Mountain Employee Assistance Program of Northern Nevada
Psychological Services of Frank Evarts, Ph.D.

CONSENT FOR PSYCHOLOGICAL SERVICES

Statement of Purpose

The mission of Mountain Employee Assistance Program (MEAP) and Psychological Services of Frank Evarts (PSFE) is to provide quality treatment that reflects core values of love, honesty, appreciation and responsibility. We believe that every person is capable of learning to live proactively, from a place of values, rather than reactively, from a place of fear.

MEAP provides assessment, short-term counseling and referrals to community providers. All services provided by MEAP are free to you and your immediate family, unless specified differently in our contract with your company. The number of sessions is limited by contractual arrangement with your employer; however, the number of sessions to assist you is a clinical decision which will be made by your counselor in collaboration with you.

The MEAP services provided to you may include referring you to providers in the community for on-going treatment. If a referral is made, you are responsible for final verification of insurance coverage and any co-payments or charges not covered.

Consent for Services

1. I understand that MEAP and PSFE maintain the highest standards of program confidentiality, as provided by law and explained in the HIPAA Notice of Privacy Practices. The exception to this policy is that we will release information to an employer when the sessions have been an employer-requested work performance evaluation.
2. I agree to inform my therapist of any pending legal action initiated by me or legal action brought against me.
3. I understand that the purpose of treatment is for my enhanced psychological functioning and specifically not intended to be used in any current or future legal proceedings (e.g., custody, divorce, civil, or criminal proceedings).
4. I understand that no treatment will be provided to me when I am under the influence of alcohol or drugs.
5. I understand that treatment or other communication between us may occasionally occur by text or tele-conferencing. We recommend the Signal app for voice, text and teleconferencing by cell phone. We recommend Zoom for teleconferencing by computer. These applications are officially HIPAA privacy compliant. However, your signature below will also serve as permission to use more familiar voice, text and teleconferencing applications if you choose, such as those provided by your cell phone manufacturer or the Skype website. These communication applications are also highly encrypted but are not officially HIPAA complaint.
6. I understand that terminating therapy is part of the therapy process. I agree to terminate therapy by way of discussion with my therapist, not by canceling a therapy session.
7. I understand that I may be contacted following the termination of treatment to provide feedback to MEAP or PSFE staff about my satisfaction, progress and present psychological functioning.
8. I understand that confidentiality is only broken if I share elder or child abuse/neglect, self-harm, or harm to others.
9. I understand that unpaid invoices will be discussed and negotiated, but if not paid, will ultimately be sent to collections.
10. I understand that Facebook invitations will be declined for privacy reasons.

11. The information I have provided or will provide in this intake packet is true and correct.
12. I understand that my signature below indicates that I have read the information above and that I fully and freely give my consent for treatment; and that if I have any questions or concerns I may contact Frank "Sandy" Evarts, Ph.D. at 775-323-5133.

_____

Name of Client (Please Print)

_____ _____

Signature of Client, Guardian, or Legal Representative Date

Psychological Services of Frank Evarts, Ph.D.
and
Mountain Employee Assistance Program

FINANCIAL POLICY AGREEMENT

- I understand that I am not financially responsible, nor is my insurance company, for evaluations requested by my employer.
- I give PSFE permission to bill my insurance on my behalf and that the insurance company has permission to pay PSFE directly.
- I understand that PSFE bills my insurance as a courtesy to me. I understand that I am responsible for authorizations, co-pays, deductibles, and all remaining charges for services not covered by insurance or the Employee Assistance Program.
- I understand that it is my responsibility to follow-up with my insurance company when payment has not been made to PSFE. In order to pay a claim, insurance companies sometimes request information from my file. By signing below, I am authorizing PSFE to submit such information in order for payment to be made by the insurance company.
- I understand there is a $35.00 charge for checks returned by the bank for insufficient funds or otherwise not paid.
- I understand that my account will be turned over to a collection agency for the full account balance if I have not contacted PSFE with payment arrangements within 90 days of receiving my statement with a balance due.
- I agree to give at least 24-hours notice if I am unable to make a scheduled appointment. I also understand that I may do my session by telephone or Skype if I cannot physically make it to the therapy office. I understand that a no-show or late cancellation will count as one of my free sessions (for MEAP clients) or that I will be charged $50.00 (for PSFE clients). This fee will not be charged to or paid by my insurance company.

_____
Name of Client (Please Print)

_____ _____
Signature of Client, or Legal Guardian Date

Psychological Services of Frank Evarts, Ph.D.
and
Mountain Employee Assistance Program

ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

I, _____ have received a copy of this office's

HIPAA Notice of Privacy Practices. It is your right to refuse to sign this document.

Client Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

The reason that a standard acknowledgment of the receipt of the HIPAA Notice of Privacy Practices was not obtained:

- ☐ Patient refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented this office from obtaining it

Other: _____

Please list any valid e-mail addresses, i.e., personal or work, cell phone number and cell phone carrier. We find that e-mail correspondence and/or text messaging can be a very effective way to schedule, re-schedule, and keep the lines of communications open between you and Mountain EAP / Psychological Services.

Your email address **will not** be given to any organization or person outside this office.

Name_____

Email_____

Cell Phone_____ Cell Phone Carrier_____

Signature_____ Date_____

If you would like to receive appointment reminders, please select the delivery method you would prefer.

☐ Text

☐ Email

PERSONAL AND FAMILY INFORMATION

Please answer the questions below for each family member attending therapy. We understand that the questions asked on this form are quite personal. We encourage you to be as open and honest as possible. Your answers to the following questions are strictly confidential with the exceptions listed on the consent form. If you have any questions regarding this form, please ask your therapist.

PERSONAL INFORMATION

Full Name:	Social Security Number:	Date:	
Date of Birth:	Age:	Name of Spouse/Significant Other:	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Employer:	Job Title/Position:		

FAMILY INFORMATION

Children's Name(s)	Living at Home	Age	Current Quality of Relationship (1=Poor, 5=Excellent)
	☐ Yes ☐ No		1 2 3 4 5
	☐ Yes ☐ No		1 2 3 4 5
	☐ Yes ☐ No		1 2 3 4 5
	☐ Yes ☐ No		1 2 3 4 5
	☐ Yes ☐ No		1 2 3 4 5

Other Members of Your Household	Relationship

Name of Ex-Spouse(s)	Years Married	Years Divorced	Current Quality of Relationship (1=Poor, 5=Excellent)
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5

MEDICAL AND HEALTH INFORMATION

Past and Present Medical Problems or Illnesses:

Past and Present Mental Health Problems of Illnesses:

Recent Weight Change: ☐ Yes ☐ No	Date of Last Medical Exam:	Name of Primary Physician:

Have You Seen a Counselor Before: ☐ Yes ☐ No	If Yes, Who?	Start Date:	End Date:

Were You Prescribed Medication: ☐ Yes ☐ No	If Yes, Indicate Name(s) and Dose(s):

Have You Been in a Treatment Program Before: ☐ Yes ☐ No	If Yes, Name and Briefly Describe	Start Date	End Date

Please provide a brief description of the problem(s) that leD you to seek counseling at this time:

CURRENT PRESCRIPTION MEDICATION

List medications and doses: _____

_____

List vitamins and/or supplements: _____

Analgesics: _____

Diet pills/No Doze/Cold Meds: _____

TOBACCO USE

Do you currently smoke or use other tobacco products (chew, snuff, etc.)? ☐ Yes ☐ No

Have you smoked in the past? ☐ Yes ☐ No Date you quit: _____

How many and how often: _____

DEMOGRAPHIC INFORMATION

Please circle one or more correct answers for each question.

1. Education
   - ☐ 1 Grade School
   - ☐ 2 Some High School
   - ☐ 3 GED
   - ☐ 4 High School Degree
   - ☐ 5 Some College
   - ☐ 6 College Degree
   - ☐ 7 Post-Grad Work
   - ☐ 8 Other:_____

2. Race
   - ☐ 1 Asian
   - ☐ 2 African-American
   - ☐ 3 Hispanic
   - ☐ 4 Caucasian
   - ☐ 5 Native American
   - ☐ 6 Other_____

3. Religious Preference
   - ☐ 1 Catholic
   - ☐ 2 Protestant
   - ☐ 3 Muslim
   - ☐ 4 Hindu
   - ☐ 5 Jewish
   - ☐ 6 Baha'i
   - ☐ 7 Buddhist
   - ☐ 8 Christian
   - ☐ 9 Earth Based
   - ☐ 10 Non-Religious
   - 11 Other:_____

4. Number of job changes in the last 5 years
   - ☐ 1 None
   - ☐ 2 One
   - ☐ 3 Two
   - ☐ 4 Three
   - ☐ 5 Four
   - ☐ 6 Five or more

5. Number of city-to-city moves in the last 3 years
   - ☐ 1 None
   - ☐ 2 One to Four
   - ☐ 3 Five to Ten

6. Type of Residence
   - ☐ 1 House
   - ☐ 2 Apartment
   - ☐ 3 Duplex
   - ☐ 4 Dormitory
   - ☐ 5 Hotel/Motel
   - 6 Other_____

7. Period of Residence in Nevada
   - ☐ 1 6 months or less
   - ☐ 2 6 months to 1 yr
   - ☐ 3 1 - 5 years
   - ☐ 4 5 - 10 years
   - ☐ 5 More than 10 years

8. Who Referred You?
   - ☐ 1 Self
   - ☐ 2 Relative/Friend
   - ☐ 3 Physician
   - ☐ 4 School
   - ☐ 5 Psychiatric Agency
   - ☐ 6 Social Agency
   - ☐ 7 Police or Court
   - ☐ 8 Work
   - 9 Other:_____

9. Have you ever been hospitalized for psychiatric reasons?
   - ☐ 1 Never
   - ☐ 2 Once
   - ☐ 3 2 - 5 times
   - ☐ 4 More than 5 times

10. Have you ever attempted suicide?
    - ☐ 1 Yes
    - ☐ 2 No

11. Have you ever been abused in any of the following ways?
    - ☐ 1 Never
    - ☐ 2 Emotionally
    - ☐ 3 Physically
    - ☐ 4 Sexually
    - 5 Other:_____

12. Occupation
    - ☐ 1 Unemployed
    - ☐ 2 Medical disability
    - ☐ 3 Sales/Service
    - ☐ 4 Blue Collar
    - ☐ 5 White Collar
    - ☐ 6 Professional
    - ☐ 7 Homemaker
    - 8 Other:_____

Below is a list of problems and complaints that people sometimes have. Read each one carefully and circle one of the numbers to the right that best describes how much that problem has bothered or distressed you during the past month, including today.

	0 = Not at All	1 = A Little Bit	2 = Moderately	3 = Quite a Bit	4 = Extremely
1	Nervousness or Shakiness Inside				0 1 2 3 4
2	Faintness or Dizziness				0 1 2 3 4
3	The Idea That Someone Else Can Control Your Thoughts				0 1 2 3 4
4	Feeling Others are to Blame for Most of Your Problems				0 1 2 3 4
5	Trouble Remembering Things				0 1 2 3 4
6	Feelings Easily Annoyed or Irritated				0 1 2 3 4
7	Pains in Heart or Chest				0 1 2 3 4
8	Feeling Afraid in Open Spaces or on the Streets				0 1 2 3 4
9	Thoughts of Ending Your Life				0 1 2 3 4
10	Feelings That Most People Cannot be Trusted				0 1 2 3 4
11	Poor Appetite				0 1 2 3 4
12	Suddenly Scared for No Reason				0 1 2 3 4
13	Temper Outbursts That You Could Not Control				0 1 2 3 4
14	Feeling Lonely Even When You are With People				0 1 2 3 4
15	Feeling Blocked in Getting Things Done				0 1 2 3 4
16	Feeling Lonely				0 1 2 3 4
17	Feeling Blue				0 1 2 3 4
18	Feeling No Interest in Things				0 1 2 3 4
19	Feeling Fearful				0 1 2 3 4
20	Your Feelings Being Easily Hurt				0 1 2 3 4
21	Feeling That People are Unfriendly or Dislike You				0 1 2 3 4
22	Feeling Inferior to Others				0 1 2 3 4
23	Nausea or Upset Stomach				0 1 2 3 4
24	Feeling That You are Watched or Talked About by Others				0 1 2 3 4
25	Trouble Falling Asleep				0 1 2 3 4
26	Having to Check and Double Check What You Do				0 1 2 3 4
27	Difficulty Making Decisions				0 1 2 3 4
28	Feeling Afraid to Travel on Buses, Subways, or Trains				0 1 2 3 4
29	Trouble Breathing				0 1 2 3 4
30	Hot or Cold Spells				0 1 2 3 4
31	Having to Avoid Certain Things, Places, Activities Because They Frighten You				0 1 2 3 4
32	Your Mind Goes Blank				0 1 2 3 4
33	Numbness/Tingling in Parts of Your Body				0 1 2 3 4
34	The Idea That You Should Be Punished For Your Sins				0 1 2 3 4
35	Feeling Hopeless About the Future				0 1 2 3 4
36	Trouble Concentrating				0 1 2 3 4
37	Feeling Weak in Parts of Your Body				0 1 2 3 4
38	Feeling Tense or Keyed Up				0 1 2 3 4
39	Thought of Death or Dying				0 1 2 3 4
40	Having Urges to Beat, Injure, or Harm Someone				0 1 2 3 4
41	Having Urges to Break or Smash Things				0 1 2 3 4
42	Feeling Very Self-Conscious With Others				0 1 2 3 4
43	Feeling Uneasy in Crowds Such as Shopping or at a Movie				0 1 2 3 4
44	Never Feeling Close to Another Person				0 1 2 3 4
45	Spells of Terror or Panic				0 1 2 3 4
46	Getting into Frequent Arguments				0 1 2 3 4
47	Feeling Nervous When You Are Left Alone				0 1 2 3 4
48	Other Not Giving You Proper Credit For Your Achievements				0 1 2 3 4
49	Feeling so Restless You Can't Sit Still				0 1 2 3 4
50	Feelings of Worthlessness				0 1 2 3 4
51	Feeling That People Will Take Advantage of You if You Let Them				0 1 2 3 4
52	Feelings of Guilt				0 1 2 3 4
53	The Idea That Something is Wrong With Your Mind				0 1 2 3 4

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, including TODAY, by placing an X in the corresponding space in the column next to each symptom.

		NOT AT ALL	**MILDLY** It did not bother me much.	**MODERATELY** It was very unpleasant but I could stand it.	**SEVERELY** I could barely stand it.
1.	Numbness or tingling				
2.	Feeling hot				
3.	Wobbliness in legs				
4.	Unable to relax				
5.	Fear of the worst happening				
6.	Dizzy or lightheaded				
7.	Heart pounding or racing				
8.	Unsteady				
9.	Terrified				
10.	Nervous				
11.	Feelings of choking				
12.	Hands trembling				
13.	Shaky				
14.	Fear of losing control				
15.	Difficulty breathing				
16.	Fear of dying				
17.	Scared				
18.	Indigestion or discomfort in abdomen				
19.	Faint				
20.	Face flushed				
21.	Sweating (not due to heat)				

Please circle the number beside the **one** statement in each group that **best describes** the way you have feeling during the **past two weeks**, including today.

1. Sadness

- ☐ 0 I do not feel sad.
- ☐ 1 I feel sad much of the time.
- ☐ 2 I am sad all the time.
- ☐ 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- ☐ 0 I am not discouraged about my future.
- ☐ 1 I feel more discouraged about my future than I used to be.
- ☐ 2 I do not expect things to work out for me.
- ☐ 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- ☐ 0 I do not feel like a failure.
- ☐ 1 I have failed more than I should have.
- ☐ 2 As I look back, I see a lot of failures.
- ☐ 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- ☐ 0 I get as much pleasure as I ever did from the things I enjoy.
- ☐ 1 I don't enjoy things as much as I used to.
- ☐ 2 I get very little pleasure from the things I used to enjoy.
- ☐ 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- ☐ 0 I don't feel particularly guilty.
- ☐ 1 I feel guilty over many things I have done or should have done.
- ☐ 2 I feel quite guilty most of the time.
- ☐ 3 I feel guilty all of the time.

6. Punishment Feelings

- ☐ 0 I don't feel I am being punished.
- ☐ 1 I feel I may be punished.
- ☐ 2 I expect to be punished.
- ☐ 3 I feel I am being punished.

7. Self-Dislike

- ☐ 0 I feel the same about myself as ever.
- ☐ 1 I have lost confidence in myself.
- ☐ 2 I am disappointed in myself.
- ☐ 3 I dislike myself.

8. Self-Criticalness

- ☐ 0 I don't criticize or blame myself more than usual.
- ☐ 1 I am more critical of myself than I used to be.
- ☐ 2 I criticize myself for all of my faults.
- ☐ 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- ☐ 0 I don't have any thoughts of killing myself.
- ☐ 1 I have thought of killing myself, but I would not carry them out.
- ☐ 2 I would like to kill myself.
- ☐ 3 I would kill myself if I had the chance.

10. Crying

- ☐ 0 I don't cry any more than I used to.
- ☐ 1 I cry more than I used to.
- ☐ 2 I cry over every little thing.
- ☐ 3 I feel like crying, but I can't.

11. Agitation

- ☐ 0 I am no more restless or wound up than usual.
- ☐ 1 I feel more restless or wound up than usual.
- ☐ 2 I am so restless or agitated that it's hard to stay still.
- ☐ 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- ☐ 0 I have not lost interest in other people or activities.
- ☐ 1 I am less interest in other people or things than before.
- ☐ 2 I have lost most of my interest in other people or things.
- ☐ 3 It's hard to get interested in anything.

13. Indecisiveness

- ☐ 0 I make decisions about as well as ever.
- ☐ 1 I find it more difficult to make decisions than usual.
- ☐ 2 I have much greater difficulty in making decisions than I used to.
- ☐ 3 I have trouble making any decisions.

14. Worthlessness

- ☐ 0 I do not feel I am worthless.
- ☐ 1 I don't consider myself as worthwhile and useful as I used to.
- ☐ 2 I feel more worthless as compared to other people.
- ☐ 3 I feel utterly worthless.

15. Loss of Energy

- ☐ 0 I have as much energy as ever.
- ☐ 1 I have less energy than I used to have.
- ☐ 2 I don't have enough energy to do very much.
- ☐ 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- ☐ 0 I have not experienced any change in my sleeping pattern.
- ☐ 1a I sleep somewhat more than usual.
- ☐ 1b I sleep somewhat less than usual.
- ☐ 2a I sleep a lot more than usual.
- ☐ 2b I sleep a lot less than usual.
- ☐ 3a I sleep most of the day.
- ☐ 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- ☐ 0 I am no more irritable than usual.
- ☐ 1 I am more irritable than usual.
- ☐ 2 I am much more irritable than usual.
- ☐ 3 I am irritable all the time.

18. Changes in Appetite

- ☐ 0 I have not experienced any change in my appetite.
- ☐ 1a My appetite is somewhat less than usual.
- ☐ 1b My appetite is somewhat greater than usual.
- ☐ 2a My appetite is much less than before.
- ☐ 2b My appetite is much greater than before.
- ☐ 3a I have no appetite at all.
- ☐ 3b I crave food all the time.

19. Concentration Difficulty

- ☐ 0 I can concentrate as well as ever.
- ☐ 1 I can't concentrate as well as usual.
- ☐ 2 It's hard to keep my mind on anything for very long.
- ☐ 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- ☐ 0 I am no more tired or fatigued than usual.
- ☐ 1 I get more tired or fatigued more easily than usual.
- ☐ 2 I am too tired or fatigued to do a lot of the things I used to do.
- ☐ 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- ☐ 0 I have not noticed any recent change in my interest in sex.
- ☐ 1 I am less interested in sex than I used to be.
- ☐ 2 I am much less interested in sex now.
- ☐ 3 I have lost interest in sex completely.

Subtotal Page 1 _____

Subtotal Page 2 _____

Total Score _____