

Client Information Sheet

Date: _____
Last name: _____ First Name _____
Date of Birth: _____ Age: _____
Birth Gender: _____ Current Gender: _____
Social Security Number: _____
Weight: _____ Height: _____
Relationship status: _____ Significant other's name: _____
Significant other's age and sex: _____ How long together? _____
Names and ages of any children in the home: _____

Employment Status: _____ Professional Title: _____
For how long? _____ Employer: _____
Education: _____
Preferred language: _____
Race _____ Ethnicity _____ Religion _____
Address: _____
City, State: _____ Zip: _____
Phone numbers *with area code* Home: () _____
Work: () _____ Cell: () _____
Email: _____
How did you hear about me? _____
Who shall we contact in case of emergency?
Name: _____ Phone () _____

I hereby consent for William Joseph Ryan, Ph.D. to provide evaluation and treatment to the client(s) listed above.

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?

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

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:

Current	Past

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, don't 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 William J. Ryan, Ph.D. You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on William J. Ryan unless I have already relied on this Agreement to take action *or* if you have not paid your bill in full.

APPOINTMENTS, HOURS AND LOCATION

Individual appointments last approximately 45 minutes and can be scheduled through your therapist or by calling or texting (347) **244-5720**. 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 for the time you reserved for the appointment.*

TELEPHONE CALLS AND EMERGENCIES

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 are prorated and billed at my standard hourly rate for professional service.

*In emergencies, please call **911** or go to a hospital emergency room. As this practice does not have an answering service, I may not receive emergency calls in a timely manner.*

After calling for emergency services leave a message for your therapist or provide your therapist phone number to the hospital. We can work with the hospital at that point to

ensure appropriate care.

There are some situations where I am 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 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. I cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court **orders or subpoenas** me to disclose information, I am 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 a therapist, relevant information regarding that patient may be disclosed in defense.

I 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. (Optional consent required from you for session video).

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.

Client or responsible party Date

Fees for Counseling and Financial Agreement

The standard fee for psychotherapy is \$200 per 55 minute session. Individual treatment sessions range from 55 to 110 minutes in length. Couples sessions are almost always longer, 2 or 3 hours. Fees are prorated.

Fee Agreement (to be filled out by counselor) _____ Fee for one session

1. FEE INCREASES

Occasionally, I may increase my standard fee. If you are in therapy when an increase is to occur, you will be notified in advance. At that time, your fee will be adjusted to the new fee, this fee agreement will be terminated, and you will be asked to sign a new agreement which reflects the new fee.

2. PAYMENT ARRANGEMENT:

All fees are payable in full at the time of service. Established clients may be offered an account arrangement at the discretion of the counselor. Payment may be made in cash or by check.

STANDARD PAYMENT ARRANGEMENT: Payment in full at the time of service.

_____ ALTERNATIVE PAYMENT ARRANGEMENT:

3. COLLECTIONS PROCEDURES:

William J. Ryan reserves the right to collect any unpaid balance due to it. If a client is not making regular monthly payments on the account balance, William J. Ryan may use a collection agency or take legal action to secure payment, as authorized by state or federal law, and the collections action will become a part of your credit record. Clients will be notified in writing before he takes action to collect.

4. LIMIT ON UNPAID BALANCE: William J. Ryan may terminate treatment and refer the client elsewhere for continued care if any unpaid balance exceeds **\$300.00**.

I have read and understood the above fee agreement, and I agree to abide by its terms.

Party Date

Client or Responsible

William Joseph Ryan, Ph.D. 393 Bergen Street Brooklyn, NY 11217 347-244-5720