

Amy Davis, MA, LPC

Individual, Couple & Group Therapy

662 Grant Street
Denver, CO 80203
Phone: 720.393.0080
Fax: 303.329.5435

Date: _____ Referred by: _____

May they be contacted to acknowledge your arrival? Yes No

Client Information

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____ Email: _____
Date of Birth: _____ / _____ / _____ Soc. Sec. #: _____ / _____ / _____
School Name: _____ Grade: _____
School Counselor: _____ Phone: _____
Religious/Church Affiliation: _____ Active Moderate Inactive

Family Information

Parent/Legal Guardian: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____
Employer: _____ Preferred: Home Cell Work
E-mail: _____
Parent/Legal Guardian: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____
Employer: _____ Preferred: Home Cell Work
E-mail: _____
Siblings: No Yes: Name(s) and Age(s): _____

Health Information

Current Health: Very Good Good Average Declining

Current medical problems and/or medications: _____

Primary Physician: _____ Phone: _____

Have you been under the care of a psychiatrist, psychologist or counselor? Yes No

Name: _____ Date: _____

Describe the nature of the problem(s): _____

What has brought you here today? _____

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SERVICES AND PAYMENT POLICIES

As you come in for counseling, you probably have preliminary questions about services, costs and billing. Those questions are appropriate, respectful, and welcome.

Communications

You may call 720.393.0080 for any questions regarding billing or appointments. It is completely acceptable to contact me if there is an emergency, but I will charge after 15 minutes. You may also contact me via e-mail at amydavislpc@gmail.com. These forms of communication, cell, e-mail, skype, and other forms of internet communications, are not secure/confidential forms of communication and do not guarantee confidentiality. By signing this form you are allowing me to use these forms of communication and are waiving your rights provided by federal and state laws about confidentiality. You agree not to hold Amy Davis, LPC, LLC legally responsible for the transmission of this data.

Services and Payment

Counseling sessions usually run 50 minutes, allowing 10 minutes for the necessary administration of your records and account.

The standard hourly fee for Amy Davis, LPC is \$95. Additional time is billed to the quarter hour. Payment is expected at the beginning of the session and will be accepted in the form of *cash, check or credit/debit card*.

I do not collect insurance for payment. However, if you would like to file with your insurance company for reimbursement, you will be provided with a diagnostic receipt. Each month you will receive an automated statement by email. Statements will show that you have paid for your services in full and ready to forward to your insurance company.

To find out if your insurance provider will reimburse you, call mental health benefits department and ask if your policy covers an out-of-network provider who is an MA level LPC (Licensed Professional Counselor) in the state of Colorado.

Missed Appointments and Cancellations

Since services are by appointment only, this time is reserved exclusively for you. If appointments are not canceled with at least *24 hours notice*, you will be charged. In the event of an emergency, special consideration may be given regarding the cancellation policy.

I have read and agree to the policies above.

Parent/Guardian: _____

Date: _____

Therapist: _____

Date: _____

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ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: **Visa, MasterCard and Discover**. Service fees will be deducted from the designated account at the time services are rendered.

Client Information:

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____

Cardholder Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

I authorize any service fees to be deducted from the credit or debit card ending in _____
(Please provide the last four digits of the card.)

Cardholder Signature

Date

Service provided by www.therapypartner.com

Credit/Debit Card Information:

Please provide your payment information below. The debit or credit card information you provide on this form will be destroyed once your first payment has been made.

Card Type (circle one): Visa MasterCard Discover

Card Number: _____

Expiration Date: _____

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Disclosure Statement

Disclosure of Credentials

Amy Davis, MA, LPC, NCC
662 Grant Street, Denver, CO 80203
720.383.0080

Degrees and Credentials

Licensed Professional Counselor, State of Colorado, 2010
Licensed Professional Counselor, State of Missouri, 2001
National Certified Counselor, National Board of Certified Counselors, 2001
Masters of Arts in Counseling, Covenant Theological Seminary, 1997
Bachelor of Arts in Elementary Education and Social Studies, Vanderbilt University, 1994

Client Rights

The practice of psychotherapy is regulated by the Colorado Department of Regulatory Agencies, Mental Health Section. Any questions, concerns or complaints regarding the practice of psychotherapy in Colorado may be directed to this agency at 1560 Broadway Ste. 1350, Denver, CO 80202. (303) 894-7766.

You are entitled to receive information about the following:

1. Methods of therapy
2. Therapy techniques
3. Duration of therapy (if known)
4. Fee structure

Please ask if you would like to receive this information. You may accept or reject any recommended therapy intervention. You can also seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section at the above address.

Confidentiality

As a client, you are entitled to have the content of your therapy sessions is legally confidential with your therapist. However, there are four exceptions that your therapist is legally required to report.

1. Any suspected incident of child abuse or neglect to law enforcement.
2. Any threat of imminent physical harm by a client to law enforcement and to the person (s) threatened.
3. Any threat of imminent danger to self.
4. Any suspected threat to national security to federal offices.

I have read the preceding information and understand my rights. I give Amy Davis, LPC consent for the treatment of my child.

Parent/Guardian: _____

Date: _____

Therapist: _____

Date: _____