

Laurie Schmit, LMSW

Personal Information Form

This information is used to determine how best to assist you in your healing process. It is kept private. If you are uncomfortable answering any questions, leave them blank for now, but **please sign all forms.**

I heard about Laurie Schmit from _____

Legal Name _____ Preferred Name _____

Date of Birth _____ Gender identity & preferred pronouns: _____

Physical Address _____

Mailing Address (IF different) _____

Email: (leave blank if you **never** want emails) _____

Primary Phone (_____) OK to leave messages? Yes No Texts? Yes No

Emergency Contact Name, Relationship, & Phone _____

Marital Status _____ Describe primary relationship _____

Describe your current living situation _____

Symptoms/Concerns (RATE 0/none to 10/extreme) ___ Nervousness ___ Panic ___ Unfocused ___ Appetite \uparrow or \downarrow (circle)

___ Worry ___ Fear ___ Agitation ___ Isolation ___ Hostility ___ Nightmares ___ Flashbacks ___ Irritability ___ Chronic pain

___ Ruminates ___ Hypervigilant ___ Fatigue ___ Disturbed sleep ___ Stress ___ Guilt ___ Perfectionism ___ People pleasing

___ Hopelessness ___ Sadness ___ Unmotivated ___ No interest in pleasure ___ Insecure ___ Feel unworthy ___ Loss of joy

___ Distrust ___ Parenting issues ___ Relationship conflict ___ Sexual issues ___ Relationship loss ___ Domestic violence

___ Death of family/friend ___ Job loss ___ Legal issues ___ Financial loss ___ Work stress ___ Work change ___ Relocation

___ Tobacco use ___ Alcohol use ___ Substance use ___ Disordered eating ___ Gambling/spending ___ Infidelity/promiscuity

___ Illness ___ Injury/disabled ___ Self-harm ___ Suicidal thoughts--attempt dates _____ & treatment? Y or N (circle)

Insecurity of: ___ Housing ___ Food ___ Child custody ___ Safety ___ Social support ___ Other _____

Details/addl info about concerns: _____

What do you want to get out of counseling? _____

Describe any past/current therapy or personal growth work you've done, when, and value received (including books read, groups/classes, spiritual practices, etc.) _____

Coursework/degree & when _____

Describe the type of work you do _____

What is most important in your life right now? List 3-5 things _____

Have you ever been institutionalized for an emotional/mental crisis? If yes, describe, if none, write "None." _____

Who is your support system for crises? _____

Diagnoses (medical/psychiatric and dates) _____

Medication(s) & reason _____

Describe any major life events, going on now, in recent past or near future_____

Describe any physical, cognitive, psychological, learning or emotional challenges you have which may hinder your ability to fully participate in experiential personal growth work. If none, please write "None."

Describe any significant loss in your life_____

Describe any trauma in your life_____

Describe any history of abuse_____

Describe your childhood_____

Describe any **current** abuse you are experiencing (emotional, mental, physical, sexual, self-inflicted)_____

To what degree have you experienced the following? Degree: 1 little/none 7 very experienced

To what degree have you experienced the following?	1	2	3	4	5	6	7
Working with affirmations, positive thinking, cognitive therapy	1	2	3	4	5	6	7
Art therapy, creativity, art classes, study of art, creating my own art	1	2	3	4	5	6	7
Breath work, breathing exercises, singing/playing wind/brass instruments	1	2	3	4	5	6	7
Creative writing, journaling, expressive writing, writing "letters never sent"	1	2	3	4	5	6	7
Role playing, acting, drama/theatre, drama therapy, "empty chair work"	1	2	3	4	5	6	7
Spiritual practices/reading, prayer, connection to higher power	1	2	3	4	5	6	7
Meditation, mindfulness, stress reduction, practicing being present	1	2	3	4	5	6	7
Yoga, movement exercises, expressive dance, interpretive dance	1	2	3	4	5	6	7
Deep emotional release techniques, rebirthing, EFT, EMDR	1	2	3	4	5	6	7
Reading about authenticity/vulnerability, practicing authentic living	1	2	3	4	5	6	7

Rate 1-10 (1 = lowest; 10 = highest), on average rate the level of anxiety you experience daily?_____

Rate 1-10 (1 = lowest; 10 = highest), on average rate the level of depression you experience daily?_____

Rate 1-10 (1 = lowest; 10 = highest), how comfortable you are with self-disclosure in counseling?_____

I hereby acknowledge that the above information is true to the best of my knowledge. Signed this date_____

by _____ and confirmed by _____
Client Laurie Schmit, LMSW

Please complete and sign all forms and bring them with you to your first session. Payment due at time of service by cash, credit card or check to **Laurie Schmit**. Questions? Call/text 616-426-9226 or email Laurie at: LschmitLMSW@gmail.com

Laurie Schmit, LMSW

Client-Counselor Service Agreement

PLEASE READ ALL OF THE FOLLOWING AND SIGN

Welcome to the practice for Laurie Schmit, LMSW. This document contains important information about my professional services and policies. It also contains summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a counseling client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, Laurie Schmit, LMSW, (hereafter referred to as the "Counselor"), have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Goals of Counseling

There can be many goals for the counseling relationship. Some of these will be long-term goals such as improving the quality of your life, learning to live with mindfulness, and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, and changing unhealthy behaviors. Whatever the goals for counseling, they will be set by the client according to what they want to work on in counseling. The Counselor may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Counseling

Counseling is a personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will remove your current distress. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will need to work on things we discuss outside of counseling sessions.

However, there are many benefits to counseling. Counseling can help you develop coping skills, make positive behavioral changes, improve the quality of your life, learn to manage anxiety, learn to live in the present moment, and many other advantages.

Counseling Appointments

Appointments ordinarily are 45-50 minutes in duration, once per week at a time we agree upon/schedule, although some sessions may be more or less frequent as needed. Your insurance coverage may dictate how long and how often we can meet. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel/reschedule a session, you must **provide a minimum of 24 hours' notice**. If you miss a session without canceling, or cancel with less than 24 hour notice, you will be required to pay a late cancellation/no show fee. It is important to note that insurance companies do not provide reimbursement for late cancelled/no show fees; thus, you are responsible to pay the fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end at the scheduled time. If you have 2 or more late cancellations/no shows, Counselor reserves the right to cancel all existing/recurring appointments and/or add your name to a cancellation call list for last minute scheduling or refer you elsewhere and discontinue providing services to you.

Group Counseling

Group counseling will require a separate Informed Consent Form along with this Client-Counselor Service Agreement. Some group services may be billable to insurance, however the rate they pay the Counselor is often quite low. The Counselor reserves the right to require a reasonable rate from you for each group session and offers discounts for pre-payment. Inquire with your insurance company if they will pay for group counseling.

Confidentiality

Your Counselor will make every effort to keep all your personal information private. Insurance companies require information in order to pay your claims. If you wish to have your information released (i.e. to your primary care physician), you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality for which you need to be aware. Your Counselor may consult with a supervisor in order to give you the best service. In the event that your Counselor consults with a Supervisor, no identifying information such as your name would be released. Counselors/Social Workers are **required by law** to release information when the client poses a risk to themselves or others and in cases of abuse to children or vulnerable adults. If your Counselor receives a court order or subpoena regarding your counseling, she may be required by law to release some information. In such a case, your Counselor will consult with other professionals and limit the release to only what is necessary by law. You will be asked to sign a HIPAA policy acknowledgement form.

Confidentiality and Technology

Counselor will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology by others. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in communication with your Counselor. Should a client have concerns about the safety of their email/text, you should cease all communication by email/text.

Record Keeping

Your Counselor keeps brief records of your counseling sessions and treatment plans which includes goals for your counseling. These records are kept to ensure continuity in service, and to meet requirements of insurance companies. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 2 years but may be kept for longer. Records are kept secure in a HIPAA compliant electronic medical record.

Contacting Counselor

Counselor is often not immediately available by telephone. Counselor does not answer the phone when with clients or otherwise unavailable. At these times, you may leave a message/text on the confidential voice mail (616-426-9226) and your call will be returned as soon as possible. It may take 1-3 days for non-urgent matters, and possibly longer when Counselor is out of town/on vacation. If you feel you cannot wait for a return call or it is a life-threatening emergency situation, contact a crisis line, go to your local hospital, or call 911.

Make note that all clients are expected to cancel any scheduled appointments 24 hours or more ahead of the scheduled appointment time. Counselor may be left messages by phone and text at 616-426-9226 or email at LschmitLMSW@gmail.com at all hours/day or night. Late cancellation/no show fees are \$40.00 each time, and if you have 2 or more late cancellations or no shows for appointments, Counselor reserves the right to cancel all existing/recurring appointments and/or add your name to the cancellation call list for last minute scheduling or refer you elsewhere and discontinue services.

Insurance

If you have a health insurance policy or an employee assistance program, it will usually provide some coverage for mental health treatment. With your permission, Counselor will assist you to the extent possible in filing claims and ascertaining information about your coverage through a billing agency, but you are responsible for knowing your coverage and for notifying Counselor if/when your coverage changes. Some health savings and flexible spending plans will pay for/reimburse your costs for individual, couples or group counseling sessions, and many offer check books which you may use to pay the costs. Counselor is able to provide detailed receipts with procedure codes if requested.

You should also be aware that most insurance companies require Counselor to provide them with a clinical diagnosis. Counselor has to provide additional clinical information which will become part of the insurance company files. By signing this Agreement, you agree that Counselor can provide requested information to your carrier if you have Counselor bill your insurance through a contracted billing company or person.

In addition, if you plan to use your insurance, authorization from the insurance company **may be required before they will cover counseling fees**. If you did not obtain authorization and it is required, **you may be responsible for full payment of the fee**. Many policies leave a percentage of the fee to be covered by the client. Either amount is to be paid at the time of the visit by check, cash or credit card. Some insurance companies also have a deductible, which is an out-of-pocket amount that is paid by the client before the insurance company pays.

If Counselor is not a participating provider for your insurance plan, the billing agency may be able to submit your claim, or Counselor can supply you with a receipt for payment, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

Professional Fees

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check (made out to Laurie Schmit), cash, or credit card. Please refer to the "Counseling Services Financial Agreement" form. If you anticipate becoming involved in a court case such as custody hearings, Counselor recommends that we discuss this fully before you waive your right to confidentiality. If your case requires Counselor's participation, you will be charged for professional time required at \$100 per hour. Professional fees for legal cases are non-negotiable.

Email/Text

Counselor may request to email or text client to confirm appointments and correspond about counseling services. Client has the right to refuse to divulge email address and refuse texts. Counselor may use email addresses to periodically check in with clients. Counselor may also use email addresses to send news with valuable information such as tips for depression or relaxation techniques. Counselor also has a blog (Facebook) and if this is appropriate for the client, Counselor may send information through email about subscribing to the blog or information related to mental health and wellness. **If you would like to receive correspondence through email, please write your email address here _____.**

If you would like to opt INTO (receive) email correspondence, please INITIAL here _____.

If you would like to opt INTO (receive) text correspondence, please INITIAL here _____.

Consent to Counseling

Your signature below indicates **that you have read this Agreement and you agree to its terms**, and that you further understand that the terms of this agreement end on December 31, 2019 and you may sign a new agreement to continue services beyond that date.

Printed Name _____ Signature _____

Date _____

Counselor Signature _____

Date _____

Laurie Schmit, LMSW

2019 Professional Counseling Services Financial Agreement

I, _____, hereby agree to participate in Professional Counseling Services with Laurie Schmit, LMSW. My below signature indicates that I understand that counseling sessions are 45-50 minute (weekly or bi-weekly) sessions with Laurie Schmit at her office in Grand Rapids, Michigan. My below signature indicates that I also understand that I must pay by cash, personal check, or credit card at each session the cash pay amount, my insurance copay, or a minimum of \$75 in the case of high deductibles or out of network benefits. Checks are to be written to "Laurie Schmit," and returned checks are subject to a \$40 fee to cover bank fees. I understand that should I need to change my method of payment for counseling services, I will need to complete a new financial agreement form with Laurie.

My below signature indicates that I understand that I am expected to **cancel any appointments 24 hours or more** ahead of the scheduled time. Laurie may be **contacted by phone or text at 616-426-9226 or email at LschmitLMSW@gmail.com**. I understand **I am expected to pay a late cancellation fee** of \$40.00 should I not provide sufficient notice of cancellation, and that my insurance will not pay a cancellation fee. I also understand that if I have more than 2 late cancellations/no shows, Laurie reserves the right to discontinue services.

PAYMENT METHOD (choose only one):

_____ **Initial** here for **insurance billing** only:

I agree to have my current insurance coverage and/or employee assistance program (EAP) billed for each counseling session. I agree to contact my insurance company to verify that I am covered to participate in counseling with Laurie Schmit **before** my first counseling session, obtain prior authorization as needed, to provide Laurie with copies of my insurance card/information & ID, and to pay the amount indicated by my insurance company as they determine the rates I pay for services. I understand that Laurie must disclose requested information for my insurance company through a contracted insurance billing provider. I further agree to pay my insurance copay at the time of service or a minimum of \$50.00 in the event of a high deductible plan. My below signature indicates that **I agree to pay all counseling charges**, as indicated by my insurance company's Explanation of Benefits (EOB).

OR

_____ **Initial** here for **private cash pay only**:

I agree to utilize cash pay instead of having an insurance coverage billed for the counseling sessions. My below signature indicates that I further agree to pay my cash pay amount of \$_____ at the time of my appointments with Laurie.

My signature below indicates that **I have read this Agreement and hereby agree to its terms**, and that I understand that the terms of this agreement end on December 31, 2019 and I may sign a new agreement on or before that date to continue services beyond that date.

Participant:	Counselor: Laurie Schmit, LMSW
Signature:	Signature:
Date:	Date: