



Please complete this form so that we may better serve your needs

(please leave blank)

DATE : _____
NAME: _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE: _____ OTHER PHONE: _____
E-MAIL ADDRESS : _____
HOW MAY WE CONTACT YOU? _____
BIRTH DATE: _____
SOCIAL SECURITY NUMBER : _____
GENDER/SEX: F/M (circle one)
EMERGENCY CONTACT: _____

Insurance Info.
Company:
Employer:
Group #:
Indiv #:
Deductible:
Co-pay:
Billing Method:

RELATIONSHIP STATUS: ___ SINGLE ___ MARRIED ___ LONG TERM RELATIONSHIP
___ DATING ___ SEPARATED ___ DIVORCED ___ OTHER (please explain)

ARE YOU A PARENT? ___ YES ___ NO ___ OTHER (please explain)

SLEEP QUALITY: ___ (using 1 as very bad and 10 as very good)
ACTIVITY/EXERCISE LEVEL: ___ (using 1 as low level and 10 as high level of activity)

LIST ACTIVITIES: _____

ALCOHOL USE: ___ YES ___ NO IF YES, HOW MUCH _____

TOBACCO USE: ___ YES ___ NO IF YES, HOW MUCH _____

OTHER SUBSTANCE USE (NOT PART OF A FORMAL MEDICAL TREATMENT PLAN): _____

ETHNIC BACKGROUND (OPTIONAL): ___ AFRICAN AMERICAN ___ HISPANIC/LATINO
___ ASIAN/ PACIFIC ISLANDER ___ CAUCASIAN
___ OTHER, DESCRIBE: _____

OCCUPATION: _____

EMPLOYER: _____

LENGTH WITH CURRENT EMPLOYER: _____

AREA WHICH BEST DESCRIBES YOUR REASON FOR CONTACTING IN-SIGHT: (check all that apply)

PERSONAL RELATIONSHIP FAMILY HEALTH (YOURS ___ /OTHER'S ___)

LIFE TRANSITION EMPLOYMENT FINANCIAL

OTHER

PLEASE DESCRIBE: (feel free to use the back of this sheet if you need more writing space) _____

HAVE YOU WORKED WITH ANY TYPE OF PROFESSIONAL PROVIDER ON THIS ISSUE? YES NO

HAVE YOU WORKED WITH ANY TYPE OF PROFESSIONAL PROVIDER ON ANY OTHER ISSUE? IF YES, PLEASE DESCRIBE: _____

IF YOU ANSWERED YES TO EITHER OF THE 2 PREVIOUS QUESTIONS, PLEASE PROVIDE THE PROFESSIONAL'S NAME(S) AND DISCIPLINE.

PLEASE LIST ALL CURRENT MEDICATIONS: _____

HOW WERE YOU REFERRED TO IN-SIGHT?

HEALTH CARE PROVIDER SELF FRIEND COWORKER

FAMILY MEMBER OTHER, DESCRIBE _____

ADVERTISEMENT (PLEASE SPECIFY) _____

DO YOU PLAN ON USING MEDICAL INSURANCE? Yes ___ No ___

IF YES, PLEASE PROVIDE THE FOLLOWING:

NAME OF INSURANCE COMPANY AND PLAN NAME: _____

NAME OF POLICY HOLDER: _____ BIRTH DATE: _____

EMPLOYER OF POLICY HOLDER: _____

PERSONAL ID NUMBER: _____ GROUP NUMBER _____



EXPLANATION OF SERVICES AND DISCLOSURE

Welcome to In-Sight: Solution Focused Therapy. In-Sight is an agency that provides EMDR, psychotherapy, and coaching to individuals, couples, families, and professionals. It is In-Sight's goal to assist and support those faced with complex issues, whether personal or professional.

In-Sight works together with our clients to understand what they want and need from their therapy and will offer realistic solutions that address these needs. In doing this, In-Sight will develop a treatment plan specifically designed for each client.

THERAPISTS

BRENA LEVER, LICSW, MSW:

Brena Lever is a Licensed Independent Clinical Social Worker (#LW00007098) and a Certified EMDR* Therapist. She received her Masters of Social Work, with a specialization in Occupational Social Work, from the University of Maryland at Baltimore. She has worked in many settings, including forensic, emergency medicine, Employee Assistance Programs and international adoption. In these positions, she has worked as both a clinician and a consultant. As a Certified EMDR practitioner, Brena combines this advanced therapy model with more traditional models, such as Cognitive-Behavioral Therapy (CBT), allowing her to design a treatment plan that best fits the individual needs of each client. Her treatment model emphasizes setting goals and developing strategies to attain them. Brena's additional training has included the following: Brainspotting, Lifespan Integration, Imaginal Nurturing, Crisis Intervention, Critical Incident Stress Debriefing and Management and Mediation and Conflict Resolution

Brena is proud to be working with EMDR HAP (Humanitarian Assistance Program), a nonprofit organization which can be described as the EMDR equivalent of Doctors Without Borders. She also does work for The Soldiers Project Northwest, which provides free psychological treatment to military service members.

* EMDR (Eye Movement Desensitization and Reprocessing) is a therapy model that allows a person to identify and process past traumatic events that are continuing to have a negative effect on the individual. These events can be as seemingly insignificant as a negative interaction with a parent during childhood, or as catastrophic as a life-threatening event.

CONFIDENTIALITY

All information discussed with In-Sight is strictly confidential in nature and shall be used solely by In-Sight professionals. This information will not be disclosed or released without written permission of the client, and will be done in a manner consistent with In-Sight information handling procedures. If an In-Sight professional believes there is a physical threat to a client or someone named by a client, state and federal law require disclosure of that information.

In compliance with Washington State law (RCW 18.225.105), information shall only be disclosed under the following circumstances:

- (1) With the written authorization of that person or, in the case of death or disability, the person's personal representative
- (2) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.250; or [abuse/neglect, harm to self/others]

(3) To any individual if the person licensed under this chapter reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.

(4) If the person waives the privilege by bringing charges against the person licensed under this chapter;

(5) In response to a subpoena from the Secretary of Health. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050;

FEE AND PAYMENT

-Individual sessions are \$135/session* and Couples sessions are \$175/session.

*Sessions are 50 minutes in length.

-Phone calls over 5 minutes will be pro-rated. (\$13.50/ 5 minutes) Additional documentation required by the client will also be charged according to the time required by In-Sight to produce the document.

- Fees are due at the beginning of each session; exceptions to this will only be permitted following specific arrangements agreed upon between the client and provider.

-24 hours notice is required to cancel a session without charge. The client will be responsible for payment if a session is cancelled with less than 24 hours notice. Medical insurance cannot be used for a missed appointment, therefore the client is responsible for the full session amount.

- Brena Lever is a Preferred Provider for Regence BlueShield. For use of other insurance policies, In-Sight will provide an invoice directly to the client that contains the information required by the insurance company; reimbursement is sent directly to the client from their insurance provider. If an insurance company requires a specific form, the client will be responsible for providing that form to In-Sight. It is the client's responsibility to know and inform In-Sight of their insurance policy rules. In-Sight is not responsible for changes in coverage that occur during treatment that might effect payment and/or reimbursement.

-Payment can be made with cash or a check. Credit cards can be used through PayPal, however this must be arranged in advance with In-Sight.

CLIENTS' RIGHTS

Each client has the right to refuse treatment, at any time. In addition, they have the right to choose a practitioner and treatment modality which best suits their needs.

Each client has a legal right to obtain list of, or copy, the acts of unprofessional conduct listed under RCW 18.130.180. This document can be requested from the following address:

Health Professions Quality Assurance
Customer Service Center
PO Box 47865
Olympia WA 98504

Email: hpqa.csc@doh.wa.gov

Phone : (360) 236 - 4700

Fax: (360) 236 - 4818

I HAVE READ AND UNDERSTAND THIS EXPLANATION OF SERVICES.

CLIENT _____ **DATE** _____

IN-SIGHT _____ **DATE** _____