

**Hillas and Rankin Psychotherapy LLC**

Please fill out all pages entirely

INTAKE FORM

Date\_\_\_\_\_ Home Phone\_\_\_\_\_ Referred By\_\_\_\_\_

Email Address\_\_\_\_\_ Cell Phone \_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Date of Birth\_\_\_\_\_ Place of Birth\_\_\_\_\_ Occupation\_\_\_\_\_

Relationship Status\_\_\_\_\_ No. & Ages of Children\_\_\_\_\_

Reasons for Seeking Counseling\_\_\_\_\_

\_\_\_\_\_

Symptoms you have experienced\_\_\_\_\_

Have you had any previous counseling?\_\_\_\_\_ If yes, when?\_\_\_\_\_

Where?\_\_\_\_\_

Approximately when symptoms began?\_\_\_\_\_

Is there any history of mental health problems in your family?\_\_\_\_\_

Do you ever have thoughts of harming yourself or anyone else?\_\_\_\_\_

Is there any violence or abuse in your primary relationship? \_\_\_\_\_

How often do you use alcohol and/or non-prescription drugs?

\_\_\_\_\_daily \_\_\_\_\_weekly \_\_\_\_\_occasionally \_\_\_\_\_never

Weekly amount\_\_\_\_\_ What substance?\_\_\_\_\_

**Hillas and Rankin Psychotherapy LLC**

Is there a history of abuse of alcohol or drugs in your family?\_\_\_\_\_

If yes, please describe\_\_\_\_\_

List any chronic medical problems (including head injuries)\_\_\_\_\_

Are you currently taking medication?\_\_\_\_\_ If yes, what are you taking?\_\_\_\_\_

Is there anything else you feel it would be important for me to know?\_\_\_\_\_

Whom may we contact in case of an emergency?

Name\_\_\_\_\_ Phone (Hm)\_\_\_\_\_

Relationship\_\_\_\_\_ (Wk)\_\_\_\_\_

I have answered these questions truthfully and accurately to the best of my knowledge:

Signature\_\_\_\_\_

# Hillas and Rankin Psychotherapy LLC

## CLIENT AGREEMENT FORM

In order to provide you with detailed information regarding our services, we request that you review the following agreement and sign in the spaces below. Thank you for your cooperation.

1. The standard professional fee for counseling and psychotherapeutic services is \$150.00 (\$138.65 plus \$11.34 tax) per therapeutic hour. **Each therapeutic hour consists of 50 minutes of clinical contact time.** Time spent in excess of 50 minutes is charged proportionately.
2. The client, or the responsible party, is accountable for the entire balance due for our services. Payment is requested at each visit.
3. Hillas and Rankin Psychotherapy LLC does not engage in, and will not participate in, any matters involving courts, or any legal or litigious matters.
4. There is no charge for brief telephone communications (10 minutes or less).
5. Phone consultations are available, should they be needed, and are charged proportionately at the rate of \$40.00 per quarter hour.
6. **All clients will be expected to give at least 48-hour notice for any appointment cancellations. Clients with more than three hours of appointment time in any week are required to give at least one week's advance notice. If this is not done, you will be charged.**
7. All communications will include both partners for couples in treatment. Both members of the partnership are expected to be present for all sessions.

If you have any questions regarding any of the above, we will be happy to assist you.

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I have read and understand this Client Agreement Form. I am the client/patient or am duly authorized as the client/patient's agent to execute and accept its terms.

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Date

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Signature of Responsible Party

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**1409 Luisa St. Suite C, Santa Fe, NM 87505 \* (505) 989-8394**

# Hillas and Rankin Psychotherapy LLC

## CLIENT RIGHTS POLICY

Hillas and Rankin Psychotherapy, LLC pledges to protect and promote the rights of each individual provided counseling/psychotherapy services. The client has the right to:

1. Give informed consent.
2. To refuse treatment or medication.
3. To be advised of the potential consequences of refusing treatment or medication.
4. To actively participate in the development of an individualized treatment plan and to actively participate in the periodic review of this plan.
5. To know the qualifications of the person providing treatment.
6. To a grievance procedure.
7. To a humane and safe environment.
8. To be free from abuse, neglect, and exploitation.
9. To dignity.
10. To personal privacy and confidentiality.
11. To free communication within the constraints of the individualized treatment plan.
12. To have the justification for any restrictions on communications documented in the client record.
13. To know the cost of treatment.
14. To know about third party coverage of treatment, including full charge and any available sliding fee program assistance.
15. To be informed as to any limitations of services for the duration of the treatment.
16. To refuse to participate in research.
17. To not be refused access to services without informed communications from counselor and informed as to reason and duration of this decision.
18. To receive a complete explanation of client rights in clear, non-technical terms and in a language the client understands.
19. To receive treatment that is non-discriminatory based on race, gender, religion, age, disability or sexual orientation.

I have received and been provided an opportunity to ask questions in order that I understand my rights as a client of Hillas and Rankin Psychotherapy LLC.

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Client Signature

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Date

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Counselor Signature

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Date

**Hillas and Rankin Psychotherapy LLC**

**YOUR RESPONSIBILITIES**

1. You will be expected to display the same reasonable behavior of any citizen. In counseling, emotional expressions are appropriate, however, extreme behavior is not. Your behavior may not violate New Mexico State Criminal Statutes, especially as they relate to harm to self or the person or property of others.
2. In order to promote the successful resolution of the reasons you came to counseling, you will in general be expected to follow the agreed upon treatment goals.
3. You are expected to pay the agreed upon rate for services.
4. You will be expected to attend your appointments as scheduled, or to give 48-hour notification if an appointment is missed.

I have read and/or had explained to me these rights.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

## **Hillas and Rankin Psychotherapy LLC**

### **INFORMATION REGARDING CONFIDENTIALITY**

It is important that you know that any information you reveal in your counseling sessions will be kept strictly confidential. No information obtained in your sessions will be disclosed other than possibly in supervisory sessions with professional, accredited peers and/or a supervisor. In these supervision sessions, your name, or any identifying characteristics, will never be revealed. Information will not be given to anyone except in these supervisory sessions without your written permission.

Parents of children receiving counseling or psychological services should know that New Mexico law protects children as well as adults from the unauthorized disclosure of confidential information.

It is also important that you know that there are legal limits with regard to confidentiality. In certain situations the counselor/psychotherapist is required by law to reveal certain information obtained during therapy to other persons or agencies without your permission. These situations include but are not limited to: where there is a threat of bodily harm to yourself or to another person; where there is evidence of any type of child abuse or elder abuse or abuse of any dependent adults who are not able to protect their rights.

I have read and understand the above information. I have had the opportunity to ask questions and have had any questions answered to my satisfaction.

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Client Signature

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Date