

Intake Information
Rebecca M. Ashe, LICSW

Date: _____

Name: _____ DOB: _____

Street Address: _____ Address2: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ e-mail: _____

Employed By: _____ Position: _____

Referred By: _____ Relationship: _____

Brief Statement of Reasons for Coming: _____

Family (Currently residing with you)

Name	Sex	Age	Relationship
1. _____	M/F	_____	_____
2. _____	M/F	_____	_____
3. _____	M/F	_____	_____
4. _____	M/F	_____	_____
5. _____	M/F	_____	_____
6. _____	M/F	_____	_____

History of Psychiatric Hospitalizations:

History of Psychotherapy:

Therapist	Address/ Phone	Dates

History of Drug/ Alcohol Treatment:

Doctor: _____ Address: _____

Medical Problems: _____

Current Medications: _____

Signature: _____ Date: _____

Insurance Information

Insured Client: _____

Primary Insurance:

Policy Holder: _____

Policy Holder Address, if different: _____

Employer of Policy Holder: _____

Insurance Co: _____ Policy Number: _____

Insurance Company Address: _____

Insurance Company City: _____ State: _____ Zip: _____

Insurance Company Telephone: _____

Secondary Insurance:

Policy Holder: _____

Policy Holder Address, if different: _____

Employer of Policy Holder: _____

Insurance Co: _____ Policy Number: _____

Insurance Company Address: _____

Insurance Company City: _____ State: _____ Zip: _____

Insurance Company Telephone: _____

I agree to allow the necessary sharing of information with the above insurance company(ies) about treatment dates, treatment planning, and diagnosis, to the extent necessary to insure reimbursement. This may also require periodic review of patient medical record.

Signature of Client/Client Guardian: _____

Witness: _____ Date: _____

Practice Information

Rebecca M. Ashe, LICSW

1. **Confidentiality** What you say in therapy is *confidential, within the limits of the law*. This is a very old principle in psychotherapy. I am a social worker by profession, and I am professionally obligated to keep what you say between us, unless you give me written information to share this. There are several limits to confidentiality which you also need to know:
 - a) If you are under 18, you need to know that your parents legally have a right to ask for information about what happens in session, and to see your medical records, if they so desire. I generally ask parents not to exercise this legal right, because it is often disruptive to therapy.
 - b) If you disclose during a therapy session that you have physically or sexually abused a minor, an elder, or a disabled person, I am obligated by Massachusetts law to report this to the Department of Social Services or other bodies of the Commonwealth of Massachusetts.
 - c) If you are suicidal, I am ethically bound to stop this from happening, and this may mean that I will need to tell someone—family members, doctors, or other authorities who can make sure that you are safe.
 - d) Your insurance company will know that you have requested therapy sessions, and may reserve the right to review your chart. Their main purpose in doing this is to review that the documentation is being kept correctly. They are obligated to keep this information confidential. If you have further questions about how your insurance company handles confidentiality, please contact them.
 - e) It is possible in rare instances that records may be subpoenaed in a legal case—divorce, child custody, etc.
2. **Emergencies And Urgent Calls.** An *emergency* situation is one where this is the risk of major harm. In some situations, the situation may be life-threatening, and an immediate response is necessary. An *urgent* situation is one where you need a call returned within one-half business day.
 - a) **Emergency Situations:** *Should an emergency arise, if the emergency is life-threatening, please call 911. You may also call the local psychiatric emergency number, or go to the emergency room of the nearest hospital.* The numbers for psychiatric emergency service vary by area, and are listed below.

Springfield

Psychiatric Crisis Services
(Behavioral Health Network

(413)733-6661

Holyoke	Mt. Tom Crisis	(413) 534-2251
Westfield	Westfield Crisis	(413) 568-6386
Northampton	ServiceNet Emergency Services	(413) 586-5555
Greenfield	Greenfield Crisis	(413) 774-5411

- b) **Urgent Situations:** Because of the nature of my working day, I am often in session and can't answer the telephone immediately. I do check my messages regularly, and can generally schedule an urgent appointment within one business day.
3. **Vacation Coverage:** When I am out of town on vacation or business, I will arrange back-up coverage, and the name and number of my back-up will be given on my answering machine. I am generally covered by David Junno, Psy.D., (413) 586-7559. Please be aware that Dr. Junno works out of several offices, so that if an appointment is necessary, it may be scheduled for a different location. If an emergency situation emerges during my absence, please refer to instructions for emergencies above.
4. **No-Shows, Last-Minute Cancellations.** When we schedule an appointment, that time is reserved for you and you alone. Unlike your family doctor, who may book 5 15-minute appointments per hour, anticipating that someone may cancel, in psychotherapy double-booking is not possible. If you should fail to show for a scheduled appointment, or if you cancel within 24 hours of the scheduled appointment, your insurance cannot be billed. In these instances, you are responsible for full payment of the fee for that session.

Rebecca M. Ashe, LICSW

I understand the above conditions.

Client

Parent or Guardian (when applicable)

Date

Client Rights and Responsibilities

As a client, you have the right

- To be treated with respect.
- To participate in planning your own treatment
- To receive fair treatment, regardless of age, race, religion, gender, or form of payment.
- To be informed about the credentials and experience of your psychotherapist.
- To have treatment options clearly explained.
- To have your information kept private. Only by law may records be shared without the client's signed permission.
- To be able to access care in a timely fashion.
- To review your records with the psychotherapist.
- To file a complaint with the Massachusetts division of licensure if you feel there has been unethical conduct by your psychotherapist.

As a client, you have the responsibility

- To give complete information to the therapist, so that the therapist can provide effective help.
- To ask questions about the therapy if it is confusing or disturbing.
- To follow treatment plans that have been agreed upon with the psychotherapist.
- To report abuse or neglect of a minor, elder, or handicapped individual.
- To tell the psychotherapist about thoughts of self-harm or harm of others.
- To keep your appointments, and to inform the psychotherapist over 24 hours in advance if an appointment needs to be cancelled.
- To be on time for your appointments.
- To come prepared to pay co-payments at the beginning of the session.
- To discuss problems with payment of fees with your psychotherapist.

I have read and understand the above rights and responsibilities

Client/ Parent Signature _____

Rebecca M. Ashe, LICSW
RELEASE OF INFORMATION

351 Pleasant St., Box #255, Northampton, MA 01060
(413) 731-7262 Fax (413) 731-8788

Name: _____

Street
Address _____ Town _____ State _____ Zip _____

Home Phone _____

I, the undersigned, agree to allow a mutual exchange of information between Rebecca M. Ashe, LICSW and

Name _____ Attn: _____

Address _____

Town _____ State _____ Zip _____

Telephone _____

This release is valid for a six-month period from _____ (current date)

until _____.

This release may be revoked in writing at any time.

Signature: _____ Date _____

Witness: _____