



Your Enrollment Packet Your Enrollment Packet

Hello, Thank You for choosing my counseling services. This packet contains important information about my professional services and business practices. Your packet should include the following forms: -1- This instruction sheet -2- New client registration form -3- Counseling services contract & consent to treat form - 4- New HIPAA & exceptions forms -5- DSM V Symptom Measure -6- Client family history form -7- Emergency/support/resources list -7- Presenting concerns (either: individual.,couple.,family, youth) Please read carefully (**paying close attention to the bolded areas**) and complete *all* areas marked with an “x” . If you have any questions about the documents, please discuss them with your therapist before signing them. (**NOTE: Please pay close attention to the Counseling Services Contract, in particular the section discussing legal matters (attorney involvement), child custody, FMLA, divorce , etc, related to counseling services.)** Also if you are using private insurance such as Blue Cross, Aetna, Cigna, United Health Care or others, ***please contact them prior to your first session.*** There should be a 1800 number on your card to check on your **behavioral health services, i.e. number of sessions, co-pays, deductible, etc.** **NOTE: If you are using EAP sessions, this information is not needed . However, if you are using your EAP (Employer Assistance Program) services/sessions, please obtain the name of the EAP service, an authorization number , number of sessions and duration (start and expiration date of sessions) .**Thanks and I look forward to meeting and working with you,

DIRECTIONS TO MY OFFICE: I am located inside Villa Siena: 890 W. Elliot Rd. , Ste. 101, Gilbert, Az 85233. Cross streets: Elliot and Cooper. Ste. 101 are the double doors directly behind the large fountain out front.