

Intake Form and Contract

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140 N. Hatcher Ave.
Purcellville, VA
20132

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone: W _____ H _____ e-mail _____

Birth date _____ Marital status _____

Children _____

People living with you _____

Current health issues with you _____

With family member _____

Current medications _____

Previous marriages _____

Previous counseling experiences _____

History of drug or alcohol abuse with you _____

With family member _____

Aware of any physical or sexual abuse in childhood _____

Issue you are here to discuss _____

Referred to me by _____

Contract for Psychotherapy Services

SCHEDULING: Psychotherapy services are provided on either a regular schedule or an as needed basis. Together we will determine your therapeutic needs and appropriate time for scheduling appointments. Appointments are 55 minutes long unless otherwise determined. *If an appointment slot is held for you, no other patients are scheduled during that time. You are responsible for the fee for that session unless you cancel the appointment in accordance with policy below.*

Cancelations are required to be made 24 hours or more before the time of the appt. If less than 24 hours, you will be charged the full fee of \$165 - \$175. Rescheduling is done in accordance with times available in my schedule.

Upon deciding to terminate your treatment, I ask that you schedule at least one final session in order to complete, summarize your progress and acknowledge the work you have done. It is a time to say goodbye as well.

FEES: My current fee is \$165 - \$175 a session, due at the time of the appointment.

INSURANCE: I am not on the provider list for any insurance companies and do not accept direct reimbursement from insurance. Many of my patients successfully seek reimbursement from their insurance company through their policy's out-of-network benefits. Please, notify me if you plan to seek insurance reimbursement, so that I may include the appropriate diagnostic information on your receipt, provided at the end of each session. I cannot guarantee that your insurance company will reimburse you, but I will make an effort to facilitate the process.

CLINICAL EMERGENCIES: I will make all efforts to respond to urgent messages as promptly as possible. In the event of a life-threatening emergency that requires immediate attention that I am unable to provide, assistance should be sought from the nearest hospital emergency room or by calling 9-1-1.

CONFIDENTIALITY: All psychotherapy sessions are strictly confidential. Within the bound of legal limitations, I will not disclose any information gained in the context of your psychotherapy to anyone without your prior written permission. Legal exceptions to confidentiality include the required reporting of child abuse and neglect, and intervention when a client is a danger to self or others. You should also be aware that medical records may also be subpoenaed by a court of law. You will find the requirements of law included in these intake papers.

By signing below you acknowledge that you understand and agree to abide by the conditions for treatment in the above contract.

Signature

Date