

# Service Application

Couples Counseling Center, LLC

1003 S. Terrace Drive, Bountiful, Utah 84010, 801-633-1566, FAX 801-797-9075

144 Brookside Drive, Idaho Falls, Idaho 83404, 208-538-0676, FAX 801-797-9075

Couplescounselingcenter.net

Name(First and Last): \_\_\_\_\_ Age: \_\_\_\_\_ Spouse: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex (circle one) FEMALE MALE Employer: \_\_\_\_\_ Spouse Cell \_\_\_\_\_

Patient's Birth Date: \_\_\_\_\_ Patient's Social Security Number: (Do not email SS #)

Spouse: \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_ Spouse's S.S#: (Do not email SS#)

Immediate Family Members (write on back for more individuals living at home):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living at Home (circle one) YES NO

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living at Home (circle one) YES NO

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living at Home (circle one) YES NO

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living at Home (circle one) YES NO

List Present Problem: \_\_\_\_\_ (be brief and do not email details.)

List Medications: \_\_\_\_\_ (do not email medication list.)

Psychiatrist or Doctor Prescribing Medication: \_\_\_\_\_

**Please check which source is paying for services. Responsibility rests with the patient to know their own Insurance and inform the Center.**

Patient (cash) \_\_\_\_\_ EAP? \_\_\_\_\_ Name: \_\_\_\_\_ Certification # \_\_\_\_\_ Insurance? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Second Insurance \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Co-Pay

Amount: \_\_\_\_\_ Deductable: \_\_\_\_\_

Applicants Relationship to policyholder \_\_\_ Self \_\_\_ Spouse \_\_\_ Child \_\_\_ Other

How did you find out about our center? \_\_\_\_\_

DISCLOSURE AND CONSENT  
ELECTRONIC TECHNOLOGY AND TELETHERAPY

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As in all modern life, electronic communication and technology are an integral part of practice of Marriage and Family Therapy. The following outlines the ways in which I utilize technology to assist my work. In all aspects of my practice, your welfare is my highest priority.

**Insurance and Billing Communication:** If you wish to utilize insurance coverage for therapy, I will be required to convey demographic and clinical information to your insurance company. I utilize an online clearinghouse this is HIPAA compliant to enter claims information. Insurance companies may require more detailed information regarding your diagnosis, progress, and treatment goals. That information is submitted either via an online HIPAA compliant clearinghouse, or via fax.

**Email Correspondence:** Because it is not encrypted, email is generally not considered to be a secure or private mode of communication. I make email address known to you, and you may choose to respond with me via email. Be aware of the risk that someone may be able to access your email and keep communications limited to scheduling, and other non-therapeutic communication. My email has confidentiality Notice included, but this does not guarantee that your privacy will not be compromised. If you have concerns about this, you may want to limit your communication with me to our meetings, or to the telephone on my office line.

**Text Messages:** I give out my personal cell number for emergencies and for text messaging. I like text messaging particularly for rescheduling appointments and I have found clients like to also use this avenue. However, text messages like email are not secure. It would be advisable to restrict the messages to appointment scheduling only and to communicate by my office phone if issues in therapy need to be discussed.

**Social Media:** Ethical guidelines indicate that connecting via social media is prohibited. I do not “friend” clients on Facebook, or “connect” via LinkedIn. These guidelines are to safeguard your confidentiality, and to maintain the professional boundaries intrinsic to our work.

**Outline Therapy:** I am available to do online therapy either through FaceTime on the Cell phone or on the computer using an encrypted program, VSee. If we do online counseling, you will be required to download and use this free program.

**Breaches:** In order to comply with HIPAA, electronic platforms and services must have a plan in place to inform consumers in the event of a data breach. If I am informed of a data breach that may have compromised your information I will promptly inform you.

**Storage:** Just as your paper record is kept in a locked cabinet, I maintain a password protected computer and make every effort to avoid theft, or a violation of your privacy.

**Venmo:** If paying by Venmo, please turn the setting to private so that the public does not see your transaction.

**Telehealth:** There may be modes of telehealth that are not as secure as others and although the therapist will do what is possible to ensure confidentiality and security, there may be hackers who hack into the computer or phone system. By signing, you understand and agree to this.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date: \_\_\_\_\_