



Rachel Weiss, MSW, LCSW

COUNSELING & PSYCHOTHERAPY

Intake Paperwork

Please complete all of the forms I have provided here. This packet includes all of the Informed Consents for Treatment, as well as my policies and your rights. It includes the Notice of Privacy Practices, and this is for you to keep. It's very important to spend time reading through these documents, and we will discuss them a bit in the beginning of your initial session, when I will be happy to answer any questions.

This packet also includes the "Client Self-Assessment" which is just to get a bit of your history, information about your life and what you want to work on. Feel free to be as detailed as you want to be. Some people want to be very detailed, while others prefer to be vague. This is your choice, and I can also do a thorough history-taking in our sessions. *If anything is triggering, please don't push through- feel free to skip that part or just write a very vague answer.*

Also included in this packet are some very basic and brief Screenings. These help me begin to get a better understanding of you and your issues. However, this is not intended to get a full picture of everything! They are just a useful tool for me so that I can provide you with the best care possible.

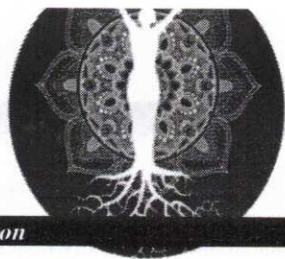
Please complete all forms prior to our first session. You can save them as a PDF and return them to me via email or text. ***I also need a picture or scanned copy of your photo ID.***

If you have any trouble getting these back to me or get overwhelmed, please reach out!

Thank You for taking this time to invest in yourself as we get ready to meet and start our work together.

I look forward to our first session!

Rachel Weiss, LCSW



Rachel Weiss, MSW, LCSW

COUNSELING & PSYCHOTHERAPY

General Information

Client name _____ DOB: _____ Age: _____ Today's date: _____

Marital Status: S M D W Other _____

Current status: ___ Student ___ Employed ___ Unemployed ___ Homemaker ___ Retired ___ Other: _____

If student, Full Time or Part Time? FT PT School attended/ Area of study _____

If employed, Full Time or Part Time? FT PT Occupation/ Place of Employment _____

Emergency contact _____ Relationship _____

Emergency contact Phone Number _____ Alternative Phone Number _____

If person filling out form is not client, check here: ___ What is your relationship to client? _____

Address & Contact Information

Home Address _____ Apt/ Suite _____

City _____ State _____ Zip _____

Home phone _____ OK to call? Y N OK to leave message? Y N OK to Text? Y N

Cell phone _____ OK to call? Y N OK to leave message? Y N OK to Text? Y N

Work phone _____ OK to call? Y N OK to leave message? Y N OK to Text? Y N

E-Mail: _____ OK to use? Y N (appointment-reminders will be e-mailed, you may opt out)

Preferred phone? ___ cell ___ home ___ work Preferred method/s of communication? ___ voicemail ___ text ___ call ___ email

Any special instructions when calling/texting/emailing? _____

Insurance Information (complete ONLY if you will be seeking insurance reimbursement for your sessions)

Insurance company (eg: BCBS, Tricare, Aetna, etc.): **Rachel Is Not In-Network with any Insurance Companies Currently.*

Name of employer providing insurance (if any) _____

Policy number _____ Group number _____

Policy holder name _____ Policy holder DOB _____

Insurance company address (see back of card) _____

_____ City _____ State _____ Zip _____

Insurance company phone/ Mental Health: _____ Provider Phone: _____

PLEASE TURN SHEET OVER FOR IMPORTANT INFORMATION & SIGNATURES

Initials and Signatures

_____ I understand it is my responsibility to pay for the session at the time of service. It is also my responsibility to pay \$100.00 for cancellations with less than 24 hours' notice. (1st one is \$50.00). For *any* No-Shows I understand that it is my responsibility to pay \$130.00. (Price varies when not a 50-minute Individual Therapy Session; the full cost of the session will be charged. If receiving a sliding-scale rate, expect to pay the full cost as agreed upon per session with Rachel.)

_____ I understand that in order to be in treatment with Rachel Weiss I must agree to leave a credit card on file (unless paying in full monthly, prior to the scheduled sessions).

_____ I affirm that I have willingly sought treatment from Rachel Weiss for issues relating to the field of mental health. I recognize that such treatment may involve exploration of my personal and family experience and has the potential to be emotionally unsettling. I agree and consent to receive treatment from Rachel Weiss at this time. I understand that I have the right to terminate such treatment at any time.

_____ I acknowledge that I have received, read, signed and consent to abiding by the Client Rights and Responsibilities document.

_____ I acknowledge that I have read and consent to the Notice of Privacy Practices document, which explains in detail my rights to access my Personal Health Information and how, when and with whom that information may be shared.

_____ I acknowledge that if Rachel Weiss deems the treatment I require to be beyond her level of training or resources as a solo practitioner that it is her ethical duty to provide referrals to other professionals or agencies. In the event that such referrals are, in her professional opinion, necessary for treatment to be effective, I recognize that in order to continue in therapy with Rachel Weiss I will need to follow up on such referrals and/or obtain additional licensed clinical responsibility for my care. Such situations may include (but are not limited to): recurrent suicidality, homicidality, severe substance dependency causing risk to life/health (whether in use or in detox), eating disorders, domestic violence, symptoms of bipolar disorder, personality disorders and psychosis.

_____ I agree that Rachel Weiss's sole responsibility is in working with me as a therapist and that I will not enlist her in any legal proceedings related to my case. I further agree that neither her records nor her testimony will be subpoenaed for deposition or court testimony, and she will be exempt from conversations with social service personnel, parenting consultants, attorneys and members of the justice system.

Client Name (please print legibly) _____

Client Signature _____ Date _____

Client Rights and Responsibilities Document

Clients of psychotherapy services offered by clinical social workers licensed in the State of North Carolina have both rights and responsibilities, many of which are outlined here.

CLIENTS' RIGHTS are:

- To be treated with dignity and respect;
- To have their treatment and other client information kept private (only in an emergency, or if required by law, can records be released without client permission);
- To expect that a therapist has met the minimal qualifications of training and experience required by state law;
- To receive appropriate referrals to other providers/ psychotherapists / agencies whenever requested, as well as in the case of a termination of therapy;
- To examine public records maintained by the North Carolina Social Work Certification and Licensure Board (NCSWCLB), which contain the credentials of a therapist;
- To obtain a copy of the Code of Ethics from the National Association of Social Workers (NASW), 750 First Street, NE Suite 700 Washington, DC 20002-4241 / www.socialworkers.org;
- To report complaints to their therapist, and/or to the North Carolina Social Work Certification and Licensure Board (NCSWCLB) / complaints are submitted in writing to: NCSWCLB P.O. Box 1043 Asheboro, NC 27204.
- To be informed of the cost of a professional service before receiving the services;
- To privacy as defined by rule and law;
- To be free from being the subject of discrimination on the basis of race, sex, socioeconomic status, religion, gender, ethnicity, sexual orientation, age, national origin, or other unlawful category while receiving services;
- To have the right of access to their records (seeing records and/or getting a copy of the records requested. The therapist must respond to a *written* request for records within 30 days after receiving it);
- To be free from exploitation for the benefit or advantage of a therapist;
- To take part in treatment planning;
- To decide whether or not to file with insurance, knowing the diagnosis will be part of the requirement for billing insurance.
- To terminate psychotherapy at any time they choose.

CLIENTS' RESPONSIBILITIES are:

- To give the psychotherapist information they need. This is so they can deliver the best possible care;
- To discuss any concerns/ questions with the psychotherapist's policies, Client Rights, and/or issues with the psychotherapy services they are receiving;
- To let their psychotherapist know when the treatment plan no longer works for them;
- To treat the psychotherapist with dignity and respect;
- To keep their appointments;
- To call their psychotherapist as soon as possible if they need to cancel visits;
- To stay current with all payments;
- To pay any owed money, even if treatment has ended;
- To ask their psychotherapist questions about their care, so they can understand their care and their role in that care;
- To let their provider know about problems with making payments;
- To follow the plans and instructions for their care. *The care is to be agreed upon by the client and psychotherapist;*
- Report abuse and/or fraud;
- Openly report concerns about the quality of care they receive.

I have read the above rights and responsibilities. I understand and agree with them.

Client Name (Print) _____

Client Signature _____ **Date:** _____

Professional Disclosure Statement / Informed Consent

I am pleased that you have selected me as your counselor. The following information is designed to inform you about the counseling process and ensure that you understand our professional relationship.

Professional Background

Alison "Rachel" Weiss is a Licensed Clinical Social Worker (LCSW #C007487) in the State of North Carolina. She has over 19 years of clinical experience as a psychotherapist. Treatment modalities include individual, group, couples, and family counseling (adults only). Currently she is only working with individuals and very occasionally will see couples/family/groups. She works with adults (typical age range is from 18 to 70). This work includes treatment for PTSD, Trauma, Substance Abuse, Addictions/ Compulsions, Dual-Diagnosis, Affect Dysregulation, Anxiety Disorders, Relationship/Marital/Family Issues, Relationships with Narcissists, Eating Disorders, Body Image, Sexual and/or Love Addiction, Dissociative Disorders (including D.I.D), Emotional Detachment, Adult Attachment Issues, Sexual Issues, Grief/Loss, Complicated Grief, Low Self-Esteem, Shame, Self-Harm, Phobias, Life Stress, Anger/Rage, Secondary Traumatic Stress, Complex and Developmental Trauma, Single-Incident Trauma, Somatization, Conversion Disorders, and Chronic Pain, among others.

Rachel also works with people recovering from recent, or current, difficult life situations/ transitions, such as a change of job, a divorce, a break-up from a significant other, dealing with the illness of a loved one, a recent move, graduating from school, partner infidelity (or your own), aging, abortion and miscarriages, legal trouble, an addicted loved one, the death of a loved one, gaining/ losing weight, contemplating a change of career, or just any place in your life where things feel "off-balance," and your "normality" has been interrupted. Rachel also enjoys, and is skilled at, working with people who are simply wanting to gain a deeper understanding of themselves, increase self-confidence, or wanting to feel re-invigorated by life.

Rachel Weiss earned her Masters of Social Work (MSW) in 2006 from Smith College: School for Social Work, where she focused her studies and internships on Psychotherapy with adult survivors of trauma. She later earned her LCSW and LCAS, with extensive work in the field of addiction and dual diagnosis. She is a trauma, attachment and addiction/compulsion specialist who believes that most of the issues people struggle with stem from unresolved traumatic, or "toxic," experiences, along with attachment wounds. She believes that everybody deserves empathy and compassion; everyone has the capacity to heal and recover. She believes that we are ultimately the experts regarding both our struggles, and our healing/ recovery.

Theoretical orientation is eclectic and individualized, using a variety of practices including Psychodynamic Modalities of Therapy, EMDR (Eye Movement Desensitization and Reprocessing), The Hakomi Method (Mindfulness-Centered Somatic Psychotherapy), Attachment-Based Psychotherapies, Somatic Experiencing (SE), Sensorimotor Psychotherapy (SP), Emotionally Focused Therapy for Couples, Families and Individuals (EFT), Ego State or "Parts Work," Psychoeducational, and Family Systems Therapy, among others.

About the Clinical Counseling Process

I view participation in Clinical Counseling as a collaboration, or partnership, between two people. You define the problem(s) to be worked on, and I use specialized knowledge to help you bring about the desired changes.

I ask that you tell me about any issues/ concerns arising within the therapeutic process, and within the therapeutic relationship. It's extremely important to voice your feelings about the therapeutic process; I encourage you to be honest with me. Psychotherapy needs to be a safe, non-judgmental space where you can speak openly and honestly, even when speaking up feels difficult or scary for you. My only intention is to help you achieve your goals- I cannot do that without your respectful honesty and input.

Since participation in therapy with me is voluntary, you may withdraw or terminate your treatment involvement at any time. Nevertheless, I must request that you discuss your plans with me before acting on them, so that you can be fully informed about the potential risks and consequences of prematurely doing so. Termination is inevitable but should not be done casually.

Confidentiality Issues

Some important issues regarding confidentiality need to be understood as we begin our work together. In general, I will not tell anyone what you tell me, or even reveal that you are seeing me for therapy. Federal and state laws protect the confidentiality of all communications between a patient and their therapist. This is why I ask you to sign a "release of information" form before I can talk about you or send your records anywhere else.

However, there are some exceptions:

- If you were sent to me by the court, legal system or an employer for evaluation or treatment, they expect a report from me. If

this is your situation, please talk with me before you tell me anything that you do not want disclosed to them. You have a right to tell me only what you are comfortable with being disclosed.

- In child custody proceedings, adoption proceedings, and proceedings in which your emotional condition is an important element, a judge may legally require my testimony if it is determined that meaningful resolution of the issues before the court requires it.
- Are you suing someone or being sued? Are you being charged with a crime? If you anticipate being involved in litigation, or are already involved in litigation, and you tell the court you are seeing me, or choose to include your mental or emotional state as part of that litigation, I may have to reveal part, or all, of your evaluation or treatment records.
- If you are called as a witness in criminal proceedings, opposing counsel may have some limited access to your evaluation and treatment records.
- My testimony may also be ordered in (a) legal proceedings related to a psychiatric hospitalization, (b) malpractice and disciplinary proceedings brought against a Clinical Social Worker, and (c) certain legal cases where the client has died.

Also, there are some circumstances when I am required to breach confidentiality even without a patient's permission.

- If I believe a child has been, or will be, abused or neglected; I am legally responsible to report this to the appropriate authorities and State agency.
- If you make a serious threat to harm yourself or another person, the law requires me to take protective action. This can include notifying the police, warning the intended victim, and/or seeking your hospitalization.

The obvious intent of these laws is that, as a Clinical Social Worker, I have a professional, legal and ethical responsibility to take action to protect individuals from harm, when, in my professional judgment, that danger exists. I am what is considered a "mandated reporter."

By signing this form, you agree never to call me as a witness in any present or future domestic or disability-related litigation under any circumstances. I want you to fully understand that *I will not provide evaluations or expert testimony in Court* for two reasons:

1. My statements will be seen as biased in your favor because we already have a therapeutic relationship; and,
2. My testimony might affect our therapy relationship, and I must put our therapeutic relationship first.

Courts appoint objective, independent examiners who have no prior contact with either you or your family members to conduct forensic examinations, custody evaluations, or act as expert witnesses for the court.

It is my role as a psychotherapist only to provide you with treatment. Experience has shown that the professional relationship is often harmed when psychotherapists testify in disability, divorce and/or custody matters.

Another confidentiality issue, that I feel is important to mention here, is that I may find it helpful, or even necessary, to consult about a case with another healthcare professional. This helps me provide you with a high quality of care. Your name will never be given to them, some information will be changed or omitted, and they will only be told as much as they need to know. Of course, the consultant is bound by the same laws and rules as I am.

Please keep in mind that the laws governing confidentiality are often quite complex, and I am not an attorney. I encourage active discussion of your concerns regarding these issues, but, if you need specific legal advice, consultation with an attorney may be desirable.

Record Keeping

I am required by law and professional ethics to maintain formal treatment records. I usually take notes during our sessions. You may find it helpful to take your own notes during and/or between sessions.

Please be aware that you are entitled to review your records or receive a copy of them at any time, unless I believe the information would be emotionally damaging, and, in such cases, the records will then only be made available to your designee. If you do request your records, you will be required to complete a form in writing prior to beginning the process of preparing your file. All patients are charged a fee for the administrative preparation and reproduction of their files that must be paid prior to your receipt of these documents. Please plan on waiting at least two to three weeks for your patient folder, after you have been notified that you may have access to your records.

The detailed notes I write during sessions are called "Psychotherapy Notes," and they are kept in a separate file, and cannot be reviewed or disclosed to anyone, including you, as the client. "Progress Notes" are the notes that are in your file, and those can be released with your record- these notes are not detailed.

Standardized test results can only be released to other licensed healthcare professionals properly trained in their use and interpretation. Thus, patients are entitled to the results of tests they complete, but not the actual test itself. This is like your local hospital's

policy regarding lab tests (i.e.: MRI, CT scan, blood work, etc.).

Any documents that I have in your file, which were not created by me, cannot be re-released. Legally, only the specific individual or agency that created a document can release that information. This includes documents such as records I may have requested, or which were sent to me from another health-care provider, (primary care physician, past therapist, hospital, psychologist, etc.)

If you use third party insurance, even if out-of-network and you are submitting "superbills" for sessions, I am required to provide the insurer with an accurate diagnosis and sometimes treatment records. It will become part of your permanent medical record. I will always let you know what the company has asked for. If you request it, I can provide you with a copy of any reports submitted. If you do not meet criteria for a diagnosis, or cease to meet criteria after some time in therapy, your insurance will not reimburse for services.

It is my standard office policy to destroy all patient records ten years after the termination of treatment. Until then, I will keep your records in a safe place.

What to Expect From Our Professional Relationship

Following our initial meeting, we will meet for a 50 to 53-minute session every week at minimum; often people come more than once a week, or schedule extended sessions. We can schedule sessions for your convenience, if available.

I will try and let you know at least a month in advance of my vacations or any other times we cannot meet-unless it is a health emergency or other unexpected emergencies that arise on occasion. Please try not to miss sessions if you can possibly help it. **When you must cancel, please give me at least 24 hours' notice; 48 hours is, however, preferable (in most cities, including D.C., where I started practicing, 48 hours' notice is required).** Cancelled appointments interrupt our work and delay your progress/growth. *When possible, please attempt to reschedule any cancelled or missed appointments. If you are sick, you can also do a phone session, or video session, and Rachel can help guide you through exercises that will help your healing capacities in your body- thus, you may not want to cancel at all!*

Psychotherapy is not like visiting a physician in that it requires an active involvement and ongoing effort on your part to change thoughts, feelings, and behaviors. You must work in sessions and at other times during the day.

Change can sometimes be easy and swift, but it is usually slow, gradual, and the result of a patient's persistent effort and commitment over time. Psychotherapy is more effective when it occurs on a regular basis.

Some health insurance plans do offer out-of-network benefits and help you pay for Psychotherapy services as well as some of the other treatment procedures I offer. If your insurance company does offer out-of-network benefits, you can request that I give you "Superbills" that you would submit to your insurance company. *Please be aware that I have absolutely no role in deciding what your insurance plan covers. You are responsible for checking your insurance coverage, deductibles, reimbursement rates, etc. ***(Insurance does not pay for sessions you do not attend- missed appointment fees must be paid by you.)***

Methods of payment I accept include, but are not limited to: Zelle, Credit/Debit Card, and Checks if you provide them in advance to sessions. I do offer a sliding scale rate and this is assessed on a case-by-case basis. Rachel does increase her rates periodically, and you will be notified at least a month in advance of such changes.

I will assume that our fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, via telephone, or certified mail that you want to stop treatment. You have a responsibility to pay for any services you receive, or any missed appointments, before you end our relationship. Either one of us may choose to end our work together at any time.

Payments and Cancellation Policy

I do my best to provide services to as many individuals as possible, and since only one client is scheduled per appointment slot, late cancellations and missed appointments, do not allow for me to fill that appointment slot with another individual who may need it. This policy is to provide the best care to all of my clients. The time scheduled for you is yours, and payment is needed for that time, whether you show up or not. Please understand that Rachel also prepares for your sessions. Rachel will wait for 15 minutes, and if you are later than this, the session will have to be rescheduled, and you will be charged the No-Show fee in these cases.

I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all clients, the following policies are put in place **(these policies or fees are not punishments):**

- There is no charge for appointments cancelled 24 hours, or more, prior to your scheduled appointment time **(unless your appointment is on a Monday- see below).**
- 24-hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to provide 24 hours advance notice you will be charged a \$50 cancellation fee the 1st time. *If your appointment is on a Monday, you will need to cancel prior to 5pm the Friday before.*
- After the 1st Late Cancellation, you will be charged a \$100.00 cancellation fee from then on.
- For any Missed Appointments/No Shows (no notice given prior to your missed appointment) you will be charged \$100.00.

No-shows/Missed Appointments: Anyone who either forgets, or consciously chooses to forgo their appointment without notifying me prior to the scheduled appointment time, for whatever reason, will be considered a “no-show.” They will be charged in full for their “missed” appointment. Charges for missed appointments are made with your card on file, automatically, unless you late cancel/no show, and submit your payment with another method prior to Rachel charging your card. Rachel does not have to notify you that your card is being charged. (For a 50-60-minute Therapy Session this will be \$100.00.)

- *In special cases, resulting from multiple missed appointments and/or late cancellations, you may be given the option of creating an “Attendance Contract.” Each contract differs. In these cases, you will have the choice to stop therapy, or continue with the understanding that you will abide by the contract. If you stay on, and are unable to abide by the contract agreement, you will have to discontinue therapy with me, and I will offer you a list of at least 2 appropriate referrals for other therapists and/or practices.*
- Fees will be automatically charged using the card I have on file. Please be sure to change card information when/and if needed, as this is your responsibility. This includes notifying me of a change in zip code in order to run your card. Any time your card is charged, a card processing fee is added (these fees do increase and decrease, as the Square Program that I use set those fees).
- When your card is charged, you will receive a receipt for this instantly in the e-mail you have provided me with.
- **If your card is declined, or your payment is late for any other reason**, and not received by 5pm the day the payment is owed, I will notify you via phone, and may send you an invoice electronically. A \$30.00 fee will be additionally charged if this occurs. However, if I get a text or call back within that same day, *prior to 5pm*, telling me that the situation was corrected, thus allowing me to successfully charge your card, or that you were able to get me the payment in some other way, the \$30.00 fee will not be added to your Cancellation/Missed Appointment fee.
- If there is a fee owed, we will have to suspend sessions until the full fee is paid. Payment Plans are available on a case-by-case basis. Please just talk with Rachel about any issues you might be having.

Please be advised that you are allowed three late cancellations per year. Upon the third late cancellation, I reserve the right to decline further scheduling.

If you have a standing appointment time with me and “no show” an appointment, I may remove your standing appointment if I do not hear from you within 24 hours after the missed appointment time. We will schedule another time to meet once I hear from you.

I try my best to work with all of my patients who are invested in the therapeutic work. We all have hard times, and I understand that. I do offer a sliding-scale rate to a limited number of patients and have a pro-bono slot as well. I also have slots dedicated to the “Open Path Collective” who link clients with therapists for a low session rate of \$30.00-\$50.00. These slots are often taken; if they are, I can help you get connected with them so that you can see a therapist at a rate that is more affordable for you. All Souls Counseling also offers low-payment sessions, as low as \$5.00. Additionally, there are therapists that charge rates that may be more suitable for you. There are also free, limited-time, services available for some people, such as sexual assault and domestic violence survivors, and Rachel is happy to direct you to these services.

**If you are struggling financially, please speak openly and honestly with me. I also offer payment plans on occasion and am willing to explore these options. Most importantly, talk with me, and we may be able to work out a temporary arrangement.*

The Benefits and Risks of Therapy

There are benefits and risks associated with any healthcare procedure. Risks might include experiencing uncomfortable feelings like sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories or have night terrors as well as flashbacks. These emotions, symptoms and memories can bother you at home, work, or school. Participation in Therapy may also disrupt a marital relationship or partnership, and sometimes even lead to separation or divorce.

Sometimes, too, a client's problems may temporarily worsen after beginning treatment. Conflicts may not be resolved. Emotions may be too overwhelming or intense to deal with at the time; targeted behaviors may not change, and you may not be any more aware of yourself than when Therapy started. New forms of disruptive or symptomatic behaviors can emerge, and you may have difficulty terminating your Therapeutic involvement. During Psychotherapy, major life decisions are sometimes made, including separation within families, development of other relationships, changing employment, and modifying of lifestyle. Most of these risks are to be expected when people are making important changes in their lives that call into question beliefs and values.

Psychotherapy scientifically demonstrated its ability to benefit people in hundreds of well-designed research studies. Modalities such as EMDR and Somatic-Based Therapies also have evidenced benefits that last much longer than in traditional Psychodynamic Psychotherapy (i.e. “Talk Therapy”). People often begin to feel calm, empowered, and connected. Self-Insight is deepened and often Self-Compassion and Self-Acceptance is achieved. Depressed people find their mood lifting. Many clients find their emotions regulating- no longer feeling like their emotions control them. Relationships and coping skills improve. You may derive greater satisfaction from social and family relationships. You may stop blaming yourself for past events that you had no control over or fault in. You may develop increased self-insight. You may find you can set boundaries and assert yourself. Personal goals and values become clear and obvious. You may begin to feel inspired and motivated or experience increased focus/concentration or even inspiration and creativity. Others experience improved physical health and an absence or decrease in chronic pain and/or other bothersome physical

issues. Yet, even with your best efforts, there is always a risk that Psychotherapy may not work out well for you.

If You Need to Contact Me

I cannot promise that I will be available at all times. My office hours are Monday through Friday 1 pm to 7 pm

Please be aware that I never take phone calls when I am with my clients. During these times, please leave a message on my voicemail or via text (often this is best). I will return your call as soon as possible. I return phone calls / texts daily, unless unavailable, or on Saturdays, Sundays and holidays. I will almost always return phone calls by the next business day. I do periodically check voicemails, texts, and e-mails outside of business days and office hours, and if I am able, I will gladly get back to you. I work hard on being as accessible as possible to my clients. ***If you email me, text me to just let me know, as I do not check my email daily.**

When on vacation, or out of the office for extended periods of time for other reasons, I will provide you the contact information of another therapist who you will be able to call, and/or meet with, during my absence. I will also leave their information on my voicemail. For extended absences (3-4 weeks), I will give you substantial notification prior to the absence, unless unable for some unforeseen issue.

If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed at my standard hourly rate for these services. (Please note: Insurance companies do not pay for meetings and conferences in which you, the patient, is not present).

Please note, that Teletherapy Sessions, whether with phone or video, is *not* to be used for emergencies/ crises.

If You Need to Contact me During a Crisis

*Please note that my practice is not designed to provide ongoing crisis management for issues such as psychosis, ongoing violence, or active suicidality. Please discuss these issues with me if at any time you believe you need a higher level of care for these types of issues and I will assist you in locating an appropriate referral. **ALWAYS call 911 and/or report to the nearest emergency room for immediate care during a psychiatric emergency.**

If in **Buncombe County, NC** you can call the **"Mobile Crisis" Line** for free and competent help if you, or a loved one, is having a mental health crisis. **You can reach them 24/7 at 1-888-573-1006.** If they do not answer leave a clear voicemail with your phone number, they will call you back within a few minutes. (If you cannot wait that long please call 911 or get to your nearest emergency room.) Mobile Crisis has well-trained Crisis Counselors who can talk to you on the phone, and/or come out to meet you wherever you are. **Their mission is to attempt to divert you from having to go to the hospital during a mental health crisis.** They can, however, assist you in getting admitted to, and even getting you physically to, a hospital or Crisis Stabilization Unit (CSU). **Please save their number in your phone. *If you live elsewhere, please find your local Mobile Crisis Line- most places have such services. Please share their information with me once you get their contact information. Save that information in your phone.**

Statement of Principles and Complaint Procedures

I can never have a sexual or romantic relationship with any patient during or following a course of Counseling. I cannot have a business relationship with clients, other than transactions restricted to the counseling relationship.

In accordance with the NASW Code of Ethics, I can only be your Therapist. I cannot have any other role in your life. I cannot now, or ever, be a friend or socialize with patients, including all forms of social networking. I cannot be a Therapist to someone who is already a friend.

If we meet on the street or socially, we will minimize our conversation, and ethically I cannot acknowledge you first. You can, if you would like to, say "hello" to me, however. This is up to you.

We will not celebrate holidays or give you gifts as a Therapist. We may not notice or recall your birthday and may not receive any of your gifts. All gifts having a value of more than \$50.00 must be immediately returned.

Problems can arise in our relationship, just as in any other relationship. If you are dissatisfied with any aspect of our work, **please raise your concerns with me at once. Our work together will be slower and harder if your concerns are not worked out.**

I will make every effort to hear any complaints you have and seek meaningful solutions to them. If you feel I, or another Therapist, has treated you unfairly or broken a rule, please tell me.

I fully abide by the ethical principles of the North Carolina statutes as well as the National Association of Social Workers (NASW). If you wish to file a complaint against a North Carolina Licensed Clinical Social worker, you may do so by placing that complaint in writing and sending it to the **North Carolina Social Work Certification and Licensure Board at NCSWCLB, P.O. Box 1043, Asheboro, NC 27204.**

Our Signed Agreement

I read, or had read to me, the issues and points outlined in this document. I discussed those points I did not understand, and had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to enter into Clinical Counseling with this Therapist, to cooperate fully, and to the best of my ability, as indicated by my signature here, and/or by an "e-signature."

Date: _____

Signature of Patient

I have met with patient (and/or his or her guardian) for a suitable period and informed him or her of the issues and points raised in this document. I have responded to all questions and believe this person fully understands the issues, finding no reason to believe this person is not fully competent to give informed consent to treatment.

I agree to enter into Therapy/ Clinical Counseling with patient, as shown by my signature here.

Date: _____

Signature of Therapist

Payment Agreement and Policies

Fees for Service

Unless otherwise agreed to, sessions are billed as follows:

(If you have "out-of-network" benefits with your insurance provider, you can ask Rachel to provide you with "Superbills" so that you can get reimbursement from your insurance provider. Insurance Providers who offer these benefits only reimburse for 50-60 minute sessions. If you are doing extended sessions, these will not be reimbursable. You are responsible for getting information from your insurance provider about whether or not you have such benefits.)

Individual Therapy:

Initial Assessment & Diagnosis (60 minutes) \$180.00
Individual Therapy Session (50-53 minutes) \$130.00
Individual Therapy Session (1 hour & 15 minutes) \$180.00
Individual Therapy Session (1 hour & 40 minutes) \$240.00

Brief "Check-In" or "Tune-Up" (20-30 minutes) \$60.00
Brief "Check-In" or "Tune-Up" (10-15 minutes) \$30.00

**also used for additional session time
also used for additional session time

Couples/ Family Therapy:

Couples/ Family Initial Assessment & Diagnosis (60 minutes) \$200.00
Couples/ Family Therapy (50-53 minutes) \$150.00
Couples/ Family Therapy (1 hour & 15 minutes) \$220.00
Couples/ Family Therapy (1 hour & 40 minutes) \$280.00

Group Therapy:

Group Therapy Session (1.5 hours) \$50.00

Other Services:

Deposition or Appearance in Court \$500 + \$100/hour
Records and Document Review (\$30 minimum) \$95.00/hour
Written Correspondence (depending on type) \$50.00/page

- If your session goes 15 minutes+ longer than the scheduled time, you will be charged for the extra time. Unless it's a crisis involving threat to safety, insurance companies do not reimburse for this time.
- Except for brief phone contacts (1-9 minutes), you will be charged for phone consultations, phone therapy, long/extensive text message conversations, "check-ins," and Tele-therapy at the same rates as in-person sessions.
- Emails or other professional services (including letters to outside professionals, and extended coordination of care with other professionals) will be billed at the rate of \$100 per hour. *You will be informed of any services requiring additional payments before the services are rendered.*

Methods of Payments and Payment Policies:

Payments of session fees are due *prior* to the beginning of sessions.

If you have an intake scheduled (1st appointment), Rachel asks that you pay for this the day prior to the session, at least 24 hours before the start of the session, or before.

Acceptable methods of payment are Zelle, Debit Cards, HSA Cards, Major Credit Cards, and Venmo. ***HSA's do not pay for Late Cancellation Fees or Missed Appointments.**

Rachel prefers Zelle for payments- you can avoid card processing fees by using Zelle.

***If your bank is not connected, get the free Zelle App at zellepay.com.** Enroll and create your account there, entering your debit card number which will enable you to send money instantly. **Zelle's App accepts Visa and Mastercard Debit Cards to make payments. With the App, you can transfer money through Zelle instantly, just as if you were using your bank account.**

To find Rachel on Zelle: Alison Weiss / rachelweisscounseling@gmail.com / (202)257-8397.

***If are unable to use Zelle through your bank or the app, then Rachel does accept Venmo.**

To find Rachel on Venmo: Rachel Weiss / [@rachelweisslcsw](https://www.venmo.com/@rachelweisslcsw) / rachelweisscounseling@gmail.com / (202)257-8397

Feel free to have Rachel use your card on file when paying for sessions, however there will be a card processing fee applied to the payment. "Square Fees" are the additional cost of using your card on file (*they are a small percentage of the amount charged for your session. Ask Rachel for the exact amount. These can change on occasion due to Square's occasional changes in their fees- these changes are extremely infrequent.)

If using out-of-network insurance benefits, most likely you will be paying a deductible off, and often you may not have out of network benefits with your plan or will have such a large deductible that you will not be able to receive reimbursement. Please check with your insurance company for this information. Rachel provides "Superbills" for you to submit to your insurance company upon request. Some people do have great out-of-network benefits, so it's worth checking, however it is rare. (*Missed Appointments or Late Cancellation Fees are not reimbursable by Insurance Companies, so cannot be included on Superbills.)

Account balances must be paid prior to, or at the beginning of, the next session, along with the late payment fee of \$30.00, if that has not already been paid. Payment Plans are available on a case-by-case basis; ask Rachel if you want to discuss this option.

Continuation of services may be dependent on having your account in good standing.

No Show and Cancellation Policies:

Please give at least 24 hours' notice if you need to cancel your appointment (48+ hours is preferable). Your card on file will be *automatically* charged for any Late Cancellation or Missed Appointment Fees, unless you tell Rachel you are paying with another method (i.e. Zelle). Fees must be paid prior to subsequent appointments. On occasion Payment Plans are available; discuss this with Rachel if needed.

Late cancellations are appointments you cancelled with less than 24 hours' notice given. ***If your appointment is on a Monday, you will need to cancel prior to 5pm on the Friday before, otherwise this is considered a Late Cancellation as well.**

Missed Appointments ("No-Shows") are appointments you miss without cancelling *prior* to your scheduled appointment time. If you No-Show an appointment, and do not call Rachel within 24 hours of missing it, any standing appointments you have scheduled will most likely be cancelled immediately. You can still call and schedule a new appointment, but your standing slot may be gone, and depending on the situation, and whether this is a pattern for you, Rachel may start scheduling your appointments one at a time. This would be in the hopes that things can get back on track, without more missed appointments or late cancellations, except in *extreme emergencies*. This will be re-evaluated, at the right time, to determine whether or not scheduling a new standing appointment would work out or not.

Late Cancellation Fees (less than 24 hours' notice): \$50.00 *first time only*. \$100.00 all other times.

Missed Appointment / "No-Show" Fee: \$130.00

**(above fees are for 50-60 minute Individual Therapy Sessions. For other services, expect to pay the full fee for your missed session, as listed in the beginning of this document.)*

**If you are on a Sliding Scale, and paying a different rate, expect to be charged your full agreed upon rate when there's a late cancel or a no show. Rachel will let you know if that will be different. Feel free to inquire about this.*

After 3 Late Cancellations or No Shows within a year, Rachel Weiss may discontinue services with you indefinitely.

- Should you late cancel 2 consecutive weeks in a row, your standing appointment will most likely be removed immediately (Rachel will notify you should this happen).
- Rachel Weiss reserves the right to discontinue services with you at any time- as reiterated in the "Client Rights and Responsibilities Document."
- On occasion, Individualized Attendance Contracts will be created, however this is only done on a case-by-case basis. Please feel free to inquire about these.

Please be aware that psychotherapy requires a commitment to attending regularly. Rachel Weiss can only see one client per hour, so please be considerate to other clients in need, who need another appointment time, an extra appointment that week, as well as towards other individuals on Rachel Weiss's waiting list of clients wanting to start therapy with her.

Also, be aware that Rachel prepares for your sessions, and your scheduled session time is designated and set aside for you alone. That time, whether you show up or not, is to be compensated and taken seriously. Rachel takes your treatment and care seriously and expects you to do the same. Rachel does understand that things happen in all of our lives, and she is very understanding of this. Any fees charged for late cancellations or missed appointments are not punishments.

**Healing, Self-Care and True Transformation occur, in part, when we place our Therapy/ Our Selves/ Our Deepest Core Needs, above all else. This will lead to your life becoming what you want it to be. I do not believe in short fixes that tend to begin by people attempting to control their external worlds- prioritizing work, family, friends, travel, etc. in order to heal, you must prioritize your recovery. If you do not, in my professional experience and expertise, you will perpetually return to the same types of issues you entered therapy to work on in the first place- and often the issues worsen or manifest in different ways. Our world opens up to us when we place recovery/ therapy/ healing FIRST. If you are not ready for this type of commitment. That's ok! We can discuss it, take a break and return later, when the full motivation is there.*

This is an inside out process; the only way out is through!

Payment

To allow for compliance with these policies, please provide a credit or debit card to be kept on file. (Complete the attached "Credit Card on File Authorization Form.")

Any fees incurred by Rachel Weiss from credit card companies, collection agencies or banks due to insufficient funds, payment disputes, or just non-payment of fees will be passed along to the client. A \$30.00 fee will be charged for any declined card, returned check, or for any payment that is late- not received before 9pm the day it is owed.

I agree that I am responsible for the charges for services provided by this therapist to me (or this client) although other persons may make payments on my (or this client's) account. By providing my signature below, I am authorizing Rachel Weiss to keep a copy of my credit card on file for use to comply with the policies referenced above. I understand that I must inform Rachel of any change in credit card, zip code or expiration date associated with my card on file.

Email that you wish receipts to be sent to: _____

Printed name: _____

Signature: _____ **Date:** _____

Printed Name of Client (if you are not the client): _____

A. Rachel Weiss, MSW, LCSW

INDIVIDUAL | COUPLE | EMDR THERAPY

Credit Card on File Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting me. Please note that I do not take patients on, or agree to continue therapy with existing patients, without having a card on file, unless you are paying up front monthly for your sessions. This authorization will remain in effect until cancelled, and/ or until you terminate treatment and have paid any money owed. This form will be securely stored in your clinical file and may be updated upon request at any time.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
<input type="checkbox"/> Other _____	Is this an HSA Card? Y N
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	CVV (security code): _____
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize A. Rachel Weiss, MSW, LCSW to charge my credit/debit card above for the agreed upon Late Cancellation and Missed Appointment fees outlined in the Payment Policy Document. I will be responsible for any check that is returned unpaid, I will not dispute charges ("charge back") for sessions I have received, or appointments I have missed, according to the signed, agreed on, policy. I understand that if my card cannot be processed, I will owe an additional \$30.00 late payment fee if not corrected before 9pm on the day the payment is due. I understand that it is my responsibility to ensure that information is updated when anything changes with my credit card (i.e. new zip code, expired card, new card, etc.).

Cardholder's Signature

Date

PRINT PATIENT'S NAME (if not the cardholder)

Teletherapy Informed Consent Form

- 1) "Teletherapy" includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications. It's also often known as "on-line counseling."
- 2) Teletherapy occurs in the state of NC (USA), and is governed by the laws of that state. In a manner of speaking, I am using this modality to visit my therapist in their NC office, where we meet to do our work.
- 3) The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room unless agreed upon.
- 4) I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.
- 5) In the event our teletherapy is not in my best interests, my therapist will explain that to me and suggest some alternative options better suited to my needs.
- 6) I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for information security on my computer. If I decide to keep copies of our e-mails or communication on my computer, it's up to me to keep that information secure.
- 7) I understand that during a teletherapy session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session, and/or attempt to switch to audio-only on Skype. If this doesn't work, we can shift to FaceTime if able. If none of this works, Rachel will call you and the session will have to continue as a telephone session.
- 8) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 9) Emergency Protocols:
I need to know your location in case of an emergency. If you are not at the address you provided me with in your intake paperwork, you agree to inform me of the address where you are at the beginning of your session. I will contact your listed Emergency Contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location and/or take you to the hospital in the event of an emergency.

A. Rachel Weiss, MSW, LCSW
PSYCHOTHERAPY | TRAUMA RECOVERY | EMDR & SENSORIMOTOR

- While teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. I understand that our teletherapy is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. I accept the distinctions made using teletherapy vs. face-to-face psychotherapy.
- **Before commencing Teletherapy, I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to participating in Teletherapy. By my signature below, I hereby consent to receiving Teletherapy. My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.**

Patient Name _____
(Printed Clearly)

Patient Signature _____ **Date:** _____

Therapist's Signature _____ **Date:** _____

Acknowledgement & Consent for Treatment Using EMDR (Eye Movement Desensitization Reprocessing)

I _____ have been advised and understand that EMDR is a treatment approach that has been widely validated by research with Posttraumatic Stress Disorder (PTSD). Research on other applications of EMDR is now in progress. Clinicians have also reported success using EMDR in the treatment of the following conditions:

- Panic Attacks
- Complicated Grief
- Dissociative Disorders
- Disturbing Memories
- Phobias
- Chronic/Physical Pain
- Performance Anxiety
- Anxiety/Stress
- Addictions/Compulsions
- Sexual, Physical, Verbal and/or Emotional Abuse
- Various Traumas/ Toxic Events (Small "t" and Big "T" Traumas)
- Body Dysmorphic Disorder
- Eating Disorders
- Acute Stress Disorder
- Secondary Traumatic Stress
- OCD
- Depression
- Low Self-Esteem, Worthlessness, Intense Guilt/Shame
- Complex PTSD, Attachment Trauma, Developmental Trauma
- Relationship Issues
- Emotional Dysregulation
- Intense Anger/ Rage
- Somatization

About EMDR:

EMDR (Eye Movement Desensitization and Reprocessing) is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. It is widely assumed that severe emotional pain requires a long time to heal. EMDR therapy shows that the mind can in fact heal from psychological trauma, much as the body recovers from physical trauma. When you cut your hand, your body works to close the wound. If a foreign object or repeated injury irritates the wound festers and causes pain. Once the block is removed, healing resumes. EMDR therapy demonstrates that a similar sequence of events occurs with mental processes. The brain's information processing system naturally moves towards mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes. Using the detailed

protocols and procedures learned in EMDR training sessions, clinicians help clients activate their natural healing processes.

More than thirty positive controlled outcome studies have been conducted on EMDR therapy. Some of the studies show that 84%-90% of single-trauma victims no longer have post-traumatic stress disorder after only three 90-minute sessions. Another study, funded by the HMO Kaiser Permanente, found that 100% of the single-trauma victims and 77% of multiple trauma victims no longer were diagnosed with PTSD after only six 50-minute sessions. In another study, 77% of combat veterans were free of PTSD in 12 sessions. There has been so much research on EMDR therapy that it is now recognized as an effective form of treatment for trauma and other disturbing experiences by organizations such as the American Psychiatric Association, the World Health Organization, and the Department of Defense. Given the worldwide recognition as an effective treatment of trauma, one can easily grasp how EMDR therapy would be effective in treating the “everyday” memories that are the reason people have low self-esteem, feelings of powerlessness, along with all the myriad of problems that bring them in for therapy. Over 100,000 clinicians throughout the world use this therapy. Millions of people have been treated successfully over the past 25 years.

EMDR therapy has eight phases. Eye movements (or other bilateral stimulation) are used during one part of the session. After the clinician has determined which memory to target first, she asks the client to hold different aspects of that event or thought in mind and to use his/her eyes to track the therapist’s hand as it moves back and forth across the client’s field of vision. As this happens, for reasons believed by a Harvard researcher to be connected with the biological mechanisms involved in Rapid Eye Movement (REM) sleep, internal associations arise, and the clients begin to process the memory and disturbing feelings. In successful EMDR therapy, the meaning of painful events is transformed on an emotional level. For instance, a rape victim shifts from feeling horror and self-disgust to holding the firm belief that, “I survived it, and I am strong.” Unlike talk therapy, the insights clients gain in EMDR therapy result not so much from clinician interpretation, but from the client’s own accelerated intellectual and emotional processes. The net effect is that clients conclude EMDR therapy feeling empowered by the very experiences that once debased them. Their wounds have not just closed; they have *transformed*. As a natural outcome of the EMDR therapeutic process, the clients’ thoughts, feelings and behavior are all robust indicators of emotional health and resolution- all without speaking in detail or doing the extensive amounts of homework used in other therapies.

I have been specifically advised of the following:

- Distressing, unresolved memories may surface through the use of the EMDR procedure.
- Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician have anticipated. Such reactions may include a high level of emotion or physical sensations.
- Processing of incidents, or other material, may continue. Dreams, memories, flashbacks, or feelings may surface as a result. It may be necessary to check in with the administering clinician between sessions; this can include scheduling an extra session, having a 15–50-minute tele-therapy session, or one by phone.
- Because processing continues between sessions, it’s recommended that clients carry a small notebook/ journal to write down insights or memories that arise. It’s important to bring these to your sessions.
- Insurance companies only pay for 53–60-minute sessions. Ideally EMDR sessions are 90 minutes-2 hours. Weekly 50-minute sessions are the minimum recommended, however 2+ sessions a week is ideal. For clients who have Complex or Developmental PTSD (as opposed to one Single-Incident Adulthood Trauma), 50-minute sessions are often not recommended) 75 minutes to 1 hour & 40-minute sessions are available. However for clients submitting to insurance companies with out-of-network benefits, any time over 50-60 minutes will not be included on your “Superbill,” as it cannot be reimbursed. Because of the time limit and financial issues, clients will often end a session with “unfinished” processing. Using the skills worked on during the “Preparation Phase” is vital here (i.e. Container, Calm Space, Grounding, Resource Figures, The Light Stream Technique, etc.). Most often these unfinished processing sessions will be completed by the next session.

The administering clinician will attempt to help ground the client at the end of any unfinished processing sessions. The session will need to end on time. In cases where the client is still highly distressed, wanting to continue that same day, and there is time in the therapist's schedule, payment will be required for the additional 15-50 minutes.

- The length of treatment required varies heavily according to the extent and repetition of the client's traumatic experiences. However, EMDR treatment with most clients results in a significant decrease in emotional reactivity surrounding traumatic events or triggers, which in the vast majority of cases, is a desired outcome. Most often, this is combined with a multitude of other modalities of therapy, which has been shown to have more successful outcomes in childhood trauma, prolonged trauma-exposure, and attachment-related trauma.
- It is very important to be aware that other memories can, and often do, arise in EMDR, even when clients come in for a "single-incident trauma" occurring in adulthood. In these cases, longer sessions and longer time in therapy will often be recommended and often required. However, despite this often shocking or scary experience for clients, I am highly skilled with this, and I spend extensive time with all clients during the "Preparation Phase" so that you will be prepared for any distress that arises- as do all clinicians trained in "Attachment-Focused EMDR" (AF-EMDR). Remember, I will be supporting and guiding you through this process. Additionally, this can be a positive thing, as in order to heal we must clear out all incidents that are unresolved, and this cannot happen if they are hidden and not addressed. EMDR can bring these up, as it accesses parts of the brain where unconscious unresolved traumas/adverse experiences are held- this type of memory is called "implicit memory." If these stay hidden and are not addressed, they will cause a myriad of issues including mental illness, physical illness, relational issues, etc. Therefore, when such experiences arise in EMDR, this will only create an opportunity for you to fully heal.
- If the event to be treated through EMDR is the subject of a forthcoming court case, however, clients are strongly advised to delay treatment until court proceedings are complete.
- EMDR treatment is believed to be successful through the bi-lateral stimulation (BLS) of the brain's right and left hemispheres. The most common form of BLS is eye movement, where the client is asked to follow the moving fingers of the administering clinician. If eye movement is uncomfortable in any way, alternative methods including auditory BLS (alternating tones), following the clinician's hand movements, or an image on the computer screen which the clinician controls. Each client chooses what kinds of BLS is most comfortable and works best for them. Often multiple forms of BLS are used at the same time (i.e. audio and eye movements). Some clients tap on themselves as well. Remember, the clinician is with the client the whole time, supporting the client verbally and physically. It's also important that the clinician be able to see and track the client's body in the process- thus, clients need to keep this in mind with the computer positioning and setup (ideally a laptop or desktop are used for sessions).
- There are other forms of BLS that are very helpful and often most preferred, such as handheld "buzzers/tappers," and this can be utilized with teletherapy as well. However clients will need to pay a deposit for the "buzzers" that would then be mailed to the client; the deposit would be refunded once the buzzers are returned to the clinician. The "buzzers" are controlled by the clinician through an EMDR app. *The only thing that cannot be done in teletherapy EMDR is the clinician tapping on the client, or even having knee to knee contact through processing, which often is helpful for those clients needing extra help staying present. However, there are ways the clinician can help clients stay present and contained in this process without body-to-body contact.*
- It is vitally important that any physical discomfort that occurs during this procedure – particularly with the eyes – be reported to the clinician immediately.
- Clients often find that they are very sleepy after EMDR processing sessions- typically the first 2 sessions with a specific target. It's recommended that processing sessions be scheduled at a time/day when going to work, or having other types of responsibilities, is not required afterwards. Having time for self-care after processing sessions is best. Most people then start to feel, with continued sessions, a sense of strength and energy, empowerment, people report feeling lighter, as well as more presence and clarity, and often want

to go for a walk or a run. *Do what your body wants to do. If you put your job or kids before that, and don't sleep, or walk, you miss a HUGE opportunity when your body is releasing energy that has been held inside for a long time, the very root of all the suffering you probably came to therapy for.* So, if you have something planned, I suggest cancelling it, if you are tired or need to run, or something else that the body is wanting. Regardless, people most often don't want to just go straight to work from EMDR sessions, or go to dinner with someone, as processing is often intense- sometimes in a painful way, and often in a very beautiful and transformational way. *I am very skilled at most often leaving my clients at a 0 (No Disturbance) at the end of sessions, even when processing is incomplete.*

- Again, I STRONGLY recommend that during these processing sessions, you don't work after. You will continue to process things that are connected to what is being targeted in sessions- just allow that- it's not scary, it's often not conscious. EMDR is all about allowing the body to do what it's naturally set up to do, which is always to move into a healing space, if we get cut of its way- which means we need to listen to it.
- Drinking alcohol, and/or using other substances, can interrupt the EMDR healing process. It is best to abstain from substances on the day of processing, and, if possible, the week following. For clients who are not willing or able to do this, reducing use is helpful as well.

Before commencing EMDR treatment, I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR treatment. By my signature below I hereby consent to receiving EMDR treatment. My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.

Patient's Signature _____ **Date** _____

Therapist's Signature _____ **Date** _____

Notice of Privacy Practices for the Psychotherapy Practice of A. Rachel Weiss, MSW, LCSW (#C007487)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your health record contains personal information about you and your health. This information about you, that may identify you and that relates to your past, present or future, physical, and/or mental health, condition, and/or related healthcare services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the *Health Insurance Portability and Accountability Act* (HIPAA) regulations, and the *National Association of Social Workers Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

HIPAA regulations divide your records into the 2 categories of PHI, as described above, and "Psychotherapy Notes" which contain more detailed documentation and analysis of your sessions and are kept separate from your PHI. Psychotherapy notes are not accessible to insurance companies or other third-party reviewers or to the clients themselves.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices, and I reserve the right to alter the terms of the Notice of Privacy Practices at any time. Changes in these practices can happen due to changes I decide to make (within the set legal regulations around PHI), as well as due to any changes in the laws themselves. Any change to this notice will be effective for all PHI that I maintain at that time. If changed, a revised copy of the Notice of Privacy Practices will be provided to you at your next appointment and can be requested at any time.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating or managing your health care treatment and related services, including the referral to another health care provider, and consultations regarding your treatment with other health care providers.

For Payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Healthcare Operations. I may use or disclose, as needed, your PHI in order to support my business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

Required by Law. Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization in a limited number of other situations. As a clinical social worker licensed in this state, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The

following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA. These categories include:

1. **Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
2. **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
3. **Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care, or payment for care, prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
4. **Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
5. **Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
6. **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent).
7. **Law Enforcement.** I may disclose PHI to a law enforcement official in compliance with civil legal proceedings and in response to a specific court order as a result of a legal matter.
8. **Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
9. **Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
10. **Public Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may at any time be revoked in writing.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to A. Rachel Weiss, MSW, LCSW in person, or talking to me I can walk you through that, or you can also mail a request to: 206 Executive Park, NC 28801.

- **Right of Access to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you, or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your

records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please discuss this with me if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. This will be released after receiving the specified payment.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or healthcare operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or healthcare operations, and the PHI pertains to a healthcare item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe a Clinical Social Worker has violated your privacy rights, you have the right to file a complaint in writing with A. Rachel Weiss, MSW, LCSW, 206 Executive Park Asheville, NC 28801. Or via phone at 828-388.7078 / 202.257.8397. Submit this in person or via Certified Mail. Or, you may also submit a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202.619.0257. Or, with the North Carolina Social Work Certification and Licensure Board (NCSWCLB) / complaints are submitted in writing to: NCSWCLB P.O. Box 1043 Asheboro, NC 27204.

I will not retaliate against you for filing a complaint.

The effective date of this Notice is April 2017.

**This document is for you to keep! It is always accessible on my website at www.rachelweisscounseling.com. I am also happy to provide you with another any time you wish.*

CLIENT SELF-ASSESSMENT

Client Name: _____ Date: _____

CURRENT CONCERNS

Check any of the following behaviors or concerns that you would like help with:

- | | | | |
|-----------------------------------------------|---------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> alcohol/drug use | <input type="checkbox"/> sleep | <input type="checkbox"/> temper | <input type="checkbox"/> parenting problems |
| <input type="checkbox"/> night terrors | <input type="checkbox"/> memory | <input type="checkbox"/> risk-taking | <input type="checkbox"/> fertility problems |
| <input type="checkbox"/> suicidality | <input type="checkbox"/> concentration | <input type="checkbox"/> headaches | <input type="checkbox"/> financial/work problems |
| <input type="checkbox"/> overeating | <input type="checkbox"/> fear/phobia | <input type="checkbox"/> stomach pain | <input type="checkbox"/> relationship problems |
| <input type="checkbox"/> over-working | <input type="checkbox"/> impulsivity | <input type="checkbox"/> chronic pain | <input type="checkbox"/> sexual dysfunction |
| <input type="checkbox"/> obsessions | <input type="checkbox"/> depression | <input type="checkbox"/> loneliness | <input type="checkbox"/> sexual addiction |
| <input type="checkbox"/> compulsions | <input type="checkbox"/> anxiety/panic | <input type="checkbox"/> self-esteem | <input type="checkbox"/> gambling problem |
| <input type="checkbox"/> eating disorder | <input type="checkbox"/> mania | <input type="checkbox"/> social isolation | <input type="checkbox"/> work difficulties |
| <input type="checkbox"/> hopelessness | <input type="checkbox"/> high/low sex-drive | <input type="checkbox"/> legal issues | <input type="checkbox"/> unmotivated/uninspired |
| <input type="checkbox"/> emotionally detached | <input type="checkbox"/> body image | <input type="checkbox"/> unresolved trauma/s | <input type="checkbox"/> grief/loss |

Other: _____

Which of the above behaviors would you most like to change?

HEALTH HISTORY

Current/previous psychotherapy (give name(s), dates, duration, kind of therapy and outcome):

Please describe any negative experiences with a former psychotherapist or psychiatrist:

Have you ever been hospitalized for a psychiatric problem? If yes, please give details:

Current health (include any medical problems): Circle one: poor fair good excellent

Chronic health problems:

Current prescribed medications and homeopathic remedies: _____

Current complementary treatments (acupuncture, massage, etc.):

Name and phone no. of your primary care physician: _____

Name and phone no. of psychiatrist, psychotherapist, and/or other significant healthcare providers: _____

EMPLOYMENT/EDUCATION

What kind of work are you doing now? _____

How satisfied are you with the kind of work you are doing? _____

How satisfied are you with your current employment situation? _____
Please identify any stressors such as difficulties with supervisor, co-workers, work hours, duties, or other issues:

Current vocational goals:

Highest level of education achieved: _____

Do you have any plans to further your education? _____ If so, describe: _____

FINANCIAL/LEGAL:

Please describe any financial concerns you have: _____

Are you currently involved in any civil or criminal legal actions? _____ If so, please describe: _____

Do you have a pending workman's comp or disability claim? _____ If so, please describe: _____

Is it likely that evaluation or treatment reports might be required by an attorney, court, probation official, or insurance company? _____ If so, please provide specifics now (failure to provide known information at this time might result in my disclosure of same to requestor) :

LIFESTYLE:

What kind of leisure activities do you participate in? (indicate how many times per week or month you engage in these activities)

How often do you exercise? __never __rarely __occasionally __few times week __daily

What kind of exercise do you do? _____

Do you meditate, do yoga, or use other relaxation practices? If so, please describe:

Describe any volunteer work you do or have done: _____

Describe any involvement with any community, social, or religious organizations:

INTERPERSONAL RELATIONSHIPS PERSONAL HISTORY

Siblings: Number of Brothers: _____ Brothers' Ages: _____

Number of Sisters: _____ Sisters' Ages: _____

If deceased, name/age at time of death: _____ Your age then: _____

If deceased, name/age at time of death: _____ Your age then: _____

Your sibling order: _____

Father: Occupation: _____ Health: _____ Age: _____

If deceased, age, year of death _____ Your age then: _____

Cause of Death: _____

Mother: Occupation: _____ Health: _____ Age: _____

If deceased, age, year of death: _____ Your age then: _____

Cause of Death: _____

Which of the following apply to your childhood/adolescence:

- | | |
|------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> happy childhood | <input type="checkbox"/> school problems |
| <input type="checkbox"/> unhappy childhood | <input type="checkbox"/> family problems |
| <input type="checkbox"/> emotional/behavior problems | <input type="checkbox"/> medical problems |
| <input type="checkbox"/> legal trouble | <input type="checkbox"/> drug/alcohol use |
| <input type="checkbox"/> strong religious upbringing | <input type="checkbox"/> teased or bullied |
| <input type="checkbox"/> supportive parents | <input type="checkbox"/> friendly neighbors |
| <input type="checkbox"/> supportive siblings | <input type="checkbox"/> safe and secure neighborhood |
| <input type="checkbox"/> enjoyed school | <input type="checkbox"/> unsafe and dangerous neighborhood |

Describe your father and the relationship you had with him as a child and as an adult:

Describe your mother and the relationship you had with her as a child and as an adult:

Describe any significant positive or negative relationships you have had with relatives:

If you have ever been physically or emotionally abused, describe by whom, under what circumstances, and for how long:

Did any member of your immediate or extended family suffer from alcoholism, drug addiction, depression, anxiety, panic attacks, or anything that might be considered a "mental disorder?" _____ If yes, please provide details: _____

Has any member of your family ever been hospitalized or treated on an outpatient basis for a psychiatric problem? _____ If yes, please provide details: _____

Has any member of your family ever attempted, or committed, suicide? _____
If yes, please provide details: _____

PARTNERSHIP/MARRIAGE/RELATIONSHIPS

What are the current issues that challenge you and your partner at this time?

Are you here for Couple's Therapy? _____ If yes, please describe why, and what you hope to get out of coming to therapy, as well as any concerns/hopes you have around couple's therapy: _____

Please describe your partner: _____

In what ways are you compatible? _____

In what ways are you incompatible? _____

How satisfied are you in this relationship now?

not at all very little somewhat moderately highly

Explain: _____

Please describe any significant relationship or partnership losses that have impacted you:

Please describe any relationship issues/ concerns (past/present), even if you are not in a partnership: _____

CHILDREN

Please list the names and ages of all of your biological children and where they reside:

Please list the names and ages of all of your stepchildren, adopted children, and foster children: _____

What issues challenge you as a parent at this time?

Information you consider relevant regarding infertility, pregnancies, abortions or miscarriages: _____

SEXUALITY:

How satisfying is your sex life now?

not at all very little somewhat moderately highly

Have you ever been sexually abused, molested, or assaulted? _____

If yes, please describe by whom, under what circumstances, and for how long:

Please describe any sexual concerns, experiences or incidents not mentioned above:

Any sexual practices or compulsions which are a problem for you or for others:

SOCIAL RELATIONSHIPS

Identify specific relationships with people with whom you feel comfortable:

Identify specific relationships with people with whom you feel uncomfortable:

With which people are you closest to now? (your inner circle):

How comfortable are you in social situations?

__not at all __somewhat __moderately __highly

Do you have trouble speaking up for yourself? _____ If yes, with whom or in what kinds of situations? _____

Describe any involvement you have in clubs, voluntary, or social organizations: _____

Describe any involvement you have/ have had with any social support groups or self-help programs: _____

RELIGION/SPIRITUALITY

Describe your current affiliation with a religious organization or spiritual group:

How regularly do you participate? _____

Describe your religious upbringing, parochial education, and anything particularly positive or negative about these experiences: _____

NODAL LIFE EVENTS

Please identify life events/experiences during the following age ranges which you believe had an impact on your development, identity, and current functioning (positive/negative):

0-10

11-20

21-30

31-40

41-50

51-60

61-70_



Rachel Weiss, MSW, LCSW
COUNSELING & PSYCHOTHERAPY

Here are some simple Screenings/Checklists that are a helpful tool for me as we start working together. But *just a tool*, not a complete picture of you, who you are, or what you experience. Don't over-think them! It is not a test!

Read the instructions of each screening carefully. Some items ask, "how often," you have experienced a symptom. Other items ask "how much" the symptom "bothered you" when and if you do experience it.

So, it is not always something you have had to experience and struggle with every day to include it as a symptom. If it is something that has caused distress, it is probably a symptom!

Please select *the highest answer* that you relate to with each question. *Read all options for each item.*

*Last tip: They mostly ask about experiencing these things now, and for the last week or month. *However, if it's something you have experienced off and on in the past 6 months or so, please include it. (*If it is something that you used to struggle with, but have not experienced for a year or more, then it's not one you would consider a symptom.)*

Hope this makes sense... I'll answer any questions when we meet.

Thank You!

Trauma Symptom Checklist – 40

(Briere & Runtz, 1989)

How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never ----- Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

PTSD CheckList – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something</i> reminded you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something</i> reminded you of a stressful experience from the past?					
6.	Avoid <i>thinking about or talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

This is a Government document in the public domain.

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

Client Name: _____

Date: _____

Beck's Depression Inventory

Choose one statement from among the group of 4 statements in each question that best describes how you feel much of the time. Choose the highest number that is true. Don't over-think!

Circle the number beside the statement that is most true.

1.
 - 0 I do not feel sad.
 - 1 I feel sad.
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.

- 7.
- 0 I don't feel disappointed in myself
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
- 8.
- 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself or everything bad that happens.
- 9.
- 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
- 10.
- 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.
- 11.
- 0 I am no more irritated by things than I ever was.
 - 1 I am slightly more irritated how than usual.
 - 2 I am quite annoyed or irritated a good deal of the time.
 - 3 I feel irritated all the time.
- 12.
- 0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.
- 13.
- 0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decisions than before.
 - 3 I can't make decisions at all anymore.
- 14.
- 0 I don't feel that I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 - 3 I believe that I look ugly.
- 15.
- 0 I can work about as well as before.
 - 1 It takes an extra effort to get started at doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.

- 16.
- 0 I can sleep as well as usual
 - 1 I don't sleep as well as I used to.
 - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17.
- 0 I don't get more tired than usual.
 - 1 I get tired more easily than I used to.
 - 2 I get tired from doing almost anything.
 - 3 I am too tired to do anything.
- 18.
- 0 My appetite is no worse than usual.
 - 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all anymore.
- 19.
- 0 I haven't lost much weight, if any, lately.
 - 1 I have lost more than 5 pounds.
 - 2 I have lost more than 10 pounds.
 - 3 I have lost more than 15 pounds.
- *(Score 0 if you have been purposely trying to lose weight.)*
- 20.
- 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems, such as aches and pains, or upset stomach, or constipation.
 - 2 I am very worried about physical problems, and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think about anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I have almost no interest in sex.
 - 3 I have lost interest in sex completely.

21-Item Depression Inventory (Based on BDI)

Everyone gets the “the blues” from time to time, but when sadness just won’t go away, it could be depression. As you answer these confidential questions, think about how you’ve been feeling every day, most of the day, for at least the past 2 weeks. Using the 5-point scale below, write the number next to each question on the line provided.

5-Point Response Scale:

- 0 – Not at all.
- 1 – Very seldom.
- 2 – Sometimes.
- 3 – Most of the time.
- 4 – All of the time.

- _____ 1. I’ve noticed a change in my sleeping pattern such as difficulty falling asleep, waking up frequently throughout the night, or oversleeping in the morning.
- _____ 2. I feel like I’ve lost interest in activities that were once enjoyable for me.
- _____ 3. I’ve been feeling sad, blue, unhappy, or down in the dumps.
- _____ 4. When the phone rings, I tend to ignore it even when I know it may be a good friend calling.
- _____ 5. It feels like I’ve been drained of all energy and that to do just about anything will take more effort than I can summon.
- _____ 6. I’ve been feeling weepy and crying a lot
- _____ 7. It seems as though everything is going wrong no matter how hard I’m trying.
- _____ 8. I’ve been turning down invitations to get together with friends because trying to socialize feels like it will take more energy than I have or because I think my “down” mood will just depress everyone else.
- _____ 9. I find myself purposefully or absentmindedly engaging in risky behavior such as crossing the street when the signal is red, or not wearing my seat belt.
- _____ 10. I’ve been staying home from work or school because of my depressed mood.
- _____ 11. It’s been taking longer, and has seemed harder than usual, to make decisions.
- _____ 12. I feel inadequate, like a failure, and/or not very likable.

5-Point Response Scale:

- 0 – Not at all.
- 1 – Very seldom.
- 2 – Sometimes.
- 3 – Most of the time.
- 4 – All of the time.

_____ 13. I've been getting headaches, stomachaches, backaches, or pains in my joints or muscles that can't be traced to a physical illness or injury.

_____ 14. I've been thinking a lot about my own death.

_____ 15. I've gained weight or lost weight without really trying.

_____ 16. I find it hard to concentrate for any real length of time.

_____ 17. I've been thinking about suicide.

_____ 18. I've been drinking more alcohol than I usually do.

_____ 19. It seems like I've lost interest in sex- or I'm experiencing sexual difficulties.

_____ 20. I've been feeling restless and/or irritable.

_____ 21. Eating seems to be more trouble than it's worth.

**These Screenings can be self-administered and self-scored, however it's not accurate unless done with a Licensed Mental Health Practitioner. The results here should not be used to get a definitive diagnosis.*