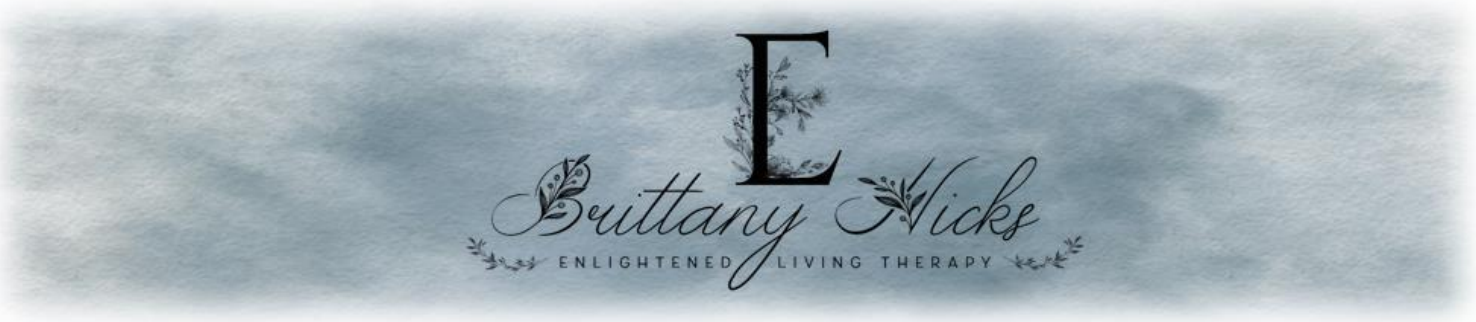

INFORMED CONSENT

CONSENT: I consent to the use and disclosure of my protected health information for treatment, payment, and healthcare operation with Brittany Hicks, LIMHP, MSW, at Enlightened Living Therapy. I understand that this consent is voluntary. I understand that I may refuse to sign this consent but that treatment will be denied if I do not sign this consent.

EXCEPTIONS TO CONFIDENTIALITY: It is required by law to report suspected child, elder, or dependent adult abuse or neglect, if presenting as gravely disabled, or preventing or reducing a serious threat to the client or anyone's health or safety as well as property damage; or when family/friends communicate that the client presents a danger to others/self.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Enlightened Living therapy in between sessions, please leave a message and your call or text will often be returned within that business day or within 24-48 hours unless Enlightened Living Therapy is closed for holiday or for time out of the office for educational and training matters. Due to there being a delay in response at times, if you are experiencing a crisis or emergency situation, please immediately call the 24-hour crisis line: (402) 475-6695 or 911. Please do not use email for emergencies and indicate in the voice message or text you are experiencing an emergency so correspondence can be responded to with more urgency. Correspondence will be provided during business hours; nights and weekends may cause delay in a return call or response via text or email until normal business hours resume.

MEDIATION & ARBITRATION: All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Enlightened Living Therapy and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Nebraska in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Enlightened Living Therapy can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process openly and honestly, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings and reactions of but are not limited to anger, trauma and stress abreactions, depression, anxiety, physical tension, suppressed or repressed memories or traumatic occurrences, tearfulness, frustration, and sadness. There will be a collaboration on approaches that will be of benefit to your treatment. Some of your assumptions or

perceptions may be challenged or proposed to be viewed from a different perspective, which can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy, subtle, and rapid, however, often it will be a slow and steady process of healing and discovery. There is no guarantee that psychotherapy will produce positive or intended results. The therapy approaches & modalities drawn upon at Enlightened Living Therapy, but are not limited to are CBT, EMDR, Cognitive therapy, Brainspotting, mindfulness meditation, guided imagery, inner child work, PSYCH- K, Body Code, Emotion Code, psychodynamic, existential, Emotional Freedom Techniques, Tapas acupressure technique, spiritual based practices, energy psychology practices, mindfulness, somatic processing, trauma-informed, attachment theory, existential, humanistic, transpersonal psychology, strengths- based, acceptance, person-centered, holistic/ integrative, and energy psychology.

Enlightened Living Therapy does not provide custody evaluation recommendations, medication or prescription recommendations or legal advice, as these activities do not fall within the scope of practice.

TREATMENT PLANS: Within a reasonable period of time (typically within two to four sessions) after the initiation of treatment, it will be discussed with you the working understanding of the presenting problem, treatment plan, therapeutic objectives, and the view of the possible outcomes of treatment. You also have the right to ask about your diagnostic evaluation/ diagnosis/es, information on treatment approaches to consider, and other treatments for your condition and their risks and benefits.

TERMINATION: After the first few sessions it will be assessed if services offered at Enlightened Living Therapy can be of benefit to you. Enlightened Living Therapy does not accept clients who clinically cannot be helped by the services rendered. If at any point during psychotherapy, it is assessed that treatment is not effective in helping you reach the therapeutic goals or that you are non-compliant, the rendering provider is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, you will be given a number of referrals that may be of help to you to continue care with more appropriate services. With signed authorization, care coordination will be offered and encouraged with the new psychotherapist of your choice. If you would like to consult with another health professional, please voice this request and referrals will be provided. You have the right to refuse treatment or terminate therapy at any time and referrals will be offered. There are a list of referrals sources and community supports listed on enlightenedlivingtherapy.com/community-resources.

PAYMENTS & INSURANCE REIMBURSEMENT: 60-, 45-, and 30-minute sessions are offered. Insurance information will be requested before your first appointment to verify benefits and provide you an explanation of benefits so you are aware of your financial responsibility such as co-pay, co- insurance, or deductible. You are expected to make your payment at time of service or within 30 days of the invoiced amount. If there are outstanding balances, they must be paid in full before another therapy session can be scheduled; refusal to pay any outstanding service fees within a timely manner of 60 days will result in balances turned over for collection. Unpaid balances will result in dismissal from Enlightened Living Therapy; a written notice of collection policies will be provided before balances are turned over to collection along with referrals.

CANCELLATION/NO SHOWS/ LATE ATTENDANCE: LATE ARRIVALS: Three late arrivals are permissible. After three late arrivals to appointments occur, this may result in an interruption or discharge of services or the agreement to schedule beforehand at the appropriate time that one can attend to offer consideration of time keeping purposes. If late arrivals appear to be disruptive to scheduling and treatment, a referral will be provided and

discharge from services at Enlightened Living Therapy will occur. A late arrival consists of being late 15 minutes or more past the scheduled appointment time.

Two late cancellations or no-show appointments will be provided without a missed appointment fee being assessed. After this has been met then a $75.00 fee will be charged for cancellations made within less than a 24-hour notice or for no show appointments.

If there becomes an excessive number of late cancellations or no-show appointments, referrals will be provided and interruption or discharge from services at Enlightened Living Therapy will occur.

Six cancellations or reschedule appointments with a 24-hour notice are permissible within a 12-month period, once this becomes exceeded than a $75.00 fee will be assessed or an interruption in services will occur along with the potential for a discharge from services and referrals will be made available. The attendance policy resets yearly at the original onset of services and this is when services can be initiated again if there was an interruption related to attendance.

ASSIGNMENT OF BENEFITS & AUTHORIZATION TO RELEASE MEDICAL INFORMATION: I hereby assign all medical benefits, to include all major benefits to which I am entitled, including Medicare, Medicaid, private insurance, and any other health plan to Enlightened Living Therapy. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not they are covered, and paid for, by insurance. Should it become necessary to turn my account over to an outside collection agency, I will be responsible for collection costs, attorney fees, litigation fees, and court costs. I hereby authorize Enlightened Living Therapy to release all information, reports, and records, if necessary, for the purpose of treatment, payment, and healthcare operations, including the discussion of my medical condition, to the insurance provider, rehabilitation provider, employer, hospitals, and doctors. If I have a liability injury, I understand that I have the option of using my health insurance, if available or I will be expected to pay for treatment

I understand that under the Health Insurance Portability and Accountability Act (HIPPA) of 1996, I have certain patient rights regarding my protected health information and I had a chance to review and request a copy of the Notice of Privacy Practices. I acknowledge that I have access to view these policies on enlightenedlivingtherapy.com/forms-policies and may request a physical copy at any point in time.

I have read the above Informed Consent & I understand them and agree to comply with them:

_____ Date _____
Print Name

_____
Client Signature

_____ Date _____
Therapist Signature

Registration Form

Name: _____ Date of Birth: _____ Gender/Sex: _____

Race: _____ Religious/Spiritual Identity: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Home Phone: _____ Cell #: _____

Social Security #: _____

Would you like to use text to communicate & receive text message reminders? ☐No ☐Yes

Would you like to receive calls, voice messages & reminder calls? ☐No ☐Yes

E-mail Address: _____

Would you like to use e-mail as a form of communication and to receive appointment reminders/ changes?

☐No ☐Yes

Emergency Contact: _____Ph.#_____ Relationship: _____

Primary Insurance Holder Information:

(You can skip this part if you are the primary policy holder, skip to Insurance Policy Details)

Name: _____ Date of Birth: _____ SS #: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to You: _____ Home Phone: _____

Insurance Policy Details

Primary Insurance Company: _____Member ID#: _____

Group #: _____ Employer: _____

Secondary Insurance Company & Member ID#: _____

Employment Status

☐ Full time ☐ Retired ☐ Student
☐ Part time ☐ Disabled ☐ Unemployed
☐ Care provider for family and household responsibilities ☐ Intern/ Volunteer
☐ Military Service

Education

Please check all that you have completed:

☐ Elementary	☐ Middle School	☐ High School
☐ GED	☐ Trade School	☐ Associates Degree
☐ Bachelor's Degree	☐ Master's Degree	☐ Doctorate's Degree

Are you currently attending an education program? ___ Yes ___ No
If yes, what is your field of study? _____

Please list any learning disabilities.

_____

Legal

Current legal problems:

_____

Are you currently involved with Child/Adult Protective Services? ☐No ☐Yes
Have you been involved with Child/Adult Protective Services? ☐No ☐Yes

Please provide information & dates on current & past legal problems/ charges and the consequences faced:

_____

_____

Medical Information

Please check any of the following medical conditions that apply to you

☐ asthma	☐ migraines/headaches	☐ diabetes
☐ visual impairment	☐ miscarriage/stillbirths	☐ anorexia/bulimia
☐ hearing impairment	☐ heart condition	☐ arthritis
☐ stomach problems	☐ head injury	☐ difficult pregnancies
☐ ulcers	☐ gynecological problem	☐ cancer
☐ physical disabilities	☐ high cholesterol	☐ fibromyalgia
☐ obesity	☐ chronic pain	☐ abortion
☐ stroke	☐ bowel disorder	☐ insomnia
☐ seizures	☐ back pain	☐ STI (sexually transmitted infection
☐ sexual difficulties	☐ fertility issues	
☐ blood pressure problems	☐ thyroid problems	

Other diagnosed medical conditions or problems: _____

_____

Previous medical hospitalizations or surgeries: _____

_____

Current medication/s and reason for taking: _____

_____

_____

Please list all allergies: _____

_____

Please list your current primary medical provider, psychiatric provider, and/or other behavioral health provider/s:

_____

_____

Would you like Enlightened Living Therapy to coordinate care and be in communication with your primary care provider or other behavioral health provider/s? ☐ Yes ☐ No

Family history of medical conditions: _____

_____

Substance Use History

Do you have a history of alcohol use/ dependence/ or treatment? ☐ Yes ☐ No

Do you have a history of drug use/ dependence/ or treatment? ☐ Yes ☐ No

If yes, please list drug/s of use and when in your past you experienced these challenges:

_____

Please list treatment history related to substance use and dates:

_____

_____

Do you have a current problem with alcohol use/ dependence? ☐ Yes ☐ No

Do you have a current problem with drug use/ dependence? ☐ Yes ☐ No

Do you use nicotine? ☐ Yes ☐ No

Emotional Health History

What brings you to therapy? _____

_____

_____

_____

Symptom Checklist: Please check any of the following that apply to you

- ☐ depressed mood
- ☐ irritability
- ☐ sleep problems
- ☐ loss of interest in once enjoyable activities/relationships
- ☐ poor concentration
- ☐ difficulty making decisions
- ☐ worthlessness
- ☐ shame
- ☐ guilt
- ☐ low self-esteem
- ☐ fatigue
- ☐ social withdrawal/isolation
- ☐ weight gain/loss
- ☐ Over eating/ binge eating
- ☐ anxiety/worries
- ☐ restlessness
- ☐ racing thoughts
- ☐ muscle tension
- ☐ obsessive thinking
- ☐ panic attacks
- ☐ anger
- ☐ nightmares
- ☐ trauma
- ☐ mood swings
- ☐ divorce/separation
- ☐ major losses/changes
- ☐ death of a loved one
- ☐ sexuality issues
- ☐ sexual problems
- ☐ relationship problems
- ☐ compulsive behaviors
- ☐ aggressive behavior
- ☐ technology addiction
- ☐ gambling problem
- ☐ financial problems
- ☐ housing issues
- ☐ family substance use
- ☐ domestic violence
- ☐ family violence
- ☐ emotional abuse
- ☐ childhood emotional/physical neglect
- ☐ childhood abuse
- ☐ childhood sexual abuse
- ☐ delusional thoughts
- ☐ paranoid thoughts
- ☐ hearing voices or seeing things that others don't hear/see
- ☐ other: _____

Please list past mental health diagnoses: _____

Have you been in a controlled Environment in the past 30 days?

- ☐ No
- ☐ Jail
- ☐ substance use treatment
- ☐ Medical Treatment
- ☐ Psychiatric Treatment

Mental health treatment history, check all that apply:

- ☐ none
- ☐ mental health therapy
- ☐ outpatient
- ☐ inpatient
- ☐ hospitalized for mental health
- ☐ crisis/ emergency services

If past hospitalization occurred, please list when, length of stay, and reason for hospitalization(s):

_____

_____

Please list past mental health treatment history, the name of previous therapist/s, and dates of treatment participation:

_____

_____

Have you struggled with suicidal thoughts or thoughts of wanting to die in the past? ☐ Yes ☐ No

Are you currently struggling with suicidal thoughts or thoughts of wanting to die? ☐ Yes ☐ No

Have you attempted suicide in the past? ☐ Yes ☐ No

If you answered yes on the last question, please provide the date/s of suicide attempt/s and the method/s used in the attempt/s: _____

_____

Do you have a history or current problem with self-mutilation?

☐ None ☐ Cutting ☐ Skin picking ☐ Hair pulling ☐ Burning

☐ Other_____

Have you experienced homicidal thoughts or thoughts of wanting to hurt someone in the past?

☐ Yes ☐ No

Are you currently struggling with homicidal thoughts or thoughts or plans of wanting to hurt someone?

☐ Yes ☐ No

Do you have a past history with stalking or obsessive behaviors towards another?

☐ Yes ☐ No

Do you have a current issue with stalking or obsessive behaviors towards another?

☐ Yes ☐ No

Do you have a past history of violent behavior?

☐ Yes ☐ No

Do you have a current issue of violent behavior?

☐ Yes ☐ No

Please indicate if you have a history of causing harm to another in the following manners:

☐ Not Applicable ☐ physical assault ☐ property damage ☐ emotional abuse
☐ physical abuse ☐ harassment ☐ sexual abuse ☐ other:_____

Family History

As a child, did anyone in the home have a significant drinking, drug use, or psychological problem?
☐ Yes ☐ No

Is there a family history of alcohol or drug use/dependence?
☐ Yes ☐ No

Is there a family history of mental illness?
☐ Yes ☐ No
If yes, please list mental illness(s)?
_____

Did anyone in the home have violent behavior?
☐ Yes ☐ No

How would you describe the relationship with your **mother** or primary caregiver growing up?
☐ loving and supportive ☐ conflict ☐ hostile ☐ emotionally abusive
☐ physically abusive ☐ estranged ☐ controlling ☐ neglectful/ unavailable

How would you describe the relationship with your **father** or primary caregiver growing up?
☐ loving and supportive ☐ conflict ☐ hostile ☐ emotionally abusive
☐ physically abusive ☐ estranged ☐ controlling ☐ neglectful/ unavailable

How would you describe the relationship(s) with your **siblings/cousins** growing up?
☐ loving and supportive ☐ conflict ☐ hostile ☐ emotionally abusive
☐ physically abusive ☐ estranged ☐ controlling ☐ neglectful/ unavailable

How would you describe your childhood?
☐ loving and supportive ☐ conflictual ☐ hostile ☐ emotional abuse
☐ physical abuse ☐ estranged ☐ controlling ☐ sexual abuse
☐ close family relationships ☐ positive/ happy ☐ lonely ☐ physical/ emotional neglect

Current Family Information

Relationship status:
☐ Married ☐ Remarried ☐ Divorced ☐ Separated ☐ In a relationship ☐ Single ☐ Widowed

Does anyone in the home have a significant drinking, drug use, or psychological problem?
☐ Yes ☐ No

Do you feel safe within your home?
☐ Yes ☐ No

Are you currently experiencing family violence?
☐ Yes ☐ No

Please identify the number of children you have:

_____Daughters _____Sons _____Step children _____Adoptive children

_____ Foster children _____None

Ages of children: _____

Who lives in your household?

Name/s	Relationship to you	Age/s

How would you describe your **current relationships with friends**:

☐ loving and supportive ☐ conflictual ☐ hostile ☐ emotionally abusive
☐ physically abusive ☐ estranged ☐ controlling ☐ neglectful/ unavailable
☐ close family relationships ☐ positive ☐ happy

How would you describe your **current relationship with your child/children:**

☐ loving and supportive ☐ conflictual ☐ hostile ☐ emotionally abusive
☐ physically abusive ☐ estranged ☐ controlling ☐ neglectful/ unavailable
☐ close family relationships ☐ positive ☐ happy

How would you describe your **current relationship with intimate partner(s):**

☐ loving and supportive ☐ conflictual ☐ hostile ☐ emotionally abusive
☐ physically abusive ☐ estranged ☐ controlling ☐ neglectful/ unavailable
☐ close family relationships ☐ positive ☐ happy ☐ sexually abusive

How would you describe your **current relationship with family:**

☐ loving and supportive ☐ conflictual ☐ hostile ☐ emotionally abusive
☐ physically abusive ☐ estranged ☐ controlling ☐ neglectful/ unavailable
☐ close family relationships ☐ positive ☐ happy

Strengths

How do you relax & manage stress in your life?

_____

_____

What do you like to do for fun? _____

_____

What are you most proud of achieving? _____

_____

What are your strengths and skills (compliments you hear from others)?

_____

_____

Please describe the goals/changes you hope to achieve in therapy:

_____

_____

_____

What will be different in your life and with your emotional well-being that will help you know when you are ready to end therapy?

_____

_____

_____