



**Victor Durnil,** LCPC, CSAT, M.Coun.

**Boise Counseling Center** | 988 Longmont Avenue – Suite 101 | Boise, Idaho 83706 | **208.908.0500**

### Client Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Ok to leave message? Yes ☐ No ☐

Mobile Phone \_\_\_\_\_ Ok to leave message? Yes ☐ No ☐

Work Phone \_\_\_\_\_ Ok to call at work? Yes ☐ No ☐

Email address \_\_\_\_\_ Ok to send email appt reminder? Yes ☐ No ☐

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_

Age \_\_\_\_\_ Male ☐ Female ☐ Other ☐ Social Security Number \_\_\_\_\_

Special Instructions / Other phone numbers \_\_\_\_\_

Years of Education Completed \_\_\_\_\_ Highest Degree Attained \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Your relationship to insured \_\_\_\_\_

Name of the Insured's Employer \_\_\_\_\_

### Referred by

Name \_\_\_\_\_ May we thank them? Yes ☐ No ☐

**Previous Counseling** Yes ☐ No ☐ With Whom & When? \_\_\_\_\_

**Have you billed insurance in the past year for counseling sessions as a client with another provide? Yes No**

### For Client under 18 Years of Age:

Father or Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Phone (W) \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Phone (W) \_\_\_\_\_

School now attended \_\_\_\_\_ Grades \_\_\_\_\_ School attended last year \_\_\_\_\_

Health Care Provider/Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_ If you are currently taking any medications, please list: (use back of form if necessary)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ condition prescribed for \_\_\_\_\_ by \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ condition prescribed for \_\_\_\_\_ by \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ condition prescribed for \_\_\_\_\_ by \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ condition prescribed for \_\_\_\_\_ by \_\_\_\_\_

Do you have any allergies? Yes ☐ No ☐ If yes, please list \_\_\_\_\_

**Please list any significant health problems** \_\_\_\_\_

In Case of Emergency, Whom May We Contact?

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Phone Work \_\_\_\_\_ Phone Mobile \_\_\_\_\_

### Spouse or Partner

Current relationship status: single ☐ married ☐ partner ☐ significant other ☐ divorced ☐ widow/widower ☐

How many committed relationships have you been in? \_\_\_\_\_ Number of times you have married \_\_\_\_\_

First (write name) \_\_\_\_\_ Your Age \_\_\_\_\_ years together \_\_\_\_\_

Second (write name) \_\_\_\_\_ Your Age \_\_\_\_\_ years together \_\_\_\_\_

Third (write name) \_\_\_\_\_ Your Age \_\_\_\_\_ years together \_\_\_\_\_

If currently divorced or single, number of years since break-up or divorce \_\_\_\_\_

If applicable, reason for break-ups or divorce(s) (include break-up or divorce dates)

Describe quality of relationship with your present partner:

Current spouse/partner's name \_\_\_\_\_ Number of years together \_\_\_\_\_

Children: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

### For All Clients

**Brothers** Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**&** Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Sisters** Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

### Parents

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ If deceased, how old was she when she died? \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ If deceased, how old was he when he died? \_\_\_\_\_

### Activities and Social Interests:

I have ☐ few friends ☐ many friends. The quality of my relationships with friends is:

### Have you ever had?

	Yes	No	Drug/Alcohol/Addiction Related	When
Suicide Thoughts				
Suicide Plans				
Suicide Attempts				

Please describe any yes answers:

What would you like to change in your life and is there anything else you want the counselor to know?

## Office Policies

Idaho Licensed Clinical Professional Counselor LCPC-3397  
Certified Sex Addiction Therapist - 2011C-1067  
NPI # 1528027182

Thank you for choosing me as your Mental Health Care Provider. I am committed to giving you excellent mental health care. The following is a statement of my financial policy and other office policies, which I require that you read and sign prior to any treatment. If you have any questions about my financial policy or anything else, please do not hesitate to ask me.

### Professional Fees

\$130 per 60 minute initial intake and new patient consultation.

\$115 per 50 minute session for individual, couple, or family counseling.

\$130 per 60 minute session for individual, couple, or family counseling.

\$170 for 80 minute session for individual, couple or family counseling.

\$120 per hour for copying and mailing client records to another professional.

\$120 per hour for written reports, prepared documents, or consultation (over 10 minutes) with another professional at your request, depending on type and purpose.

\$250 - \$450 per hour for preparation and attendance at legal court proceedings, including when called by another party.

\$25 service fee for returned check.

Psychological testing assessment costs vary by type and quantity.

**Full payment is due at the time of service by cash or check.** Debit or credit cards may be used when service is available. I will bill your insurance company as a courtesy to you, but as your coverage is based on a contract between you and your insurer, you are responsible for any fees or portions of fees not covered by your insurance company. I encourage you to contact your insurance company before the first session and ask them what benefits you may expect.

### Fee Change

While I rarely raise professional fees during the course of counseling, there may be an occasion where this will be necessary. If this occurs, I will let you know by what percentage the fee would increase. In any event, I will not raise fees more than once per year so you can be assured that if there is an increase, it won't change again for at least one year.

### Telephone Calls and Writing

**If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help.**

Phone consultation for check-in calls and reading of writings or messages of 5 minutes or less in duration will not be added to your billing. Consultation calls and reading time longer than 5 minutes will be billed at the normal prorated service rate. If you must get a message to me, the best way is to leave a voice message. I cannot guarantee a quick reply due to the nature of my practice, but will get back to you as soon as I can.

### Confidentiality

Information disclosed within sessions is confidential and may not be revealed to anyone without your permission. The law provides for certain exceptional situations in which I am required to disclose information including when there is a reasonable suspicion of child abuse, elder or dependent-adult abuse, and when a client threatens violence to an identifiable victim. The law also requires me to break confidentiality when a client presents a danger of harm to others and when a client is likely to harm him/herself unless protective measures are taken. Clear risk of harm to others may include the risk of transmitting a life-threatening illness to an identifiable and uninformed third party. Disclosure may also be required in certain legal proceedings. If you have concerns about the content of our sessions and any legal proceedings in which you are involved or expect to be involved (e.g., child custody cases), please let me know. As part of my professional responsibility, I may also consult with other counseling professionals. Your name is not revealed. This allows you to receive the benefit of other professionals' expertise.

### Special Reports, Services, and Letters

Occasionally it is necessary for me to write special letters or reports or provide other services on a client's behalf. I am glad to comply with such requests. There is a fee charged based upon the type and purpose as well as the length of time required for the service.

### Risks And Benefits

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues, which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. While I cannot guarantee these benefits, I will do everything I can to work with you to attain your personal goals.

### Litigation Limitation

I do not do court work (such as, but not limited to, testifying in divorce and custody disputes, injuries, lawsuits, etc...) If you need these services I will give you referrals to forensic psychologists who specialize in these cases. My desire is to protect your counseling from the intrusiveness of legal proceedings.

1. Confidentiality – Your counselor cannot release any information about you without your written permission (exceptions to this such as child or elder abuse, danger to self or others are explained in our intake form).
2. Confidentiality in Couple's Therapy – Your counselor cannot release records unless both clients give written permission.

To be in counseling with me you must agree that neither you nor your attorney, nor anyone else acting on your behalf, will call on any counselor at this practice to testify in court or at any other proceeding, nor will a disclosure of counseling or treatment records be requested for legal proceedings.

This is in your best interest because:

1. If you place your mental status at issue in litigation initiated by you, the defendant (other side) has the right to obtain your counseling records and/or testimony by your counselor. Your adversary would have the right to know everything you've talked about in counseling.
2. Forensic psychology (custody evaluations, workers comp, lawsuits, etc.) is not an area of expertise for counselors in this practice.
3. If you are involved in legal proceedings, subpoenaing a counselor without forensic expertise to testify could hurt your case more than help. Forensic psychologists do assessments (not counseling or psychotherapy) and are trained as expert witnesses.
4. The goals of legal proceedings (winning a case) do not mesh well with the goals of ongoing counseling (exploring conflicted emotions and behavior in a safe, protected place). Whenever possible, counselors are required to avoid dual roles, which may interfere with the client's counseling.
5. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

I understand and agree to this litigation limitation.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

### Professional Responsibility

Professional counseling, although personal in nature, is a professional relationship. As a Licensed Clinical Professional Counselor, I will not barter for services or accept gifts or invitations. You will be best served by these professional standards. I am licensed by the State of Idaho to provide counseling services. My ethical code states that sexual intimacy is never appropriate with a client and should be reported to the licensing board. You also have a right to be a participant in treatment decisions, to seek a second opinion, to file a complaint without retaliation, and to refuse treatment. If you have any concerns or questions about my services, I urge you to discuss them with me. You may contact the licensing board at any time by calling (208) 334-3233 or by visiting their website at <https://secure.ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=COU>. Idaho Bureau of Occupational Licenses is located at 700 W. State Street, Boise, ID 83702.

### Counseling Approaches

Victor Durnil LCPC helps individuals, couples, and families create positive change in their lives. With extensive experience, he helps clients resolve a wide range of problems including trauma, depression, anxiety, panic attacks, grief, relationships, communication, life transitions, sex addiction, and other sexual issues. Victor has advance training and experience in the treatment of sexual addiction and the use of EMDR and other trauma treatment protocols. His counseling approach is eclectic, drawing on principles from Cognitive Behavior Therapy (CBT), Addiction Treatment, Emotion Focused Therapy, Somatic Therapy, and Humanistic-Existential Counseling with a strong belief in utilizing supportive, strengths-based approaches in a sensitive, client-centered, and solution-focused manner.

### Counseling and Technology

#### Email

Since email is not totally secure and sometimes unreliable, I use email with caution and urge you to do the same. If you choose to use electronic messages, please be brief and don't include anything you wouldn't want others to read just in case there is a security breach. If you imagine the possibility of you (or me) losing our computer or smart phone and someone else reading your message, you will know the reason to be extra cautious when communicating electronically.

### Phone

Conversations by cell phone or cordless phones may be picked up by people in the area. The safest phone call is from one old-fashioned corded phone to another. I realize that we rely on mobile and cordless phones so just know that they may not be totally secure. When we have a phone call, be sure that you can't be overheard. **If you need to cancel your appointment within the 24-hour time limit, definitely use the phone so I will get the message right away. Only a phone message will be considered for official notification of cancellation.**

### Social Networking and Computer Contact

I usually don't "friend" anyone who is or has been a client of mine to respect your privacy. If you want to show me something on Facebook, on your blog, or any other social media, you can share it with me during our session. I realize some of my clients drive long distances so I will sometimes use the phone or Skype to work with clients but only for special circumstances on a pre-arranged basis. Again, please know that confidentiality cannot be assured when using this type of technology.

### Cancellations and Missed Appointments

Please make every effort to keep your scheduled appointment. This practice respects my time and allows me to use that time to see other clients who are in need. **Unless I hear from you by phone at least 24 hours in advance, I will, unfortunately, have to charge you the full fee for a missed or cancelled appointment.** When appropriate, telephone sessions can sometimes be done in place of the scheduled in-person session. **Cancellations need to be made by calling and leaving a message.** (208.908.0500) or if you used the online system, you can cancel the appointment yourself online. **INITIAL HERE** \_\_\_\_\_

### Payment Agreement

My signature below indicates that I understand and agree to these terms and those on the Office Policies Statement. I understand and agree to comply with these policies and have been given a copy of this policy. I understand that I must call at least 24 hours in advance of my appointment to avoid paying the full fee for a missed or cancelled appointment. I understand I am financially responsible for payment of services rendered to the client and will pay for all services rendered and any legal expenses incurred should this account be turned over to another party for collection. I give my consent to share confidential information with all persons mandated by law, the counselor and agency that referred me, the insurance carrier responsible for providing my mental health care services and payment for those services, and financial information forwarded to another party for collection. I am releasing and holding harmless the Counselor from any departure from my right of confidentiality that may result.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

If financially responsible person is different than above, please complete the following:

\_\_\_\_\_  
Print Financially Responsible Party's Name

\_\_\_\_\_  
Signature of Financially Responsible Party

\_\_\_\_\_  
Date

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## Google Map Link

<http://goo.gl/maps/5UsVI>

The office is in the Hearthstone Building  
988 Longmont - Suite 101  
The Hearthstone Building is right off of Broadway on  
Longmont Avenue across from Bronco Stadium and  
behind Chili's. Free parking is available in the lot  
behind the building and on the street.

Please be seated in the waiting area and  
I will come for you as soon as I can.

