



dream. grow. inspire.

Center for Emotional Health

Regan Sheppard, M.A., L.M.F.T.
810 E. Jackson St. Suite B
Medford, OR. 97504
(360) 224-0110

Individual Intake Information

Please complete the following questionnaire. This information will be discussed more thoroughly in session, and use to help determine goals for treatment.

Name: _____ Date of Birth: _____

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

Home Telephone: (____) _____ Work: (____) _____ Cell: (____) _____

Can I leave a message at home? Yes No At work? Yes No Cell? Yes No

Can I reach you by email? Yes No Email address: _____

What is your preferred way of contact? _____

Occupation: _____

Employer: _____ Highest level of education: _____

How satisfied are you with your job? _____

Briefly describe why you are seeking help at this time: _____

What do you wish to accomplish through the process of therapy? _____

Approximately how many visits do you think it will take? _____

Relationship Status (please check all that apply):

_____ Married _____ Separated _____ Widowed _____ Divorced _____ Remarried
_____ Single _____ Long-term Relationship _____ Cohabiting _____ Other: _____

Current partner's name: _____ Occupation: _____

Length of relationship: _____ How satisfied are you with this relationship? _____

Do you have any children (biological, adopted, foster, step, etc)? Yes No If yes, please list names and ages: _____

Do your children currently live with you? Yes No

If no, where do they live? _____

How often do you see them? _____

Please complete the following for previous marriages or relevant other relationships:

1st Marriage: Ex-partner's name: _____

Children: _____ Reason for separation: _____

2nd Marriage: Ex-partner's name: _____

Children: _____ Reason for separation: _____

Have you ever been in therapy before? Yes No

If yes, briefly describe the reasons and length of treatment: _____

Was it a positive experience? _____

What did you like / not like about it? _____

Have you ever attempted suicide? _____

If yes, please describe briefly: _____

Have you ever seriously contemplated suicide? Yes No

Are you currently having suicidal thoughts? Yes No

Do you have any chronic illnesses, medical conditions or injuries? Yes No

If yes, please describe: _____

Are you presently taking any medications? Yes No If yes, please list: _____

What do you enjoy doing in your spare time? _____

Are there things that you used to do, or would like to do, but currently don't? _____

How would you describe your spiritual or religious beliefs? _____

Is there anything else you think would be important for me to know about you or your family?

Did someone refer you? Yes No if yes, who? _____

If no, how did you hear about me? _____

Please circle any of the following that are presently causing you difficulty:

- | | | | |
|-------------------|-----------------|------------------|-------------------|
| Assertiveness | Health problems | My past | Self-control |
| Parenting | Alcohol use | Career choices | Guilt |
| Bowels | Sexual problems | Legal matters | Stomach problems |
| Nightmares | Loneliness | Marriage | Shyness |
| Bedwetting | Ulcers | Concentration | Religion |
| Nervousness | Energy | My thoughts | Separation |
| Physical abuse | Children | Sleep | Suicidal thoughts |
| Education | Divorce | Parents /in-laws | Decision making |
| Temper | Depression | School | Insomnia |
| Stress | Inferiority | Relaxation | Ambition |
| Memory | Drug use | Sexual abuse | |
| Headaches | Finances | Friends | |
| Unhappiness | Fears | Appetite | |
| Premarital/Dating | Food | Work | |



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Disclosure Statement

Welcome! This paperwork has been prepared for you to inform you of my qualifications and what you can expect from me as a counselor. Please read this form carefully and sign in the appropriate places. Feel free to ask questions or discuss this information with me at any time.

Philosophy and approach to therapy:

My approach to therapy is from a systemic perspective. This means that I believe that people work in relationship systems and each person in the relationship is important to the balance of the whole. When relationships become out of balance, it is a result of many different factors and patterns which can be examined in therapy. **I place a strong emphasis on healthy communication and collaborative problem solving.** I work with adults & couples.

Code of Ethics and Formal Training:

As a marriage therapist I am bound to the American Association for Marriage and Family Therapy Code of Ethics and the laws of Oregon State. My Oregon license number is: T0776. My Washington State license number is: LF60123571.

As a license holder of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To maintain my license, I am required to participate in annual continuing education.

Additionally, I adhere to the code of the ethics set forth by the American Association of Sexuality Educators, Counselors and Therapists (AASECT). I am a professional member of AASECT.

I am also a member of *Society for the Scientific Study of Sexuality*; which is dedicated to the advancement of knowledge about sexuality.

I have a Master's degree in Psychology from Antioch University in Seattle, Washington. I have a Bachelor's degree in Psychology from Western Washington University in Bellingham, Washington.

Professional Boundaries:

I will not acknowledge the existence of our relationship outside the therapy session unless initiated by you. The therapeutic relationship is a professional one, and therefore will not be a social or business relationship at any time. Such a relationship, in my view, is detrimental to therapy.

Informed Consent

Part 1: Your rights as a client(s)

- 1.) You have the right to ask questions about any procedures used during therapy; I am happy to explain my approach and methods to you.
- 2.) You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals with services you might prefer at a cost equal to or less than my own usual customary fee.
- 3.) You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued.
- 4.) One of your most important rights involves confidentiality: Within the limits of the law, information revealed by you during therapy will be *kept strictly confidential* and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is being seen in therapy, I view the whole family as the client. Therefore, a release of information for family sessions requires the written approval of every consenting member of the family who was present at any time during treatment.
- 5.) You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Although I am not required to inform you of my actions in this regard, I will make every effort to do so prior to it happening. The mandatory reporting situations are:
 - If you threaten grave or bodily harm or death to another person or yourself.
 - If you reveal information regarding the abuse or neglect of a child or vulnerable adult.
 - If a judge issues a legitimate court order (must be signed by the judge), I am required by law to provide the information specifically described in that order.
 - If you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court.
 - If you are seeking payment through an insurance company, I will be required to reveal confidential information to them (each insurer is different).
- 6.) If you request it, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful to you in any way.

Part 2: Fees and Length of Therapy

Length of therapy largely depends on you and your goals for therapy. I commend you for having the courage to seek assistance when you feel your life is not where you would like it to be. *To me, seeking help is a sign of health, not pathology.* I believe that everyone deserves to have positive relationships with themselves and those around them. To achieve this goal, we will work together to determine what the goals of therapy will be. Depending on the nature of the goals, we will decide realistically how short-term or long-term the therapy will be. For some, this may be a few sessions. For others, it may be several months. You will always be a part of this decision making process.

- My standard fee is \$110.00 per 50-minute session. If we agree to longer or shorter sessions, you will be charged accordingly. Payment is expected at the beginning of each session.
- There may be a charge for other services, including consultation with other professionals, preparation of reports or correspondence, any necessary court appearances, phone calls lasting over 10 minutes, and missed appointments. I will inform you of all these charges before they occur.
- Therapists have the right to seek legal recourse to collect unpaid balances. In pursuing these measures, I will only disclose biographical information and the amount owed, in order to ensure confidentiality.
- When diagnostic testing is appropriate and recommended, the costs for testing are in addition to the usual therapy fee. The cost for testing varies depending on the test. Some psychological assessment needs may be referred to another mental health professional who will determine his or her own fee.

Therapy Contract: *(Please initial each item)*

- 1.) _____ I agree to enter into therapy with Regan Sheppard, M.A., L.M.F.T.
- 2.) _____ If I cannot attend a scheduled session, I will give 24 hours notice. If I do not give this notice, I will be required to pay for the session. I understand that there are exceptions, and we will discuss these if needed.
- 3.) _____ As agreed upon, I will pay _____ in full at the beginning of each 50-minute session.
- 4.) _____ I understand that Regan may engage a collection agency and / or other legal measures to recover any unpaid balance, but will give me reasonable notice before taking any such action. I also understand that if any such actions are taken, Regan will not reveal any clinical information during these procedures.
- 5.) _____ I understand that I can submit forms to my insurance company and may be eligible to receive reimbursements from them. Since this *may* require a

clinical diagnosis, I understand that Regan will discuss what this diagnosis is, and what it means, so I can make an informed decision **before** submitting it to my insurance company. If I choose to use my health insurance, my signature below is authorization for Regan to submit any necessary paperwork.

6.) _____ I understand that I can leave therapy at any time, and that I have no moral, legal or financial obligations other than those already accrued.

7.) _____ I have received a copy of this disclosure statement, and the *Client Bill of Rights*.

Additionally, if I feel that my rights have been violated in therapy, I have the right to complain. I may file a written complaint to:

Board of Counselors and Therapists
3218 Pringle Rd SE #250, Salem, OR 97302-6312
(503) 378-5499

I can also file online at: www.oregon.gov/OBLPCT

By signing below, I am indicating that I have read this document, understand my rights as a client, and accept the responsibility to abide by this contract as stated.

Name: _____ Date: _____

Name: _____ Date: _____

Client Bill of Rights:

As a client of an Oregon licensee you have the following rights:

- - To expect that a licensee has met the minimal qualifications of training and experience required by state law.
 - To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
 - To obtain a copy of the Code of Ethics.
 - To report complaints to the Board.
 - To be informed of the cost of professional services before receiving the services.
 - To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - 1) Reporting suspected child abuse;
 - 2) Reporting imminent danger to client or others;
 - 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
 - 4) Providing information concerning licensee case consultation or supervision;
 - 5) Defending claims brought by client against licensee
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.