609 Bryden Ave. Suite B
Lewiston, ID 83501
Phone: 208-413-9973
Fax: 208-413-9976

Patient Intake Information Form

Name: _____

What do you prefer to be called:_____

Date of Birth: _____

Address: _____

Preferred Phone Number: _____Can we leave a voicemail? _Yes__No

Employer: _____

Student: Yes / No School: _____

Insurance Company: _____

Relationship to primary insured? (if not you) _____

Member ID: _____

Plan ID: _____ Group ID: _____

Marital Status: Single Engaged Married Divorced Widowed

Emergency Contact: _____

Phone: _____ Relationship to Patient: _____

Current Physician: _____

Medical Conditions: _____

Where did you hear about us? _____

Reason for Appointment: _____

_____

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Consent for Treatment

I, _____ have had opportunity to review the Professional Disclosure form and use of confidential information as regulated by the Health Insurance Portability and Accountability Act (HIPAA), and with such information now consent to participating in counseling services.

_____

(Client Signature) (Date)

_____

(Parent/Guardian Signature, if needed) (Date)

Release of Information for Insurance

For your convenience claims will be submitted to your insurance provider. Your insurance provider is responsible to you, and you are responsible to this office for any balances left unpaid by the insurance provider. By signing below, you are acknowledging review of this office's fee schedule and are agreeing to pay any balance left unpaid by the insurance provider. Furthermore, by signing below you are authorizing this office to submit claims to your insurance provider and have been provided information on the use of confidential information in this process.

_____

(Client Signature) (Date)

_____

(Parent/Guardian Signature, if needed) (Date)

McIntosh Mental Health LLC.

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Consent for Contact

Please let us know your preferences:

Can we leave a voicemail with your preferred phone number? Yes No

Do you want to use the patient portal? Yes No

If so: E-mail Address: _____

How would you like to be contacted for appointment reminders?

Phone Text E-mail No Reminder

By signing below, you are providing consent for McIntosh Mental Health LLC to contact you in the above designated formats. Furthermore, you are designating McIntosh Mental Health LLC to leave messages as you have specified in the selections provided above. You may change these preferences at any time by completing a new consent form.

_____

(Client Signature) (Date)

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Professional Disclosure and Introduction

Brandon McIntosh, LCSW, ACS

The purpose of this form is to provide information on the expectations of counseling, my education and background as a therapist, and informed consent for participating in counseling. I look forward to working with you towards your goals.

Expectations of Counseling: Counseling, or otherwise referred to as therapy, allows the opportunity for you to work with a professional to explore thoughts, feelings, ideas, and interactions towards goals that may include reducing identified symptoms and increased life satisfaction. I utilize an eclectic background of theory to tailor the course of therapy to meet your specific needs and believe in creating a unique plan of therapy for every patient. This may include using Cognitive Behavioral Therapy; Interpersonal Therapy; Humanistic/Existential Therapy; and Solution Focused Therapy, among others. Utilizing these as well as other theories of counseling we will work together to build a unique and safe counseling experience for you.

Background as a Therapist: I have ten years of experience providing adult mental health services with extensive experience in the areas of diagnostic evaluations, complex trauma, PTSD, relationship counseling, and crisis intervention. My experience has primarily been split between working in a forensic mental health setting and more recently supervising a hospital affiliated community mental health clinic. Prior to this experience I completed a Bachelor of Science in Psychology with emphasis in chemical addictions from the University of Idaho, as well as a Master of Social Work with emphasis in mental health from Eastern Washington University. I have also completed two years of post-graduate clinical supervision to acquire an independent license in Idaho and am in good standing as a Licensed Clinical Social Worker. I have also completed post-graduate training in clinical supervision and am registered as an Approved Clinical Supervisor in the state of Idaho to provide supervision to other therapists. I adhere to all state and federal laws and guidelines for mental health practice as well as the National Association of Social Workers Code of Ethics. I am a current member of the National Association of Social Workers and collaborate with many professionals in the region.

Participating in Counseling: Initially counseling begins with a formal assessment. The purpose of this assessment is to develop a comprehensive understanding of your current functioning and goals for treatment. Upon completion of the assessment you may be given a diagnosis. The purpose of a diagnosis is to assist treatment providers in communicating about treatment goals and planning effective treatment strategies. Diagnoses are also often required for third party reimbursement of services provided. Following the initial assessment, we will meet in follow up appointments to continue to work towards your goals. By meeting to discuss your experiences, thoughts, feelings, and behaviors we will work together to build solutions and develop understanding that assists in reducing symptoms. Throughout this process we will work towards establishing a safe environment to facilitate working through your experiences; however, at times you may experience vulnerability in this process. Engaging in counseling includes the risk of feeling uncomfortable discussing sensitive experiences, this may be a necessary part of moving forward from difficult experiences. Throughout this process I will provide fair and accurate feedback to keep you informed of your progress and answer any of

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your questions. It is my goal that we will build a safe environment to face any difficult emotions and progress towards your goals throughout our work together. We will continue to assess your needs and goals throughout the process; however, neither I, nor anyone can guarantee a complete success in counseling.

Participating in Coaching: Coaching services are focused towards increasing general life satisfaction, relationship satisfaction, and optimizing performance in identified areas. Coaching services are unique from psychotherapy in that a diagnosis is not typically assigned as part of the process and the focus is on optimization of functioning in key performance areas. Coaching services begin with an initial coaching assessment to identify areas for improvement and focus. Coaching will continue with follow up appointments to focus on skill building and optimizing satisfaction in areas of your life that you identify. Coaching services often focus on skills related to communication and navigating interpersonal interactions. Coaching services can be an ideal solution for couples looking to increase relationship satisfaction.

Confidentiality: Your information is confidential and protected as set forth in the Health Insurance Portability and Accountability Act (HIPAA). I am not able to share your information without your specific and direct permission in writing. There are a few exceptions to this rule and they are as follows: Times in which I would be required to share confidential information with other service providers or authorities include: 1. If there is a specific concern of harm to yourself or others 2. If there is specific evidence of abuse or neglect to a minor, elder, or person with a disability 3. If ordered to by a court of law, and 4. In the event state or federal law requires. If a situation that requires disclosure of your information arises, we will first discuss the need to disclose this information and you will be kept informed of this process. If you utilize a third-party payer to pay for counseling services your diagnosis will be communicated with the insurance company as part of the formal reimbursement request. Your insurance company is also required to protect this information; however, it is your responsibility to communicate with your insurance company if you have questions about their methods of storing and protecting your information. If you are concerned about this, we can discuss potential alternative options such as out-of-pocket pay. If you pay for services out-of-pocket none of your information will be sent to third party payers, this ensures the highest level of confidentiality and privacy.

Medical Records: In order to document appropriately and provide the highest level of care, notes are taken on therapy and coaching sessions. These notes are stored in a medical record that is only accessible by me. For management of medical records I utilize in an Electronic Health Record program called *SimplePractice.* Any and all of your information is stored with the highest level of security in this program – meeting and exceeding all current regulatory standards for the security of protected health information. Although I may share an office with other mental health providers, medical records are kept separate and individualized with HIPAA compliant secured access.

I look forward to working with you towards your goals. If you have any questions or concerns about any of the information included in this form please let me know at your initial appointment. Choosing a counselor can be a difficult decision, it is my goal to simplify this for you by providing any and all information you require.