

# ***Staten Island Speech & Counseling***

## ***Client Information Sheet*** ***Jeremiah M. Corbo MSEd, LMHC***

Client's name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone numbers ***with area code*** Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ For how long? \_\_\_\_\_

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

Marital/relationship status: \_\_\_\_\_ Significant other's name: \_\_\_\_\_

Significant other's age and sex: \_\_\_\_\_ How long together? \_\_\_\_\_

Names and ages of all children: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Jeremiah Corbo? \_\_\_\_\_

Whom shall we contact in case of emergency?

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In this box, please indicate the address and telephone number you want us to use to when sending bills or when we need to contact you. If this box is left blank, we will use the address and any of the telephone numbers you have provided above.

If you ***do not*** want us to leave a message on your answering machine, please tell us how you want us to reach you by phone:

I hereby consent for ***Jeremiah Corbo*** to provide evaluation and treatment to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Medical and Health History:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

List any allergies you have: \_\_\_\_\_ None \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Care Physician's phone number: (\_\_\_\_) \_\_\_\_\_

Date of your most recent physical examination: \_\_\_\_\_

**Please list all current medications and dosages:**

Name of Medication	Dosage	Name of Prescribing Doctor	When did you start taking it?
Effexor (venlafaxine)			
Lexapro (escitalopram)			
Prozac (fluoxetine)			
Xanax (alprazolam)			
Klonopin (clonazepam)			
Depakote (divalproex sodium)			
Paxil (paroxetine)			

**Please list all current or past health problems, and any major operations:**

Current	Past

List all therapists you have seen, and dates you saw them: \_\_\_\_\_

List any substance abuse treatment or inpatient psychiatric treatment you have had, and the dates:

\_\_\_\_\_

**Please indicate which of these substances you currently use:**

Substance	Amount used	How often?
Cigarettes		
Alcohol		
Pills not prescribed for me		
Marijuana		
Cocaine or crack		
LSD		
Heroin		
Other (please list):		

**What kind of problem brings you to Jeremiah Corbo's office?**

\_\_\_\_\_

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Who may we thank for serving you? \_\_\_\_\_

**Please indicate if you are having any of the following problems, or if you had them in the past:**

	<b>I have this now</b>	<b>I had it in the past</b>
Difficulty falling a sleep or staying a sleep	_____	_____
Sleeping too much	_____	_____
Change in appetite, weight loss, or weight gain	_____	_____
Frequent crying	_____	_____
Panic attacks or anxiety attacks	_____	_____
Thoughts of killing or hurting myself	_____	_____
Attempts to kill or hurt myself	_____	_____
Problems concentrating	_____	_____
Problems remembering things	_____	_____
Periods of daily sadness lasting more than two weeks	_____	_____
I startle easily	_____	_____
Can't stop remembering upsetting past events	_____	_____
Difficulty controlling my temper	_____	_____
I physically hurt other people	_____	_____
I break things sometimes	_____	_____
I worry a lot	_____	_____
Little or no interest in sex	_____	_____
I feel tired almost every day	_____	_____
Feelings of unreality	_____	_____
Made myself throw up in order to lose weight	_____	_____
Used laxatives or exercised excessively to lose weight	_____	_____
I often feel like I am an outsider	_____	_____
Sexual problems	_____	_____
Worry that something is wrong with my body	_____	_____
Frequent arguments with the people I live with	_____	_____
Repetitive behaviors (hand washing, counting, Ordering etc).	_____	_____
I hear voices inside my head	_____	_____
Family member and or loved one has an addiction	_____	_____

I feel worthless, useless, and hopeless; anger, irritation, and sadness I have changed my routines and preferences radically and quickly; foods, friends, and activities with people that I once enjoyed \_\_\_\_\_

Other (please list):

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

## **Psychotherapist-Client Services Agreement**

This form has three purposes. First, it tells you about my procedures and policies concerning important aspects of your psychotherapy. Please let me know if you have concerns about any of these policies. Your first visit will help me get a general understanding of your situation in order to determine how I might best help you. Because I want you to participate actively in planning your counseling, do not hesitate to ask questions.

Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk about with your therapist. Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and feeling much less distressed. However, there are no guarantees of what you will experience, and at times, a psychotherapy session may leave you with unhappy feelings.

Second, this form is an Agreement between you and Jeremiah Corbo. You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on Counseling unless I have already relied on this Agreement to take action *or* if you have not paid your bill in full.

Finally, this form also contains information about a federal law that affects your privacy rights. This law, called HIPAA (Health Insurance Portability and Accountability Act), regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. HIPAA requires that we give you a Notice of Privacy Practices (the Notice). The Notice, which is attached to this Agreement, explains HIPAA's application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Please take home the Notice and read it before your next session; you and your therapist can discuss any questions you may have about it next time.

### **APPOINTMENTS, HOURS AND LOCATION**

Individual appointments last approximately 45 minutes and can be scheduled through your therapist or by calling (917) 374-2302. Please leave a message. ***If you need to cancel an appointment, notify me at least 24 hours before the session, or you will be charged \$50 for the time you reserved for the appointment.*** However, if you call in advance to cancel an appointment, there will be no charge.

Jeremiah Corbo will make every effort to collect payment from a third party such as your insurance company. However, if payment for counseling is denied and not able to be recaptured through your insurance agency you as the client will be responsible for any counseling fees.

### **TELEPHONE CALLS AND EMERGENCIES**

Please try to make any telephone calls to me during the evening or on the weekend. If you receive my voice mail, please leave a message and I will get back to you as soon as is feasible.

Lengthy telephone consultations will be prorated and billed at my standard hourly rate for professional service.

***In emergencies, please call 911 or go to a hospital emergency room. An emergency is generally a situation in which you are in danger of harm or have hurt yourself or someone else.***

### **CONFIDENTIALITY AND FILES**

The laws governing confidentiality can be quite complex. The attached Notice explains some specific Patient Rights that you have under the HIPAA law. We will maintain a Clinical Record file on your case, which is the property of Jeremiah Corbo. You may examine and/or receive a copy of your file *if* you request it in writing *and* the request is signed by you *and* dated not more than 60 days from the date it is submitted. There may be a charge for writing reports or for copying materials. In most situations, **Jeremiah Corbo** can release information about your treatment to others *only* if you sign a written authorization form for each release. However, I am a mandated reporter and there are a few situations where I am required to disclose information to authorities. These situations are listed.

**Your signature on this agreement is written, advance consent for the following releases of information:**

- In order to benefit his clients, Jeremiah Corbo regularly consults with Judith L. Ritterman MS, LMHC, LMFT, NCC, ACS. All information shared with Judith Ritterman is considered confidential. Client's will be discussed by first name only. Surnames are not revealed unless absolutely necessary, in which case you will be consulted. If you would like to speak with Judith Ritterman about any concerns that you might have you are welcome to contact her at 631-472-9616.
- Your therapist may occasionally find it helpful to consult other health and mental health professionals about a case. During consultations, your therapist makes every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. The therapist will note all consultations in your Clinical Record.
- Your therapist may find it helpful to receive or exchange information with your primary care physician or other health and mental health professionals who are currently treating you. Your signature on this Agreement is written, advance consent for me to release information to these professionals. A record of any disclosures will be kept in your Clinical Record.

**\_\_\_\_\_ Check here if do NOT wish us to release any information to other mental health and health professionals who are currently treating you.**

**There are some situations where Jeremiah Corbo is required to disclose information *without* your consent or authorization:**

- If a client is clearly likely to seriously harm him/herself, we may be required to take action to prevent self-destruction.

- If there is a clear risk that a client plans to seriously harm another person, we may have a duty to warn the potential victim; or disclose the risk to appropriate public authorities.
- If a therapist suspects that abuse of a child or senior citizen may have taken place, the therapist is required to report the suspected abuse to the Department of Social and Health Services.
- If the client is a minor younger than age 13, both parents have access to the minor client's complete Clinical Record, including Psychotherapy Notes, unless there is a court order prohibiting one of the parents from access.
- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the counselor-client privilege law. Jeremiah Corbo cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court **orders or subpoenas** Jeremiah Corbo to disclose information, we are required by law to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a client files a complaint or lawsuit against Jeremiah Corbo or any of its staff, Jeremiah Corbo may disclose relevant information regarding that patient in order to defend himself.
- If a client files a worker's compensation claim, the client must sign an authorization so that Jeremiah Corbo may release the information, records or reports relevant to the claim.
- Jeremiah Corbo may present disguised case material in seminars, classes, or scientific writings. In this situation, all identifying information and Protected Health Information is removed, and client confidentiality and anonymity is maintained.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF PRIVACY PRACTICES DESCRIBED ABOVE.**

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Client or responsible party

Date