Tyler Skidmore, M.A., L.P.C.

The Vale Counseling and Therapeutic Center
2862 N. Beltline Road
Sunnyvale, TX 75182

Initial Interview Form & Informed Consent

Date: _____

CLIENT INFORMATION

Name: _____

Phone: (wk) _____ (hm) _____ (cell) _____

May I contact you and leave messages at these phone numbers? ___Yes ___ No

Address: _____ City: _____

State: _____ ZIP: _____ Email: _____

May I mail to this address? __Yes __No May I email you? ___ Yes ___ No

Sex: ___ male ___ female Date of Birth: _____

Others living at home: _____

Employer: _____ Occupation: _____

How long have you worked there? _____ How long in this occupation? _____

Education (list highest level): _____

Primary Physician: _____ Phone: _____

List any significant health problems: _____

List any medications you are taking & dosage: _____

Have you seen this type of therapist before ___ Yes ___ No

If yes, when and with whom? _____

Give a brief description of treatment: _____

How were you referred to our office? _____

Who may we thank for referring you? _____

Nearest relative other than spouse: _____

Have you considered or attempted suicide? ___ Yes ___ No If yes, when? _____

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION

Name: _____ Relationship to Client: _____

Phone (if different): _____

Address (if different): _____

INFORMED CONSENT

The Vale provides professional counseling, Biblical counseling and spiritual guidance. Tyler Skidmore, M.A., L.P.C. is a Licensed Professional Clinical Counselor Intern, License #68038 issued by the Texas State Board of Examiners of Professional Counselors. He is a member of the American Counselor Association and Texas Counseling Association. Tyler Skidmore is a graduate of Oklahoma Baptist University, Dallas Theological Seminary and is currently pursuing a PhD in counseling from Texas A&M University – Commerce. He has clinical experience counseling adolescents, couples, families, and individuals and facilitates all professional work from a Christian worldview.

Professional Christian counselors who are not acting in a pastoral capacity are considered to be "Mental Health Professionals." This category included church counseling staff, independent Christian counseling agencies, as well as commissioned or ordained Christian counselors.

CONFIDENTIALITY STATEMENT:

All information shared in this treatment is confidential except in circumstances governed by law.

- If you would like me to confer with another healthcare professional, you will need to sign a "Release of Information" form. You can revoke this permission at any time. Both parties agree to take all reasonable measures to ensure confidentiality with any communication over the phone and/or Internet.
- When a statement allowing release of information is signed by the client.
- When the client expresses an intent to kill themselves or someone else.
- When Child/Elder abuse or neglect is currently occurring.

FINANCIAL AGREEMENT

Fees are payable at the time of service. Your fee per session is $_____. Your regular fee will be charged for any additional professional services rendered at your request, such as phone contacts over 5 minutes, consults with other professional, etc. Preparation of special forms, reports, court time, etc. will be billed at the rate of $_____ per hour. We accept cash, check, VISA, MasterCard, American Express, and Discover.

The Usual, Customary, and Reasonable fee for individual counseling at this level is $130.00 per session. We do have a sliding scale available for those who can prove financial hardship. Please speak to me if this is a need.

YOUR PAYMENT IS TO BE PAID IN FULL AT THE TIME OF EACH SESSION. FEES ARE SUBJECT TO CHANGE EVERY SIX MONTHS.

NO-SHOW AND CANCELLATION POLICY

Your visit has been reserved for you. 24 hours notice is required for cancellation or you will be charged a late cancellation fee of a full session fee. You may leave a message with our office 24 hours a day, 7 days a week.

COURT TESTIMONY

If requested to testify or be subpoenaed to appear in court, Tyler Skidmore requires a minimum fee of $1,000.00 to be paid prior to the court appearance.

EMERGENCIES

If it is a potential life-threatening emergency, please go to your local emergency room or call 911. For non-life threatening emergencies, you may contact me or leave a message at 972-698-8478.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

STATEMENT OF UNDERSTANDING

I have read and understand this information sheet and informed consent.

Client _____ Date _____

Provider _____ Date _____

Parent of Guardian if minor _____ Date _____