge. My regular email is NOT HIPAA Compliant and it is ***not*** secure. That means that someone could potentially intercept emails sent to or from me. If this is a concern for you, please discuss it with me. I take all measures to ensure that my email account is confidential. Also, since you can't see my facial expressions or hear my tone of voice, (and because of HIPAA) my responses will be kept brief. Because of the risk of being compromised, **I also do not counsel via email or text.** By signing below, you are saying that you have considered and understand the limitations of confidentiality.

I, _____, understand that emailing with Chuck Sugar and Chuck Sugar Counseling is **not** secure and I understand that our communications could be compromised.

INITIAL HERE_____ DATE_____

Again, I look forward to our work together and anticipate that it will be a very beneficial process for both you and me.

Sincerely,

Chuck Sugar LPC, MHSP
Licensed Professional Counselor & Mental Health Service Provider
Chuck Sugar Counseling, PLLC
205 Powell Place Suite 129
Brentwood, TN 37027
Chuck@ChuckSugar.com
www.ChuckSugar.com

Please sign and date below acknowledging that you have read this document in its entirety, understand it, and agree to its terms.

Signature_____

Date_____