Thamani Counseling Services
3036 W. Irving Park Rd., 2nd Floor
Chicago, IL 60618

(773) 270-2150
Thamani.net
contact@thamani.net

Adult Individual Paperwork

We look forward to meeting you!

Your first appointment is an opportunity for your therapist to get to know you and for you to get to know your therapist. Your therapist will ask you questions to get to know you better and to gain an understanding of your goals for therapy; please feel free to ask your therapist questions if you have them. This is also an opportunity for you to get to know your rights and any practice policies we may have. It is important to us that you understand your rights in the therapeutic relationship, so your therapist will go through the intake paperwork with you during the first session.

Please read and fill out the paperwork before your first session so that we can answer any questions you may have regarding this paperwork or provide any necessary clarifications.

Your therapist will not be able to meet with you until these documents are completed in full.

Thank you!

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Client Intake Form

Today's Date	Whom may we thank for referring you?	Therapist name
Client Information		
First Name	Last Name	Date of Birth
Street Address	City/State	ZIP Code
Phone	Email	Okay to leave information via: Text message? Y or N Voice mail? Y or N Email? Y or N
Marital Status	Occupation	
Gender	Ethnicity	
Medical Information		
Primary Care Physician (PCP) Name	Phone	May we contact your PCP?
Psychiatrist Name	Phone	May we contact your psychiatrist?
Emergency Contact Information		
Emergency Contact Name	Phone (primary)	Phone (secondary)
Relationship to client	I understand that, in the case of an emergency, my therapist will contact the person here designated. *Initial Here:*_____	
Insurance Information		
Insured's First Name	Insured's Last Name	Insured's Date of Birth
Street Address	City/State	ZIP Code
Insurance Company	Insurance Billing Address	Insurance Phone Number
Insurance ID Number	Group Number	Relationship to Client ☐ Self ☐ Spouse ☐ Dependent

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the doctor. I understand that I am financially responsible for any balance. I also authorize Thamani and the insurance company to release any information required to process my claims. Furthermore, I have reviewed the Notice of Privacy Practices provided. I fully understand and accept the terms of this practice.

_____ _____

Client Signature Date

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Client History

Briefly, what are your goals for therapy/what do you hope to accomplish through therapy?

1. _____
2. _____
3. _____

Have you had treatment with a therapist, psychologist, or psychiatrist before? ☐ Yes ☐ No

If yes, please provide the following information:

Treatment Type	Provider's name	Reason for services	Dates of service (Approximate)	Why did services end?

Please list all past hospitalizations:

Approximate Date of Hospitalization	Reason for Hospitalization (e.g. childbirth, surgery, SI, etc.)	Hospital	Length of Stay (approximate)

Please list any medication that you are currently taking:

Medication	Dose	Date Started	Prescribing Physician	Treating/preventing what?

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Do you have any current concerns about your physical health? Please specify:

_____

Which of these major experiences have occurred in your life in the past year (please check all that apply)?

Death of a spouse or life partner		Serious illness of child	
Death of a child		Hospitalization	
Serious illness of a spouse or life partner		Loss of a job	
Serious illness or death of a loved one		Reconciliation with life partner	
Separation from your partner		Getting married	
Chronic illness (self)		Birth of a child	
Pregnancy		Pregnancy loss	
Starting a new job		Retirement	
Starting or finishing school		Divorce	
Job Change		Child Leaving the Home	
Move		Other:	

To your knowledge, do you or anyone from your family have a history of mental illness? If yes, please indicate below:

Person	Relationship to client	Diagnosis	Symptoms

Have you or anyone in your family ever experienced any of the following?

	Self	Family Member (please indicate who)
Abuse		
Suicidal thoughts		
Suicide attempt		
Suicide completion		
Self-harm		
Substance use or abuse (please indicate the substance)		

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Who currently lives in your home?

Name	Relationship to client	Age	Occupation or grade level

How would you describe your current home environment (e.g. calm, relaxed, messy, predictable, etc.)?

_____

_____

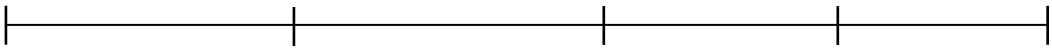
How would you describe your home environment when you were a child?

_____

_____

Religious Affiliation _____ Church Affiliation _____

How important are spiritual issues to your counseling experience? (Place a mark on the line)



Not at all Somewhat Moderately Very Extremely

Is there anything else that you would like your therapist to know?

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PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4

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15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med*. 2006;166:1092-1097.

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Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than half the days	Nearly Every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you area failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

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Policies and Procedures

This document contains important information about Thamani's professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

About Thamani

Thamani is a Christian not-for-profit (501(c)3) organization that exists to provide excellent mental health services, training, and research in Chicago and across the globe. We believe in making exceptional mental health care available to all, both within Chicago and internationally.

Location and Scheduling

Our offices are located on the second floor of 3036 W. Irving Park Ave. When you arrive for your appointment, please take a seat in the waiting room. There is no reception desk. Your therapist will come to the waiting room to meet you at the time of your appointment.

After your first appointment, you will be provided with a login and password for an online scheduling tool (timecenter.com). You may either make your next appointment with your therapist at the end of each session or schedule several appointments in advance using the online tool.

Contacting Us

Please feel free to contact Dr. Wildt, the practice owner, at (773) 270-2150 with any concerns or questions you may have. You may also email Dr. Wildt at hwildtpsyd@gmail.com. We are often not immediately available by telephone and will not answer the phone when with a patient. When we are unavailable, please leave a voicemail (which will be monitored frequently). We will make every effort to return your call within 24 hours, with the exception of weekends and holidays.

Email and Text Messaging

We only use email and text messaging with your permission and for administrative purposes, unless we have made another agreement. That means that email exchanges and text messages with Thamani should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email about clinical matters because email is not a secure way to contact us. If you need to discuss a clinical matter, please feel free to call your therapist or wait so we can discuss it during your therapy session.

Social Media

To protect your security and privacy, we do not communicate with, or contact, any clients through social media platforms like Twitter and Facebook. In addition, if we discover that we have accidentally established an online relationship with you, we will cancel that relationship.

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Web Searches

We will not use web searches to gather information about you without your permission. We believe that this violates your privacy rights; however, we understand that you might choose to gather information about us in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about your therapist or a staff member of Thamani through web searches, or in any other fashion for that matter, please discuss this with your therapist during your time together or contact the practice owner, Dr. Wildt, so that we can acknowledge it and its potential impact on your treatment.

Confidentiality

In general, the privacy of all communications between a patient and a psychologist is protected by law, and we can only release information about our work to others with your written permission. However, there are the following exceptions:

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues require it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about our treatment. For example, if we believe that a child, elderly person, or disabled person is being abused, we are required to file a report with the appropriate state agency.

If we believe that you are threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you. If you threaten to harm yourself, we may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection.

If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

Fees and Billing

Payment for the portion of the fee for which you are responsible is expected at the time of service. A copy of your credit card will be placed on file and billed in the event that your insurance company does not pay for services rendered or if there is any unpaid balance. We are happy to accept payments in cash, credit, or debit card.

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We complete billing on a weekly basis and send out invoices on a monthly basis (typically the first week of the month). Please be mindful that it often takes a few weeks for insurances to process claims, and so there may be a delay between your initial session and your first bill.

Standard Fees

The following standard fees will apply:

- Initial diagnostic session: $225
- 45-minute therapy session: $150
- 60-minute session - $200
- Attendance at school meetings (e.g. IEP meetings) as a support person: $200/hour*
- Court appearances: $2,000 for a half day or $4,000 for a full day*
- Paperwork (e.g. letters written for ADA accomodations, FMLA paperwork, etc.): $30*
- Copies of records requested by client: $1/page*
- Additional phone contacts lasting 30 minutes or longer - $50*

Any service designated with an asterisk (*) is not covered by insurance and must be fully paid in advance.

Insurance

In Network: We are an in-network provider with Blue Cross Blue Shield PPO and Blue Choice Plans. Our billing department offers a preliminary verification of benefits before your scheduled appointment, so please have your insurance card available when you call to schedule an appointment. Please note that verification of benefits is not a guarantee of payment by the insurance company. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that most insurance companies require that we provide them with your clinical diagnosis. Sometimes we have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any records we submit, if you request it. ***You understand that, by using your insurance, you authorize us to release such information to your insurance company. We will try to keep that information limited to the minimum necessary.***

Upon notice of insurance denial, Thamani will contact you with information regarding your account. If you have not responded after 30 days, your signature below acknowledges and authorizes Thamani to charge the full amount to your credit card.

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Out of Network: If we are not in-network with your insurance plan, you can choose to self-pay and we are happy to provide you with the necessary paperwork to submit to your insurance company for out-of-network reimbursement.

Cancellation Policy

If you desire to cancel or reschedule an appointment, please provide your therapist with at least 24 hours' notice. If you do not give your therapist 24-hour notice, you are responsible for a $50 no-show fee, unless there are extenuating circumstances. Insurance companies do not pay for missed sessions. This fee will be charged to your credit card on the date of the missed session.

Supervision and Consultation

We believe that continuing to grow and develop as therapists requires ongoing consultation and supervision. We may seek professional consultation from other Thamani clinicians. All discussions among staff and supervisors are held in confidence and are for the purpose of providing the best possible client care. When consulting, clinicians take significant measures to hide the identity of their clients.

Research

We believe that research helps us to know the most effective method of treatment. To understand therapy better, we must collect information about clients before, during, and after therapy. Therefore, we are asking you to help us by filling out some questionnaires about different parts of your life-relationships, changes, concerns, attitudes, and other areas. We ask your permission to take what you write on these questionnaires and what we have in our records and use it in research or teaching that we may do in the future. If we ever use the information from your questionnaire, it will always be included with information from many others. Also, your identity will be made completely anonymous. Your name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

Records

The laws and standards of this profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in your therapist's presence so that he/she can discuss the contents. In some situations, we are willing to conduct a review meeting without charge. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. Thamani uses electronic records, and any diagnoses made will be recorded electronically, and may be accessed by other Thamani providers.

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Release of Record – You may consent in writing to release your records to others and you may revoke your consent in writing at any time. Your therapist may want to have a discussion with you about your choice to release your records upon your request.

Restriction or Amendment of Record – You may ask us to not use or disclose part of your record or to amend information that you feel is incorrect or incomplete. All requests must be made in writing, and in certain cases, we may deny your request. If we choose to deny your request, you have the right to file a statement that you disagree with us, which will be added to your record.

Ending Treatment

Therapy is unique in that its ultimate goal is for you to leave therapy. We believe that having an identified termination session is a very important part of therapy because they allow for a time to develop closure, review what you've learned, and work towards maintaining your progress. Therefore, we encourage you to address the following questions with your therapist during the first few sessions: "under what conditions will we end, and what will that ending look like?

Changes in Policy

Thamani reserves the right to change its Privacy Policy based on the needs of Thamani and changes in state and federal law.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature _____ Date _____

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
    - Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
    - Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
    - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within our practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of Thamani, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If we have reasonable cause to believe that a child has suffered abuse or neglect, we are required by law to report it to the proper law enforcement agency or the Illinois Department of Children and Family Services.
- Adult and Domestic Abuse: If we have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, we must immediately report the abuse to the Illinois Department of Family Services. If we have reason to suspect that sexual or physical assault has occurred, we must immediately report to the appropriate law enforcement agency and to the Illinois Department of Family Services.
- Health Oversight: If the Illinois Examining Board of Psychology subpoenas your therapist as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, we must comply with its orders. This could include disclosing your relevant mental health information.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that we have provided to you and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: We may disclose your confidential mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
- Worker's Compensation: If you file a worker's compensation claim, with certain exceptions, we must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Illinois Worker's Compensation Commission, to your employer, your representative, and the Department of Labor and Industries upon request.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- Right to Request Restrictions –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving services at Thamani. Upon your request, we will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Psychologist's and Therapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you by mail with a revised version of this document.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, please contact Dr. Wildt or your therapist at their business address.

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You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Office of Civil Rights, 200 Independence Ave. SW, Washington, D.C. 20201 (877-696-6775 toll free).

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on 7-9-18. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail.

Your signature below indicates that you have read and understand the HIPAA privacy policy.

_____ _____

Signature **Date**