

Roots of Possibility PLLC: Explanation and Outline of Intake Forms



1. **Client Information:** collects basic information regarding your name, birthdate, etc.
2. **Client History/Intake Questionnaire (and/or Parent/Guardian Intake Questionnaire):** collects background collateral information before our first session, in order to save you time (and money!). Please answer each question to the best of your ability. I may ask clarifying questions during your initial intake session regarding the information you provide.
3. **In Case of Emergency - Telemental Health:** a necessary safety precaution due to the nature of our work together occurring virtually, rather than in person. Should there be an emergency during a session, this form allows me to know who to contact to ensure your safety; in case of an emergency where I cannot reach your preferred contacts, or if the situation requires, I may also call 911 on your behalf.
4. **Informed Consent:** provides you with clear and comprehensive information about the nature, risks, benefits, and alternatives of treatment, empowering them to make autonomous decisions regarding their care.
5. **Mandatory Disclosures:** contains information about specific legal or ethical obligations, such as reporting instances of harm to self or others, ensuring transparency and safety within the therapeutic relationship.
6. **Practice Policies:** contains important information regarding confidentiality, appointment scheduling procedures, fees, and boundaries to ensure clarity and consistency in the therapeutic process.
7. **Privacy Policies:** detail how client information is collected, used, and protected in accordance with legal and ethical standards, safeguarding confidentiality and building trust within the therapeutic relationship.
8. **Credit Card Information and Authorization:** allows me to collect payment for the services I provide.
9. **Client Financial Responsibility:** acknowledges your understanding of the financial and payment policies of my practice.
10. **Good Faith Estimate:** details the expected costs of a particular service or treatment, promoting transparency and informed decision-making regarding healthcare expenses.

Additional forms you may need to complete throughout the course of your treatment may include:

- **Release of Information:** allows me to collaborate and communicate with other healthcare providers or relevant parties in order to provide the best possible care. It authorizes me to disclose essential confidential information, only as vitally needed, with people like your child's school, your doctor, or other similar parties.
- "PHQ-9," "GAD-7," "PSC-35" and similar are standardized measures (sets of questions) that may be used to have you self-report your symptoms in order to aid in diagnosis and/or progress monitoring.