

**Grace P. Ravenelle, LCPC**  
**Licensed Clinical Professional Counselor**  
Phone: 775 237 3159

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAY I CONTACT YOU AT THIS EMAIL TO CONFIRM APPOINTMENTS    **YES NO**

EMERGENCY CONTACT \_\_\_\_\_

PH # \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

REASON FOR ATTENDING THERAPY \_\_\_\_\_

**SPOUSE OR PARTNER** (if seeking couples therapy)

NAME \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CHILDREN (NAMES AND AGES)

Any History of Suicide Attempts?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Y/N    If yes, When? \_\_\_\_\_

## List Any Medications You Are taking by Rx and Who is taking them?

---

### Office Policies and Informed Consent Agreement to Psychotherapy Services

**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 (client's) written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are:

1. Where there is a reasonable suspicion of child, dependent or elder abuse or neglect;
2. Where a client presents a danger to self, to others, to property or when client's family members communicate to Grace Ravenelle, MS, LCPC that the client presents a danger to others;
3. If subpoenaed by a judge;
4. You request Grace Ravenelle LCPC to release your information for a specific reason, which will require a signed release and consent for by you the client, and your spouse/partner if seeking couples counseling.
5. If you pay by credit card, your bank and my credit card processing service have your name in the transaction history as a customer of my business

**Secrets Policy/Confidentiality Limits:** 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. Grace Ravenelle, LCPC, will use her clinical judgment when revealing such information and will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, call 9-1-1. Calling your therapist is not appropriate for emergency or crisis situations. This applies to present therapy or the future after termination of therapy services. In situations where Grace Ravenelle, LCPC becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric 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 emergency contact person whose name you have provided on the biographical intake sheet.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Grace P. Ravenelle, LCPC to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

**Consultation:** Grace P. Ravenelle, LCPC consults regularly with other professionals regarding her clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

**E - Mails, Cell Phones, Computers, Faxes & Social Media:** It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. E-mails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, the emails sent by Grace P. Ravenelle, LCPC are not encrypted. E-mail may be used to exchange basic information only, such as scheduling appointments. Please avoid or limit, in any way, the use of any or all communication on unsecured forums, such as e-mail, or text. By communicating via these forums, you the client understand and consent to the risks of security breach and lack of confidentiality. I encourage you not to share personal information, as I cannot guarantee your privacy is secure with e-mail. Please do not use e-mail or faxes for emergencies. Therapy will not be provided via E-mail, Text messaging, or Social Media. *Clients are not added as friends of the therapist on the therapist's personal social media pages.*

### **Distance Counseling/Therapy Services**

Grace P. Ravenelle, LCPC does provide counseling and therapy services via phones calls or online via virtual/video chat as requested and should be discussed with Grace P. Ravenelle, LCPC and agreed upon by both parties in advance. I understand that if requesting this therapy via this method that no matter what platform both parties use to participate in these services, nothing is 100% secure, therefore participation in therapy or counseling via online forums is done so with you, the client's understanding of and consent to the risks of and limits to privacy and confidentiality. The therapist will make all reasonable efforts to maintain the privacy and the security of these sessions. I also understand that Grace P. Ravenelle, LCPC needs to verify that this method of counseling/therapy services is an appropriate forum for rendering such services, and if she determines that in person therapy or more advanced level of care if required outside of the therapist's skills or scope of practice, the therapist will need to terminate the use of online counseling methods and make appropriate referrals. By requesting phone/online/distance/virtual therapy I also understand and consent to the following terms, conditions and limitations:

1. Phone and Online Counseling/Therapy is not appropriate or available for emergency or crisis situations in which you are a danger to yourself or others pursuant to the therapist's legal and ethical codes.
2. Grace P. Ravenelle, LCPC is limited to providing distance/online/phone therapy/counseling services to clients residing in states in which the therapist is currently licensed. Grace P. Ravenelle, LCPC cannot offer these services to clients residing outside of these states.
3. Grace P. Ravenelle, LCPC may use their discretion at providing such services and may not make this option available if her clinical judgment determines this method to be an inappropriate or ineffective method for rendering counseling services.
4. I, the client, agree to verify my identity, address and location each time I participate in online virtual or phone counseling sessions pursuant to emergency interventions where the therapist may become concerned about your safety/danger to self and others at any time during these sessions.
5. I, the client agree to provide an emergency contact, who's availability during my sessions will be verified during each session by Grace P. Ravenelle, LCPC and consent to allowing Grace P. Ravenelle, LCPC to contact this person, speak with them, disclose my participation in such services, and verify their availability during my sessions for the purposes of but not limited to transporting me to the hospital or contacting emergency services such as 9-1-1 in the event Grace P. Ravenelle, LCPC becomes concerned about my safety/danger to self and others at any time during these sessions.

- I, the client agree to **NOT** ever, for any reason record therapy/counseling sessions with Grace P. Ravenelle, LCPC no matter the forum, electronic, in-person, or otherwise. Such recordings cannot be secured by Grace P. Ravenelle, LCPC, confidentiality cannot be guaranteed, and Grace P. Ravenelle, LCPC does not agree to or consent to the recording, viewing, distribution of, or possession of such recordings without her express prior knowledge **AND** written consent.

### **Therapist Emergencies/Records Custodians**

In the event Grace P. Ravenelle, LCPC is in an emergency/crisis situation, becomes terminally ill, disabled or dies, which prohibits her from performing her duties or maintaining her practice/position as a therapist, the following licensed therapists have been appointed by her and given emergency permission to have access to my files and contact me to make arrangements for the remainder of my therapy services: **David Gillis, LCPC (for adult cases) & Kelli Callaway, LCPC (for all early childhood cases, ages 0-6 years).**

### **Online Intersession Communication:**

Grace P. Ravenelle, MS, LCPC will respond to any emails within 48 hours and as received during business hours. Business hours are Monday-Thursday; 10AM-6PM. However, emails in between therapy sessions are not to be considered therapy and while she may answer questions and respond to inquiries, larger or more complex issues may need to be addressed in your next therapeutic session.

**Fees:** Clients are expected to pay the standard fee per 45 -50 minute session at the beginning of each session. Rates apply for longer sessions and the fee for these will be arranged in advance. Please notify Grace P. Ravenelle, LCPC if any problems arise during the course of therapy regarding your ability to make timely payments. Insurance is not accepted as a form of payment by Grace P. Ravenelle, LCPC. I understand the full session fee applies to no shows or cancellations/rescheduling with less than prior 24-hour notice.

**Termination:** You have the right to discontinue therapy at any time. Please inform Grace P. Ravenelle, LCPC if you are planning on discontinuing treatment for any reason. The final session is an important part of the counseling process and should be discussed in advance, just as any mutually agreed upon decision.

**Video or Audio Recording of Couples Sessions:** I/We understand that by participating in therapy as a couple with Grace P. Ravenelle, LCPC we give our permission to be video/audio recorded for the purposes of our therapist receiving supervision, and for training and educational purposes, and that these recordings are used only for these purposes. Recording is very discrete, all videos are kept in a secure location where they cannot be accessed by unauthorized persons and these videos are not for sale in anyway. We understand these videos will not be shared on Youtube or any social media sites. All video information is kept confidential and no one who knows the parties in therapy in the recordings is permitted to view the recordings. This consent may be withdrawn at any time.

**SEE PAGE 5 FOR INDIVIDUAL/COUPLES SIGNATURES**

**SEE PAGE 6 FOR MINORS & CONSENTING ADULT SIGNATURES**

**AGREEMENT TO THERAPY SERVICES**

I/We have read the above Agreement, Risks and Limits of Confidentiality, Office Policies, General Information, and Recording policy carefully. I/We understand them and agree to comply with them:

\_\_\_\_\_  
Client name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Client name Spouse (print)  
(If seeking Couples Counseling)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Grace P Ravenelle, MS, LCPC  
(Therapist)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**Grace P. Ravenelle, MS, Licensed Clinical Professional Counselor**  
**Medical and Psychological History Form For ADULTS**

Client's Name (Self-only): \_\_\_\_\_ Date: \_\_\_\_\_

**Section 1 – Personal History:**

Please indicate whether you have had any of the following symptoms by placing a check next to anything that applies. Anything left blank is assumed to not apply. If you have other symptoms not listed, please inform me. Severity Scale 1-10 is listed as such: **10\* I can't function most days; 1\* It doesn't affect me most days)**

\_\_\_\_\_ Anxiety      **Severity** 10=REALLY Bad 1 =Does Not Affect Me (1-10) \_\_\_\_\_

\_\_\_\_\_ Depression      **Severity** 10=REALLY Bad 1 =Does Not Affect Me 1-10 \_\_\_\_\_

\_\_\_\_\_ Recent Loss/Death of a Loved One      \_\_\_\_\_ Recent Job Loss or Major Career Change

\_\_\_\_\_ Sexual Problems      \_\_\_\_\_ Miscarriage or Stillbirth

\_\_\_\_\_ Relationship Problems

\_\_\_\_\_ Suicide Attempts or Suicidal Thought

**Severity** 10=Very Suicidal 1=No Thoughts of Suicide now or recently 1-10 \_\_\_\_\_

\_\_\_\_\_ Thoughts of Self-Harm      10=REALLY Bad 1 =Does Not Affect Me      **Severity** 1-10 \_\_\_\_\_

\_\_\_\_\_ Medical Problems that interfere with my quality of life or Relationships

    10=REALLY Bad 1 =Does Not Affect Me      **Severity** 1-10 \_\_\_\_\_

\_\_\_\_\_ History of Trauma, Neglect, or Abuse      **If yes, What age(s)?** \_\_\_\_\_      Was this Sexual in nature? \_\_\_\_\_

\_\_\_\_\_ Have you or your Partner Had an Affair? \_\_\_\_\_ Me \_\_\_\_\_ Partner/Spouse

    If yes, When? \_\_\_\_\_      Are you still in contact with the affair partner? **Y/N**

    Does your Spouse know about the Affair? **Y/N**

    If No, Are you willing to work on disclosing this to your partner? **Y/N**

    Are you willing to end your extramarital relationship in order to commit to working on the relationship/Marriage? **Y/N**

For Couples, How Important is it that we address sexual intimacy as part of our work together?

\_\_\_\_\_ Not at all, we're happy with our Sex Life

\_\_\_\_\_ I'd like to address it, I have some concerns

\_\_\_\_\_ Extremely Important

Quality of my Connection with my Family of Origin (Parents/Siblings):

\_\_\_\_ Very Close    \_\_\_\_ Good but not Super Close    \_\_\_\_ Distant

\_\_\_\_ We Don't talk or get along

Section 2 - Brief Drug/Addiction History: Please record your drug history by checking any that apply to you.

<b>Past</b>	<b>Present</b>	<b>Past</b>	<b>Present</b>
____	____ Alcohol	____	____ Cocaine
____	____ Marijuana	____	____ Opiates
____	____ LSD	____	____ Inhalants
____	____ Methamphetamines	____	____ Recreational Use of Prescription Drugs
____	____ Pornography		

If Present use, Frequency?

\_\_\_\_ **Daily**    \_\_\_\_ **Multiple Days Per Week**

\_\_\_\_ **Occasionally (2x or less per month)**

\_\_\_\_ **Regularly Daily/Weekly and Monthly**    **Other?** \_\_\_\_\_

Have you ever been to a drug treatment program, rehab program, or group such as AA/NA/SA? Y/N

**If yes, When?** \_\_\_\_\_ **If You view Pornography, since what age?** \_\_\_\_\_

Is this viewed alone? Y/N    Do you watch it with your spouse/Partner? Y/N

Does your Spouse/Partner know about your pornography use? Y/N

Y/N My Spouse/Partner has complained or frequently complains about my Pornography Use

Do you play video games? Y/N    If yes, Frequency?

\_\_\_\_ **Daily**    \_\_\_\_ **Multiple Days Per Week**

\_\_\_\_ **Occasionally (2x or less per month)**

\_\_\_\_ **Regularly Daily/Weekly and Monthly**

Y/N My Spouse complains/would say my video game use is a problem in our relationship