

Julie M. Albert, LCSW

3510 Kirby Drive
Greensboro, NC 27403
336-202-5552 cell/office

Diagnosis: _____

Intake Form

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____

Telephone: home/cell: _____ work: _____

Email: _____

Your Occupation: _____ Highest Grade/Degree: _____

Referred by: _____

What brings you in today? _____

Estimate the severity of above problem(s): Mild ____ Moderate ____ Severe ____ Very severe ____

Insurance Information: (if mailing, please include a copy of insurance card, both front and back)

Emergency Contact: (name, phone number and relationship) _____

Previous counseling or psychiatric hospitalizations:

Name: _____ Dates:(from>to): _____

Initial reason: _____ Process and outcome: _____

(Please include additional information either below or on back)

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Suicide attempt(s) or violent behavior (Describe: ages, reasons, circumstances, how, etc.)

Past/present substance use (AA, NA, treatments):

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Current and/or chronic illnesses:

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Specify medications you are presently taking and for what. Please print clearly:

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Medical Doctors: \_\_\_\_\_

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Present Spouse/Partner: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

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Present/past marriage or long-term relationships (names, years together, and statement about the nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

Children/Step/Grand (names/ages & brief statement on your relationship with the person.)

1. _____
2. _____
3. _____

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Parents/Stepparents(s) (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

Father: \_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_

Stepparents: \_\_\_\_\_  
\_\_\_\_\_

If parents divorced, your age at the time: \_\_\_\_\_.  
Describe how it affected you at the time

\_\_\_\_\_  
\_\_\_\_\_

Siblings: (name, age, how did s/he treat you, brief statement about the relationship):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

\_\_\_\_\_  
\_\_\_\_\_

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: e.g., cancer, epilepsy, etc):

\_\_\_\_\_  
\_\_\_\_\_

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:

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What gives you the most joy or pleasure in your life?

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What are your main worries and fears?

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What are your most important hopes or dreams?

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*Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.*

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### **Office Policies & General Information Agreement for and Informed Consent for Psychotherapy**

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. Further information on disclosure is below.

#### **THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Julie M. Albert, LCSW will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Julie M. Albert, LCSW may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Julie M. Albert, LCSW will utilize various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (child, adult or family), humanistic or psycho-educational. Julie M. Albert, LCSW **provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice**, as these activities do not fall within his/her scope of practice.

**TREATMENT PLANS:** Within a reasonable period of time after the initiation of treatment, Julie M. Albert, LCSW will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used and their possible risks, Julie M. Albert, LCSW's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

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**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Julie M. Albert, LCSW between sessions, please leave a message at the cell/office (336) 202-5552 and your call will be returned as soon as possible. Julie M. Albert, LCSW checks her messages as time permits between sessions and at the end of the business day. If an emergency situation arises, indicate it clearly in your message and call 911 or present to your local emergency room. Please do not use email or faxes for emergencies. Julie M. Albert, LCSW does not always check her email or faxes daily.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where Julie M. Albert, LCSW becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychotherapeutic care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours' notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, a \$100.00 fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

**E-MAILS, CELL PHONES, COMPUTERS, AND FAXES:** It is very important to be aware that computers and unencrypted email, texts, and e-faxes communication (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on Julie M. Albert, LCSW's laptop is encrypted, emails, texts and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Julie M. Albert, LCSW's laptop is equipped with a firewall, a virus protection and a password, and she backs up all confidential information from her computer on a regular basis onto an encrypted hard-drive. Please notify Julie M. Albert, LCSW if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, Julie M. Albert, LCSW will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Please do not use texts, email, voice mail, or faxes for emergencies.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Julie M. Albert, LCSW only the minimum necessary information will be communicated to the carrier. Julie M. Albert, LCSW has no control over, or knowledge of, what insurance companies do with the information

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s/he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee of \$150.00 per session at the end of each session or at the end of the month unless other arrangements have been made. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Julie M. Albert, LCSW if any problems arise during the course of therapy regarding your ability to make timely payments. Julie M. Albert, LCSW and her billing service, Therapy Billing Service, will submit to the insurance companies with whom Julie M. Albert, LCSW is paneled. With insurance companies Julie M. Albert, LCSW is paneled, she will abide by insurance reimbursements, copay, coinsurance, etc. per each insurance contract. With other insurance companies, Julie M. Albert, LCSW's billing service, Therapy Billing Service, will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As is indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Julie M. Albert, LCSW and her billing service can use legal or other means (courts, collection agencies, etc.) to obtain payment.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Julie M. Albert, LCSW that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Julie M. Albert, LCSW. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Julie M. Albert, LCSW will use her clinical judgment when revealing such information. Julie M. Albert, LCSW will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

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**LITIGATION:** Sometimes patients become involved in litigation while they are in therapy or after therapy has been completed. Sometimes patients (or the opposing attorney, in a legal case) want the records disclosed to the legal system. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, clients' records are generally confidential and private in nature. Patients should know that very serious consequences can result from disclosing therapy records to the legal system. Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting Julie M. Albert, LCSW's disclosure of the records, Julie M. Albert, LCSW will do her best to discuss with you the risks and benefits of doing so. As noted in this document, you have the right to review your own psychotherapy records anytime. (See also relevant section above: "WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW")

**CONSULTATION:** Julie M. Albert, LCSW consults regularly with other professionals regarding her clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of Julie M. Albert, LCSW profession require that she keep treatment records for at least 7 (seven) years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Julie M. Albert, LCSW retains clinical records only as long as is mandated by North Carolina law. If you have concerns regarding the treatment records, please discuss them with Julie M. Albert, LCSW. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Julie M. Albert, LCSW assesses that releasing such information might be harmful in any way. In such a case, Julie M. Albert, LCSW will provide the records to an appropriate and legitimate mental health provider of your choice (with a signed release of information). Considering all of the above exclusions, if it is still appropriate, and upon your request, Julie M. Albert, LCSW will release information to any agency/person you specify unless Julie M. Albert, LCSW assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Julie M. Albert, LCSW will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

**SOCIAL NETWORKING AND INTERNET SEARCHES:** At times, Julie M. Albert, LCSW may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.



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**AUDIO OR VIDEO RECORDING:** Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by Julie M. Albert, LCSW.

**TERMINATION:** As set forth above, after the first couple of meetings, Julie M. Albert, LCSW will assess if she can be of benefit to you. Julie M. Albert, LCSW does not work with clients who, in her opinion, she cannot help. In such a case, if appropriate, she will give you referrals that you can contact. If at any point during psychotherapy Julie M. Albert, LCSW either assesses that she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, Julie M. Albert, LCSW will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Julie M. Albert, LCSW will give you a couple of referrals that you may want to contact, and with your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Julie M. Albert, LCSW will provide you with names of other qualified professionals whose services you might prefer.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully (a total of 5 pages); I understand them and agree to comply with them:

**Client's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Client's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Psychotherapist's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_