



**** This is a strictly confidential patient record.
Redisclosure or transfer is expressly prohibited by law.**

Please note that a provider will not review this form until you check-in for your scheduled appointment. If you are experiencing an urgent mental health concern (such as suicidal thoughts), please contact the counselor on call at 303.871.2205 or call 911.

First Name:

Last Name:

Date of Birth:

Partner's Name (first and last):

Contact Information

Preferred Name (if applicable):

** Local Address:

City:

State, Zip:

** Primary Phone:

** Okay to leave message at this number? Yes No

Prefer communication through MyHealth Portal? Yes No

Emergency Contact

Name:

Phone:

Email:

Address:

Personal Lifestyle Information

Sex assigned at birth: Female Male

Gender identity:

Woman Man Non-binary / third gender
Gender fluid Prefer to self-describe Prefer not to say

Transgender is an umbrella term that refers to people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. Other identities considered to fall under this umbrella can include non-binary, gender fluid, and genderqueer - as well as many more.

Do you identify as **transgender**? Yes No Prefer not to say

Pronouns:

Ethnicity / Race:

American Indian or Alaska Native Asian Black or African American
Hispanic or Latino Native Hawaiian or Other Pacific Islander White
Multiple Ethnicity / Race Other Decline to answer

Sexual Orientation:

Asexual - not interested in or not desiring sexual activity

Bisexual - sexually attracted to both men and women

Straight / Heterosexual - sexually attracted to people of the opposite sex

Gay / Lesbian - sexually attracted to someone who is the same sex

Questioning

Prefer to self-describe

Prefer not to say

Relationship Status:

Single	Open Relationship / Dating	Committed Relationship
Married	Separated	Divorced
Widowed	Other	

Religious / cultural affiliation(s):

Are you a **veteran**? if so, please list branch and status:

Disability / Impairment:

Hearing	Physical	Learning	Visual	Other
None	Prefer not to say			

Do you use **tobacco**? (cigarettes, spit/spitless, hookah, etc.) Yes No

Do you drink **Alcohol**? Yes No

Do you use **non-prescription drugs**? If so, please list:

DU Status

DU Student -Full Time	DU Student -Part Time	DU Student -Online
Partner	Other:	

Student Information

Undergraduate:	Year 1	Year 2	Year 3	Year 4	Year 5+
Graduate:	Year 1	Year 2	Year 3	Year 4	Year 5+

Major / Field:

Couples / Partner Counseling

Pre-Visit Questionnaire

By completing this section, you will be providing your couples therapist(s) with a better understanding of who you are, how you relate to your partner, and what goals you may have for counseling.

** 1) I would describe my relationship as (select all that apply currently):

Dating Engaged Cohabiting Committed Partnered/Married
Parenting Together Long Distance Relationship Recently Broken Up/Separated

** 2) I am hopeful couples counseling can help improve my relationship.

Strongly Agree Agree Neutral Disagree Strongly Disagree

** Please describe your current feelings regarding the future of your relationship.

- 0 Do not want to stay together with my partner
- 1 Am not highly invested in staying together
- 2 Am somewhat invested in staying together
 /unsure of whether I want to stay together or not
- 3 Am invested in staying together
- 4 Definitely want to stay together with my partner

** 3) How long have you known this partner? (Briefly describe how you first met and the length of your relationship)

** 4) List 3 qualities that initially attracted you to your partner.

** 5) Share 3 important moments during the history of your relationship (Important moments between the two of you that stand out in your memory)

** 6) If couples work was helpful, how would your relationship/life be different? What are your goals for therapy?

** 7) Here are some problem areas partners may face. Select those that you feel apply to your relationship.

Handling conflicts	Infidelity	Communication patterns
Raising children	Physical fights	Household chores
Addictive patterns (e.g. alcohol, gambling, internet pornography)		
Sexual intimacy	Expression of affection	
Decision-making	Financial challenges	Verbal/emotional abuse
Desire to end relationship		Relationships with family or friends
Expression of anger or blame		Time together/social life
Values (e.g. spiritual, political)	Challenging life situations or events	

** 8 Below are some behaviors that may occur when partners disagree or feel overwhelmed. Select the behaviors that YOU are likely to exhibit.

Apologize	Make time to calm down	Bring up the past
Point out personality flaws		Outline rational points
Stop listening	Cry	Use sarcasm
Contact a friend/family member	Yell/talk louder	Lie/exaggerate
Use humor	Become quiet/silent/shutdown	Leave room/house
Physical action (e.g. hit, throw, punch)		Attempt physical comfort
Change/avoid the subject	Focus on pacifying partner	

** 9) Below are some behaviors that may occur when partners disagree or feel overwhelmed. Select the behaviors that **YOUR PARTNER** is likely to exhibit.

- | | | |
|--|------------------------------|-------------------|
| Apologize | Make time to calm down | Bring up the past |
| Point out personality flaws | Outline rational points | |
| Stop listening | Cry | Use sarcasm |
| Contact a friend/family member | Yell/talk louder | Lie/exaggerate |
| Use humor | Become quiet/silent/shutdown | Leave room/house |
| Physical action (e.g. hit, throw, punch) | Attempt physical comfort | |
| Change/avoid the subject | Focus on pacifying partner | |

10) Is there any other information that you think would be helpful to share with your therapist(s) in order to help them understand you and your partner more fully and help you reach your goals? Also, please share any concerns or questions you have about participating in couples counseling.

- | | | |
|---|-----|----|
| | Yes | No |
| ** Have you ever experienced thoughts of hurting yourself? | Yes | No |
| ** Are you currently experiencing thoughts of hurting yourself? | Yes | No |
| ** Have you ever experienced thoughts of suicide? | Yes | No |
| ** Are you currently experiencing thoughts of suicide? | Yes | No |
| ** Have you ever attempted suicide? | Yes | No |
| ** Are you currently experienced thoughts of hurting others physically? | Yes | No |
| | Yes | No |

Cancellation and No-Show Policy (required)

You will not be charged for any sessions / visits that are cancelled with at least 24 hours advance notice. For appointments cancelled with less than 24 hours notice (NOT including Saturdays or Sundays) or if you miss an appointment for any reason without calling ("no-show"), the mental health missed session will count as a session and you will be charged a Late Cancellation/No-Show Fee. It is important to note that insurance companies do NOT provide reimbursement for cancelled or "no-show" appointments; therefore, these fees must be paid by you directly.

This applies to all Counseling Sessions, Psychiatry visits, Psychological Assessment sessions and medical services.

Late Cancellation / No-Show Fee: \$25

Any student who misses two counseling and/or psychiatry appointments within the same academic year, without prior notification, will be unable to schedule additional appointments with the HCC for the remainder of the school year, and will be provided with referrals for outside providers. NOTE: This policy does not apply to crisis situations. That is, the HCC is always available to any DU student experiencing a crisis or psychological emergency, regardless of prior missed appointments.

I understand and agree to this policy.

** Initials: (required):

Client Rights and Informed Consent (required)

In addition to standard consents and HIPAA information that is provided to all students who seek services at the HCC, the form below will be provided to all clients seeking services within the Counseling Center to inform them of their specific rights and responsibilities regarding mental health services. In most case's this form will be acknowledged within the EMR, but occasionally may be signed and scanned into the record.

Client Rights

You are entitled to be treated with respect, consideration and dignity. You also have the right to receive information in easy-to-understand language about diagnosis, methods of psychotherapy, the techniques used, the duration of treatment, if known, and the fee structure. Information is available upon request regarding the training and areas of expertise of your therapist.

You may seek a second opinion from another therapist within Counseling Services or request a transfer to a different therapist. In addition, at your own expense, you may seek services from a therapist in the community. Upon request, Health and Counseling Center (HCC) staff will provide you with the phone numbers of area mental health centers and of private practitioners in the community.

You have the right to participate in the process of setting goals. You are encouraged to actively participate in the process of selecting an approach and goals that are acceptable to you and your therapist.

You have the right to end therapy at any time without incurring additional costs.

In a professional relationship, sexual advances and/or behavior between therapist and client are never appropriate and should be reported to the regulatory board (address and telephone number listed below).

Information provided by you during therapy/counseling is legally confidential. The following are exceptions to this rule:

- If you sign a specific release of information form and you authorize the counselor to provide information to a specific individual or agency outside the DU Health and Counseling Center. These releases are voluntary, typically last 6 months, and can be rescinded in writing at any time.
- In the event of an emergency, defined by imminent danger to yourself or others or threats made to a specific location, your counselor may need to contact other individuals for your own or others' protection.
- Colorado law requires that we report suspicion of physical /sexual abuse, caretaker neglect and exploitation of minors under 18 years of age and elders 70 years of age or older.
- If you have been a client here previously, your current counselor and/or your counselor's supervisor/s may read your prior chart to obtain more information.
- Your name, diagnosis code, and service type information will be given to insurance and billing personnel.
- Counselors and other health care providers work collaboratively in this office. Therefore, they may exchange information about you as is needed and/or appropriate. In general, there is no confidentiality between your counselors and your other HCC health care providers. We work in this manner because we believe it will provide you with the best, most comprehensive care. However, please let your counselor know if there is specific information you would not like shared with other health care providers in this office.
- HCC may gather anonymous demographic and/or healthcare data from your file to improve our service to students. This may include: gathering statistical information, tracking center utilization, performing quality reviews of clinical charts, and assessing treatment outcome/satisfaction.

Couples Counseling:

Clients who are seeking couples counseling agree that confidentiality will not be kept within the couple, except in situations related to domestic violence or if the counselor has explicitly agreed to hold a piece of information in confidence prior to its disclosure. Unless otherwise discussed, both members of a couple will arrive to scheduled appointments; if one partner cannot attend an appointment the appointment will be rescheduled.

Email Consent:

Email is not a confidential means of communication. If you decide to utilize e-mail, confidentiality cannot be guaranteed. The HCC recommends that you use the secure messaging system available through our electronic medical record system to ensure that communications between a client and their psychotherapist remains confidential.

Complaints:

Should you have a complaint about the service you have received at the HCC Counseling Service please consider sharing that directly with the healthcare provider or support staff to see if an adjustment can be made to improve your experience. If that has been tried or is not possible, complaints should be brought to the Director

of Counseling or the Executive Director of the HCC by calling 303-871-2965. In addition to these two levels, The Colorado State Department of Regulatory Agencies regulates the practice of psychotherapy. Any questions, concerns, or complaints regarding the practice of mental health can be directed to the Mental Health Section:

Department of Regulatory Agencies, Mental Health Section

1560 Broadway Suite 1340

Denver, CO 80202

Phone: (303) 894-7766

Consent

My initials below indicates that I have been informed of and understand my rights and give my consent for treatment at the DU Health and Counseling Center. I also understand that I may revoke this consent at any time.

** Client Initials (required continued)

Client Rights and Informed Consent (continued)

In addition to standard consents and HIPAA information that is provided to all students who seek services at the HCC, the form below will be provided to all clients seeking services within the Counseling Center to inform them of their specific rights and responsibilities regarding mental health services. In most case's this form will be acknowledged within the EMR, but occasionally may be signed and scanned into the record.

Sessions:

HCC offers an unlimited number of group counseling sessions. We provide individual and couples treatment for students as is possible within our scope of treatment. We request that you arrive promptly for sessions. When you arrive at the HCC, please check in at the computer check-in stations, or tell the administrative staff that you have an appointment. Individual sessions usually last 50 minutes while group sessions usually last one to one and one- half hours.

Hours:

The University of Denver Health and Counseling Center (HCC) is open year-round but closes when the University shuts down (snow days, holidays, etc). During the primary quarters (Fall, Winter, and Spring) of the academic year, the HCC is open

- Mondays and Fridays from 8:00 a.m. to 5:00 p.m.
- Tuesdays from 9:00 a.m. to 5:00 p.m.
- Wednesdays and Thursdays from 8:00 a.m. to 7:00 p.m.

Emergencies:

Clients with urgent needs during business hours should call the HCC at 303-871-2205 or may come to HCC Ritchie (3rd floor north, in the Ritchie Center) during normal business hours Monday through Friday. Same-Day Access hours are available for students between 2-4 pm, Monday through Friday. When the Center is closed, calls are directed routed to the on-call counseling service via the HCC's primary number.

Scope and Limits of Counseling Services for Students:

Although most services are provided by HCC, there are times when the students' needs are not within the scope of services. At any time during counseling if a counselor determines that the client would be better served by a referral outside the agency, that referral will be provided immediately. HCC reserves the right to refer in the following situations:

1. Students who require more than weekly individual therapy for an extended period of time.
2. Students who have had extensive treatment in the past and needs/expects extensive long-term additional treatment.
3. Students who require excessive utilization of crisis intervention.
4. Students who present a chronic, ongoing risk of harm to self or others, and whose symptoms do not respond to outpatient crisis intervention or require specialized services. This includes students with a history of multiple hospitalizations, chronic suicidality, homicidality, and/or a history of repeated suicide attempts.
5. Students presenting with a concern or disorder that requires expertise or resources not sufficiently available at the HCC. Examples may include, but are not limited to court-ordered/mandated assessments and treatment, forensic assessments, and extensive treatment for substance abuse or eating disorders.
6. Students who are unable to maintain prolonged periods without treatment (i.e., academic breaks).
7. Students who attend counseling but are unwilling to follow a treatment plan.
8. Students who are noncompliant with treatment, as defined by excessive no-shows, repeated stops and starts to counseling, and/or repeated requests to change providers.
9. Students requesting assessment for an Emotional Support Animal (referred to IHAC).
10. Students returning to HCC who have not demonstrated decreased need for or adequate benefit from prior HCC services.
11. Students who demonstrate harassing, menacing, threatening, or violent threats or behaviors toward a member of the HCC Team.

Training:

HCC is part of an APA-Accredited training agency (DU GSPP Internship Consortium) for psychology interns (doctoral candidates who are supervised by staff psychologists) and is a training site for clinical social work interns and other advanced practicum students from University of Denver programs. Advanced graduate student trainees are supervised by interns. As such, your counselor may ask for your permission to be audio taped or videotaped. This consent is voluntary and may be revoked at any time. Any information obtained via these means will be held in strict confidence. Since this is a training site, information about you may be presented at supervisory sessions. We take your confidentiality very seriously and work hard to insure that information is shared only with your consent and awareness, and for training/supervision purposes.

Training and Dual Relationships:

In accordance with the APA code of conduct regarding multiple relationships, the HCC strives to avoid all dual relationships which may negatively impact a student's training experience. Any student who applies for a practicum or internship position at the HCC will be asked to disclose the possibility of a dual relationship at the time of their application. A history of receiving mental health treatment at the HCC may disqualify an individual for a training, work- study, or permanent position at the HCC. As such, graduate students in mental health related programs at DU are encouraged to seek mental health treatment at an off campus location if there is a possibility that they would pursue a clinical training experience or employment at the HCC in the future.

Continued Consent

My initials below indicates that I have been informed of and understand my rights and give my consent for treatment at the DU Health and Counseling Center. I also understand that I may revoke this consent at any time.

** Client Initials (required responsible)

Client Responsibilities and Informed Consent

In addition to standard consents and HIPAA information that is provided to all students who seek services at the HCC, the form below will be provided to all clients seeking services within the Counseling Center to inform them of their specific rights and responsibilities regarding mental health services. In most case's this form will be acknowledged within the EMR, but occasionally may be signed and scanned into the record.

Open Communication:

We recognize that certain aspects of one's life can be difficult to talk about in any context. Acknowledging that we ask that you provide complete and accurate information to the best of your ability as it helps us be helpful to you.

Respectful Communication:

Frustration arises on occasion and while we encourage open communication around those feelings we ask that this is respectful of HCC health care professionals, staff and other clients.

Treatment Plan:

As part of your care, your counselor will review a written treatment plan for your consent.

Payment is expected at time of service. HCC does not bill any insurance companies. Your payment receipt contains all the necessary information should you choose to submit a claim to your insurance company on your own. University College students receive services as outlined in their student handbook.

Cancellations:

If you are unable to attend a scheduled appointment, you must provide one (1) business-day prior notification. A missed session without the 1 business day notification will be counted as a session and a charge of \$25 will be incurred. For any missed appointments, call your counselor to reschedule. Most insurance companies (including the DU Student Health Insurance) will not pay for missed sessions and you will be responsible for payment of no show/late cancellations charges.

Continued Consent

My initials below indicates that I have been informed of and understand my responsibilities and give my consent for treatment at the DU Health and Counseling Center. I also understand that I may revoke this consent at any time.

** Client Initials (informational)

Audio / Video Consent

The DU Health and Counseling Center is a training facility for advanced doctoral and master's students in counseling psychology, pre-doctoral interns in clinical psychology, and MSW interns. As a training program, it is important for continued staff training and clinical supervision that therapists' work with clients be closely monitored; audio/videotaping provides one means to ensure that our therapists provide the best care possible to our clients. The recordings are treated confidentially and are erased after they are reviewed in supervision/training sessions. All trainees and interns are supervised by licensed mental health professionals. Only supervisors and counselors will hear and/or see the recordings.

I freely agree to participate as a client at the University of Denver Health and Counseling Center, Counseling Services. The purpose and procedures for audio and/or video taping the sessions have been explained to me. I understand that participation as a client is strictly voluntary and that I can withdraw consent at any time. Finally I understand I am free to ask further questions about the counseling taping procedures.

I understand the Audio Video Consent policy and I agree to participate.

I do NOT agree to participate.

I have concerns to address with my counselor.

DU HCC Mental Health Fees 2019-2020

Because we want you to know in advance of the fees you will pay for services we ask that you select your coverage for each visit type. You can verify your coverage on your DU Account on PioneerWeb and looking at your bill for the current term. If you have any questions or concerns, please feel free to contact us at (303) 871-2205.

We do not bill insurance companies.

For details about the Health & Counseling Fee and Student Health Insurance Plan, please visit <http://www.du.edu/hcc> and click the Coverage & Costs tab.

(HCF) Health & Counseling Fee

(BOTH) Health & Counseling Fee + Student Health Insurance Plan

(SHIP) Student Health Insurance Plan only

(NONE) No coverage through DU

Counseling Fees

Please note that Counseling has a Brief Therapy model for individual/couples counseling visits and the vast majority of clients are seen for less than 10 sessions. Each amount listed below is the out-of-pocket cost per session for each coverage type.

Counseling Visits 1-10

HCF pays \$20

BOTH pays nothing

NONE OR SHIP ONLY pays \$170

Counseling Visits 11-20

HCF pays \$85

BOTH pays nothing

NONE OR SHIP ONLY pays \$170

Counseling Visits 21+

HCF pays \$150

BOTH pays \$43.00

NONE OR SHIP ONLY pays \$170

I am participating in Couples Therapy as:

a DU Student (Services will be charged under my benefit)

a partner (services will not be charged)

I do not know my coverage but agree to pay for all services:

I understand and agree that I have reviewed the Fee Schedule and understand that payment is due at the time services are rendered.

** Client Initials: