

Kimberly Hinrichs, LCSW, PLLC

6933 W Emerald St

Boise ID 83704

Confidential Client Intake Form

Please answer the following questions to the best of your ability. **All answers are confidential.**

Please Identify Your Presenting Concerns:

Goals and Expectations of Treatment:

Name: _____ **Date:** _____

Name (Couple/guardian/or family member (s) name): _____

Date: _____

Birth date (s): _____ **Age (s):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Secondary Phone:** _____

Leave message? Yes No

Leave message? Yes No

Work Phone: _____ **Email:** _____

Leave message? Yes No

Contact by email? Yes No

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

Childhood Issues	Parenting	ADHD	Time Management
School/Educational Stress	Work Stress	Career	Money/Financial
Transitional Issues	Trust	Expressing Feelings	Spiritual/Religious
Social Anxiety	Anxiety meeting new people	General Anxiety/Panic	Worry/Fear
Loneliness	Depression	Grief / Loss	Helplessness
Homesickness	Self-Esteem	PTSD	Culturally Based
Appearance / Weight	Anger / Rage	Stress	Suicidal thoughts
Homicidal thoughts	Motivational	Sleep Issues	Family Stress
Divorce/ Break up	Partner Communication	Issues with Partner	Relationship Challenges
Dating Challenges	LGBT/Queer / Transgender	Sexuality	Trauma
Verbal Abuse	Physical Abuse	Sexual Abuse	Sexual Harassment
Addiction to drugs	Alcohol Abuse / Addiction	Eating Disorder	Food Addiction
Chronic / Persistent Mental Illness (I.E. Bipolar, Schizophrenia, Severe Depression)			
Other:			

Identify severity of these concerns (circle one): Mild Moderate Severe

Have you ever attempted suicide? _____

Psychiatric Hospitalizations? Where, why, and when? Recent?

Have you used counseling before (circle one): Yes No

Did it help (circle one)? Yes No

Please list medications you are currently taking including over the counter, vitamins, supplements: _____

What are they being prescribed for? _____

Psychiatrist's Name: _____ **Phone Number:** _____

Primary Care Physician Name: _____ **Phone Number:** _____

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Identify any chronic illnesses or disabilities you might have:

Emergency Contacts

1) Emergency Contact: _____

Relationship: _____

Phone: _____

2) Emergency Contact: _____

Relationship: _____

Phone: _____

How did you hear about Kimberly Hinrichs, LCSW, PLLC, LLC?

Website Friend LinkedIn Psychology Today Facebook Phone Book Physician Referral

From: _____ Other: _____

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INFORMED CONSENT, COUNSELING GUIDELINES,
RIGHTS AND RESPONSIBILITIES

The Counseling Process:

Sessions are typically 45 minutes in length. During our first intake session, frequency of sessions will be determined and is dependent upon the client's issues, needs, etc. Together, we will determine a treatment plan that meets your needs and incorporates goals that you want to achieve. We will explore concerns you might have about therapy and how it can help you achieve the treatment goals established. Your participation in the therapy process is essential in order for counseling to be beneficial. This includes your ongoing efforts to utilize learned tools and skills outside as well as inside of the sessions.

Benefits of Counseling:

The benefits of counseling might include but not limited to: a greater ability to relate to others, a higher understanding and better sense of self with regards to personal values and goals, and a higher ability to cope with daily stressors. There is not a guarantee that counseling goals will be achieved. This is based on the individual's motivation to make change within oneself.

Risks of Counseling

Risks to counseling may include but not limited to periods of increased anxiety, confusion or frustration that could have some affect or impact on significant relationships, job and your sense of self. Due to the nature of therapy, which generally works in areas that can be painful, it is important to see this as an opportunity to heal and explore ways to overcome this emotional pain. Understand that this exploration will help you gain insight about beliefs, feelings, and behaviors that have caused problems in your life. It will be important that you work through the therapeutic process to maximize the benefits of the counseling process.

Confidentiality

Staff consultation may be necessary, depending on the complexity of the case. Cases will be discussed with non-identifying information, unless you have given consent. Otherwise, information about you that is obtained during a counseling session will not be revealed to anyone outside of Kimberly Hinrichs, LCSW, PLLC without your consent, except in the following situations where disclosure is required by law:

- Where there is a reasonable suspicion, or report, of abuse to children or elderly persons.
- Where you present a serious danger to yourself or others.
- If a judge through a court orders a counselor to do so.
- In the case of law enforcement emergency or a national security issue as determined by the government.

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Client Rights and Responsibilities:

- You have the right to be informed of the counselor's licensing status and clinical experience, including the limitations and restrictions of services.
- You have the right to be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to counseling.
- You have the right to request to terminate and seek counseling services elsewhere if dissatisfied with services.
- You have the right to ask questions about techniques and strategies used during counseling.
- You have the right to refuse any services and to understand the implications of refusal.
- You have the right to expect fair and equal treatment.
- Counseling records are the property of Kimberly Hinrichs, LCSW, PLLC. However, you do have the right to the information contained within your records. If information from your record needs to be transferred to a third party, a release of information must be signed and submitted. If engaged in couples counseling, authorization must be signed and submitted by both parties before information will be released.
- You have the right to file a complaint with the Idaho Bureau of Occupational License located at P.O. Box 83720 Boise, ID 83720-0063, phone #208-334-3233, Fax #208-334-34006, email inv@ibol.idaho.gov, and website www.ibol.idaho.gov
- Sexual intimacy is never appropriate between a therapist and client and should promptly be reported to the Idaho Bureau of Occupational License.

Counselor Credentials:

Kimberly Hinrichs, LCSW obtained a bachelor's degree in Psychology from Columbia University of Missouri in 2004 and a Master's Degree in Social Work from Boise State University in 2015. She is a Licensed Master of Social Worker within the State of Idaho LMSW-35027. Her theoretical focus is using a client centered, strength-based approach in order to empower clients to identify answers to their problems within themselves. Kimberly's therapy approaches include a combination of Cognitive Behavioral, Mindfulness, EMDR (Eye Movement Desensitization and Reprocessing), and Dialectical based techniques.

Termination of Counseling:

Termination of counseling can be determined by you and/or the counselor at any time. This can either be a voluntary termination due to lack of fit or not feeling ready to work through the counseling process or termination can be based on your abilities to be successful in pursuing and achieving established therapeutic goals independently, outside as well as inside of sessions.

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Fee Schedule:

- 45 minute** scheduled counseling sessions will be charged at \$95 for individual and \$120 for couples.
- 55 minute** scheduled counseling sessions will be charged \$105 for individual and \$120 for couples.
- 50 minute Family Therapy w/client present** will be charged at \$140.
- 30 minute** scheduled counseling sessions will be charged \$55 for individual and \$60 for couples.
- Sessions scheduled for longer than 80 minutes will incur further additional fees.
- Psychiatric Evaluations** will be charged at \$150.
- Any additional recommendation letters or development of treatment documentation requested by client beyond what is required for insurance billing will result in additional charges based on hourly fee.
- Phone consultations** lasting longer than 15 minutes will also incur a fee of (discretion of the therapist) \$25 per 15 minutes (i.e. 30 minutes on the phone will be \$25) to be **paid at the next session**.
- If subpoenaed to court to testify on your behalf, Kimberly Hinrichs, LCSW, PLLC will charge \$500 flat fee, to cover travel time, to and from the office, as well as time spent in court. This is not covered by insurance and will be an out of pocket expense.

Insurance:

At this time, Kimberly Hinrichs, LCSW is a credentialed provider for several insurance companies. Please contact Kimberly Hinrichs, LCSW to see if she is a provider with your insurance and then check with your insurance company to determine coverage for mental health benefits. Your insurance may require you to cover a co-pay (**to be paid at time of counseling session**) and/or be limited to a certain amount of sessions. Please know that Kimberly Hinrichs, LCSW uses a third-party billing company (Rose Gold Solutions) to process billing claims. You may receive correspondence from them as needed when processing claims.

Any session fees declined coverage by an insurance company are the full financial responsibility of the client. In the case of a returned check for insufficient funds, a \$20 fee will be assessed to cover bank processing fees. Your counselor may choose to utilize a third party collection agency if you default on the terms of the payment option and fail to pay the full balance due.

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Cancellation Policy:

If you must cancel an appointment, please call at **least 24 hours in advance** to allow me to reschedule another client who needs my services. Appointments not cancelled or rescheduled within this time limit will result in a **charge of \$50 for that missed session.**

Idaho Code 54-3410A:

INFORMATION DISCLOSURE TO CLIENTS. Persons licensed under this chapter shall provide clients at the beginning of treatment with accurate disclosure information concerning their practice, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality, and the extent of confidentiality. The disclosure information provided by the counselor, the receipt of which shall be acknowledged in writing by the counselor and client, shall include any relevant education and training, the therapeutic orientation of the practice, modalities or treatment utilized, and all financial requirements. The disclosure information shall include a statement that licensure of an individual under this chapter does not imply endorsement by the licensing board nor effectiveness of treatment.

By signing below, you agree that you have read this document, been given an opportunity to ask whatever questions you deem necessary, offered a copy of the Privacy Notice, agree to the terms of service, and ready to move forward with treatment.

Client Signature

Date

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Social Media Consent

When Contacting Me:

Phone and text: You can contact me between sessions by calling my cell phone 208-724-8581 and leaving a confidential voicemail. Please be aware that I may not be able to immediately answer or respond due to being in session during business hours. I will respond as soon as possible or by the next business day. **If it is an emergency, please call 911 or visit your nearest emergency room.**

Please be aware that text messages are not a secure form of communication and are not encrypted. I prefer clients not text me for communication purposes. In addition, I would prefer that clients call for scheduling purposes only, unless for a scheduled consultation, which may incur a fee.

Email: Communication by email is acceptable. However, even though I make every effort to keep it confidential, please keep in mind that any information disclosed in email is not secure or encrypted. It is better to reserve email for scheduling purposes, as it is not a secure form of communication. You may email me at kim.hinrichs@icloud.com.

Social Media (Facebook, LinkedIn, Twitter, etc): I utilize several social media websites for personal and professional purposes. Please know that I will not accept friend requests or professional connections on my personal social media, as this conflicts with protecting your confidentiality and privacy. However, a friend request would be acceptable for Kimberly Hinrichs, LCSW, PLLC, Business Facebook web page. Please be mindful of comments made on the Kimberly Hinrichs, LCSW, PLLC, Facebook page to ensure your own confidentiality, since it is being used by the public.

I consent that I have read and understand the above statements that may impact my confidentiality and privacy due to the nature and type of communication I choose to use with my therapist. I understand that my therapist will do all that she can to protect my privacy and confidentiality.

Client (s) signature _____ Date _____

Kimberly Hinrichs, LCSW _____ Date _____

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Limits of Confidentiality in Counseling

Kimberly Hinrichs, LCSW, PLLC, abides by the ethical codes established by the American Counseling Association, National Association for Social Workers as well as the rules and statutes governing the practice of counseling in the State of Idaho. These ethical codes and legal statutes require counselors to report to responsible persons or state agencies when clients indicate any of the following situations:

- That the client intends to harm self
- That the client intends to harm someone else
- Information as to direct involvement in child abuse or neglect
- Information as to direct involvement in abuse of the elderly and/or individuals with disabilities.
- In the case of a law enforcement emergency or a national security issue as determined by the government.

In addition, Kimberly Hinrichs, LCSW will report to responsible persons or state agencies when clients indicate any of the following situations.

Report of domestic violence, as defined in Idaho State Statutes.

Important to note: Confidentiality may be limited as mandated by the courts or, in the case of minors, when parents may have access to counseling information.

By signing below, I indicate that I understand my limits of confidentiality and I am aware of the situations where the counselor must breach my rights to confidentiality in the counseling relationship, with or without my permission.

Client Date

Client Date

Parent/Guardian (signature required if client is a minor) Date

Kimberly Hinrichs, LCSW Date

A copy of all these Intake forms are available to keep for your personal records (circle one):

Yes, I would like to receive a copy

No, I do not want a copy at this time