

Spanish River Counseling Center

Client Intake Form

All Information is strictly confidential

Client Name (Please print): _____ Date _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip: _____ DOB: _____

Work Phone: (His) _____ (Hers) _____ Cell: _____

Employer: (His) _____ How long? _____ (Hers) _____ How long? _____

Marital Status: single married separated divorced widowed

How long? _____

Have you been here before? Yes No If yes, when? _____

Reason for seeking therapy: _____

Who lives in your home besides yourself?

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member of a church? Yes No Where _____

Attend church regularly? Yes No Where _____

Under a physician's care? Yes No Dr.'s name: _____ For what _____

Currently taking medication? Yes No For what _____ How long _____

Previous counseling? Yes No By whom? _____ When _____

How long? _____ Where _____ Reason _____

Spanish River Counseling Center

Therapy Agreement

I, _____, have applied for counseling and/or testing services at Spanish River Counseling Center for myself and the following person(s) for whom I am legally responsible.

- I authorize third party payment of benefits to Spanish River Counseling Center for services provided, and further authorize the release of only that information necessary to process this claim with my insurance company.
- I am responsible for any and all indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy or testing.
- I understand that if, during the course of treatment, the counselor determines that a threat of physical harm (including child or elder abuse) to the client or to another person is imminent, the appropriate individuals and authorities will be notified. By law, the appropriate authorities must be notified, in accordance with the following Florida statutes: (FS39.201; FS 39.202; FS 39.204; FS490.0147; FS 491.0147).
- I further agree to indemnify and hold harmless Spanish River Counseling Center, its agents, servants or employees from any claim for damages, of any nature arising out of, or allegedly due to, any counseling, instruction or advice rendered by personnel of Spanish River Counseling Center, or out of any activity related thereto. I accept full responsibility for any decisions I make regarding my life.
- I understand that audio and/or video taping of a session will be strictly for the purposes of my therapist and will only be done upon my full knowledge and consent.
- I understand that my therapist may consult with other professionals on staff at Spanish River Counseling Center, but in so doing, however, my confidentiality will never be compromised.

I have read the above information carefully, understand its contents, and agree, under these conditions, to receive services for myself and/or anyone herein designated.

Signatures: _____

Date _____

Date _____

Spanish River Counseling Center

2400 Yamato Road
Boca Raton, FL 33431
(561) 241-9014

Payment Agreement

Responsibilities:

- **Payment is due on the date service is rendered.** Please pay by cash, check or credit card (except Discover). If paying by check, please make check out to Spanish River Counseling Center (SRCC).
- The fee is **\$125.00** for a 50-minute session.
- The fee for a full battery of psychological tests is **\$1,600.00**.
- **Cancellation of a session must be made at least 24 hours prior to the scheduled time or you will be billed for the scheduled session.**
- For reasons of confidentiality, **we do not make appointment reminder calls.** You are responsible for keeping your own appointments.
- An invoice may be sent to your home for any outstanding balance.

Insurance:

- Spanish River Counseling Center is an out of network, outpatient mental health center.
- Spanish River Counseling Center will provide receipts and documentation for you to submit to your insurance company for reimbursement.
- To estimate your insurance benefit you may call your insurance company Customer Service phone number and request benefits for “Out of Network” and “Outpatient Mental Health.”
- Please remember that most insurance companies have both a deductible and a co-payment that must be met before benefits can begin. Many policies have a maximum number of visits per year. Several insurance companies require authorization before psychotherapy session expenses will go toward the deductible.
- Psychological or education testing is not normally covered by most insurance companies.
- If you would like more guidance on how to obtain detailed information about your benefits, please ask the Office Manager for Insurance Verification Information.

The undersigned certifies that he/she has read the above information carefully, understands its contents, and agrees to comply with the terms of payment as provided above.

Signature: _____ Date: _____

Signature: _____ Date: _____