



## CALM PROGRAM CLINICAL INTAKE ASSESSMENT

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip)

\_\_\_\_\_  
Social Security Number Date of Birth

Phone numbers: Home: \_\_\_\_\_ (May call: yes/no Message: yes/no)

Work: \_\_\_\_\_ (May call: yes/no Message: yes/no)

Cell: \_\_\_\_\_ (May call: yes/no Message: yes/no)

Emergency Contact: \_\_\_\_\_  
(name) (relationship) (phone)

Email Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_

Group Number: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's Expectations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's attempts to address problem(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CANCELLATION POLICY

When you set an appointment with a therapist, that time is reserved just for you. If you are unable to attend your appointment, we require clients to provide 24 hour notice. The notice offers the therapist time to give the appointment to another client. The cost for a missed appointment is \$50.00. Insurance cannot be billed for missed appointments and you are fully responsible for this charge.

I understand the cancellation policy and agree to give 24 hour notice for any cancellations. I further give authorization to bill my credit card \$50.00 for any appointments that I miss or that I fail to cancel according to this policy.

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Name (Please print)

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Signature

Date

Credit Card (Circle One)

VISA

MasterCard

AMEX

Discover

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Card Number

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Verification number

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/

Expiration Date

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Zip Code



**Shannon Purtell-Lattimore, MA, LPC, LPC-S**  
Licensed Professional Counselor

## **DISCLOSURE STATEMENT FOR SHANNON PURTELL, LPC**

Welcome to Counseling. I look forward to working with you. The following information will provide insight into my therapeutic background and our professional relationship.

### **QUALIFICATIONS**

I hold a master's degree in Counseling from [Amberton University in Dallas, TX](#). I have been in private practice as a full time therapist since 2000. I am a certified anger resolution therapist, a certified rational hypnotherapist, and certified in CISD. I work with individuals, couples, families, and groups. I was the facilitator for The Road to Recovery Intensive Outpatient Treatment Program for 5 years from 2000-2005. I am the owner and program director for CALM: Counseling for Anger and Lifeskills Management, a 12 week anger management program for adults and adolescents.

### **THERAPEUTIC PHILOSOPHY**

While I usually prefer a cognitive-behavioral approach to therapy, I customize the treatment plan to the needs of each client. I offer counseling for many issues especially anxiety, depression, PTSD, anger, addiction, relationship issues, stress management, and mood disorders. If at any time during your counseling experience you feel that this is not a good fit for you, please let me know, and I will provide you referrals to several other therapists who might better suit your needs.

### **POLICY**

Our relationship is a therapeutic one and will occur only during the time of our sessions. This will be a professional relationship and needs to remain so in order for my work to remain objective.

Anything which transpires in our sessions is held in the highest of confidence, with the following exceptions: (a) you direct me to communicate information through a release of information form; (b) you communicate information which indicates you are a danger to yourself; (c) you communicate information which indicates you are a danger to others; (d) any child abuse; or (e)

any abuse of the elderly (f) it is mandated by a court order signed by a judge. As a client, you always have the right to terminate our therapeutic sessions. If at any time you become dissatisfied with my services, please let me know. I will provide you referrals to other professionals if you wish to continue with treatment. If together we are unable to resolve your concerns, you may report any complaints to the Texas State Board of Professional Counselors in Austin, Texas.

## **PAYMENT**

My services are rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-50 minutes in length. I agree to provide counseling services for you in return for a fee of \$125 per session. Cash, personal check, or credit cards are acceptable methods of payment. A receipt for all fees paid will be provided upon request. In the event that you are unable to keep an appointment, I must be notified 24 hours in advance. If advance notice of cancellation is not received, you will be responsible for payment of the missed appointment.

## **INSURANCE**

Some health providers reimburse clients for my counseling services and some do not. You should contact your insurance company to determine whether you will be reimbursed and what schedule of reimbursement is to be used. If you wish to use your health insurance, I will bill the company for you, however your co-pay must be paid with each session. If your policy has a deductible the full rate of \$125.00 will be collected until your deductible has been met. If for any reason your insurance fails to pay a claim, you are fully financially responsible for all unpaid sessions. Health insurance companies often require a diagnosis for your “mental condition” before they agree to reimburse you. In the event that a diagnosis is required, I will inform you of the diagnosis I plan to render. Any diagnosis made becomes a permanent part of your insurance record. If you have any questions, please ask.

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Client Signature

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Shannon Purtell-Lattimore

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Date

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Date



## HIPPA: HEALTH INFORMATION PRIVACY AND PORTABILITY ACT

### **Purpose of this notice:**

Our office respects the privacy of personal information and understands the importance of keeping this information confidential and secure. This notice describes our privacy practices with respect to your health information. Our privacy practices apply to current and former patients.

### **Types of personal health information we collect:**

We collect a variety of personal and health information when covering health care. You provide some of this information when you initially come into the office (such as address, social security number and health history). We also receive additional personal and health information (such as eligibility) through our transactions with employers, insurance companies, and other health care providers. We limit the collection of personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements.

### **How we protect personal and health information:**

We treat personal and health information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide services to our clients (e.g., our billing clerk). These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable laws. We meet physical, electronic, and procedure to promote the integrity and accuracy of that information.

### **Disclosure of personal and health information:**

We may share any of the personal and health information we collect (as described above) with our associates as permitted by law. We may also disclose this information to non-associated entities or individuals as permitted or required by law. Non-associates with whom we may disclose information as permitted by law include our attorneys, accountants, and auditors, a patient's authorized representative, other health care providers, public health authorities, donation organizations, institutional review boards for research purposes, third party administrator's insurers, law enforcement, or regulatory authorities, etc. We may also disclose any of the personal and health information we collect (as described above) in order to provide appointment reminders or to give you information about other treatment or health related benefits and services that may be of interest to you. In addition, in the event that this office is sold or merged with another office, your personal and health information will become the property of the new owner. We do not disclose personal and health information to any other third parties without a patient's request or authorization.

### **Individual rights to access and correct personal and health information:**

We have procedures for a client to access the personal and health information we collect, and other than information we collect in connection with, or in anticipation of a lawsuit or legal claim, we will make this information available to the client upon written request. Our goal is to keep our client information up to date and to correct inaccurate information. We have procedures in place to ensure the integrity of our information and for the timely correction of incorrect information. If you believe that any personal or health information we have about you is not accurate, please let us know by contacting our office. This practice reserves the right to amend this notice of privacy practices at any time in the future. Until such amendment is made, the practice is required by law to comply with this notice.

### **I HAVE READ AND UNDERSTAND THE POLICIES DESCRIBED HEREIN.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date