



INTEGRATIVE PSYCHOTHERAPY
Elena Georgouses

Elena Georgouses, LCSW
Integrative Psychotherapy
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New Client Form

Date: _____

Person completing form: _____
(Relationship to Client)

Name of Client: _____ Birth Date: _____

Physical Address:

City: _____ State: _____ Zip: _____ Home Phone _____

Fax: _____

email _____

Cell/Phone(s) _____

Mailing Address:

City: _____ State: _____ Zip: _____

Home Phone: _____

Employer:

Address:



Parents (If Minor)

Father: _____ Mother: _____

Person to contact in case of an emergency:

Relation: _____

Phone: _____

FINANCIAL RESPONSIBILITY

Name of Guarantor: _____ Relationship to Client:

Billing Address:

City: _____ State: _____ Zip: _____ Phone: _____

Employer:

Address:

City: _____ State: _____ Zip: _____ Phone: _____

In consideration for services, I hereby assume full responsibility for and agree to pay all charges.

Guarantor: _____

Date: _____



Client Information/Disclosure

Psychotherapy can be a very effective means for learning about yourself and your relationships, healing, and making changes. This document is designed to inform you of my background and ensure you understand our professional relationship.

I see women, men, adolescents, and couples of all ages for counseling/psychotherapy and life coaching. The kinds of issues I most frequently work with are relationship concerns, mood related issues such as depression and anxiety, loss and life transition, personal meaning and career issues, issues related to illness, parenting and developmental concerns. My focus is to help you increase self-awareness and access your own inner resources while you learn about yourself and make choices that are aligned with your well-being. I also will help you develop new skills to cope and work with your problems. My approach is eclectic depending on your needs. We will discuss my approach and develop a plan that best suits your needs together.

You are entitled to ask questions about my approach and methods and I will endeavor to answer your questions about therapy and our work together. You have a right to seek other opinions and to terminate therapy at any time. Change and growth while rewarding can be uncomfortable at times. If you have questions or concerns about this please let me know.

I have a master's degree in social work from Loyola University, Chicago, Illinois. I am a licensed clinical social worker, Colorado license # 991654. I have been in practice in Colorado since 1992. If you have questions about my on-going training please inquire. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Mental Health Grievance Board. The practice of psychotherapy in Colorado is regulated by the Department of Regulatory Agencies. Concerns and/or complaints can be reported to the Grievance Board, The Board of Social Work Examiners Broadway, Suite 1370, Denver, CO 80202, (303) 894-7760. Additionally you can make an online report at their website, https://www.colorado.gov/pacific/dora/DPO_File_Complaint

CONFIDENTIALITY

Most issues discussed during the course of psychotherapy are confidential, and written consent is required before any information can be released. However, there are specific situations in which I am legally required to release information. These instances are when abuse is suspected or reported, when a client is in danger of hurting her/himself, when an individual discussed in therapy is in danger of physical harm, or in the rare instance of a 911 emergency. If any of these exceptions occur I will inform you before I release any information or make a report. In the case of minor adolescents, I will consult with parents in such a way as to protect the child's

At times I consult with colleagues about cases. In such circumstances names are not disclosed and the identity of the person is disguised. If you are not comfortable with this please inform me. I do my very best to protect every client's privacy with the added consideration that we live in a very small community.

My bookkeeper, receives payment information and payments.



Please note, email is not a secure form of communication. While you are free to email me for any reason, please exercise caution when sharing anything private in nature. I will ask for your consent before I email you anything private.

Fees

My fee is \$120.00/hr. At times I can adjust my fee and offer payment plans in the event of financial challenge. The amount of your fee will be discussed at your initial session.

Insurance

I do not accept insurance nor am I on any HMO's or PPO's. A few health insurance policies cover out-patient psychotherapy services by a licensed clinical social worker. I will provide you with a statement that will include all the information required by the majority of insurance companies. Your claim form and statement should satisfy your insurance company's requirements. If your insurance company needs more information I will be happy to provide it at their request with your written consent.

Appointments

Your appointment is reserved for you. I will make every effort to start and end your session on time. Sessions are generally one hour in length. In some instances it may be necessary to schedule longer sessions. Please notify me as soon as possible if you need to cancel an appointment. Since I am unable to fill a canceled or missed session on short notice, it is important that you notify me at least 24 hrs. in advance. You will be charged for any canceled appointments with less than 24 hrs notice. You will be charged for any missed appointments. You will not be charged for emergency conditions such as ill health, inclement weather, etc. You must discuss this with me to avoid charges.

Phone Calls/Emails/Texts

You may contact me between sessions for any reason. My phone is answered by a confidential voice mail system when I am not available. Please leave your name and a phone number where you can be reached. I will make every effort to return your call as promptly as possible. I check my voice mail frequently during the day. Please assume that I did not receive your message if you do not hear back from me within 24 hrs. Please call back.. If you leave a message after 5:00 pm or on the weekend, I may not return your call until the next business day.

You may be charged for phone calls longer than 20 minutes on the quarter hour at my hourly rate.

Vacations

I will notify you and make arrangements for coverage when I leave town.

Emergencies

As a sole practitioner, I am not available for crisis intervention after hours. In the event of an emergency call 911.



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I have read the above information and have had the opportunity to ask questions. I have received a copy of this form for my records.

Client, Parent, or Guardian

Date