



Client Information Form

Client information

First Name _____
Last Name _____
DOB _____
Preferred Pronoun _____
Address _____
City/State/Zip _____
Phone _____ Cell Phone _____
Email _____

Guardian Information (if applicable)

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Emergency Contact

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Current Treatment

What is bringing you to therapy? _____

Have you been in therapy before? Yes _____ No _____



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If yes, what current or prior treatments/services, including medication, do you think has been the **most helpful** for you? _____

What current or prior treatments/services, including medication, do you think has been the **least helpful** for you? _____

Total number in household: _____

Net household income:

\$25k or less ☐ \$25k-50k ☐ \$50k-75k ☐ \$75k-100k ☐ \$100k-150k ☐ \$150k+ ☐

Please list all the people in your household:

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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List any other key relationships and/or any other people you would like involved in your treatment:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Are there family issues (from childhood to current) that you think are important for your therapist to be aware of? _____

How are the relationships in your life at this time (friends, romantic, family, work)?

What is your career, and are there any issues you want to address in relation to your satisfaction with your career? _____

Do you have a history of trauma? Yes _____ No _____



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If yes, have you ever talked about or worked on the issues related to the trauma, and are there issues related to the trauma that you would like to work on? _____

What do you do in your life that brings you joy? _____

Medical/Mental Health History

How do you take care of health issues (PCP, Alternative medicine, etc.)? _____

Are you currently taking any medications? Yes _____ No _____

If yes, please identify the medication that you are taking for medical or behavioral health concerns: _____

Do you drink alcohol, and if so, how often and how much? _____



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Do you use any drugs, and if so, how often and how much? _____

Please list any outpatient or inpatient mental health services you have received in the past, including hospitalizations: _____

What else is important for your therapist to know about you? _____



Sequoia Springs
TRAUMA HEALING CENTER

Informed Consent

You are entering into therapeutic services at Sequoia Springs Trauma Healing Center, Inc. This is an important document that you should read fully before signing. It will also be reviewed with you during your first appointment with your therapist.

Therapy is a wonderful process that helps people heal from the issues and dynamics in their lives that can be barriers to feeling more content and comfortable, and can help improve and build the skills and tools needed to move through the issues and dynamics that can challenge us. The purposes of treatment include helping you identify and solve personal problems, improving communication skills, and becoming aware of and better managing emotional states and stress. Often therapy can also bring up feelings and thoughts that can be challenging and uncomfortable, it is not a process whereby which problems and issues just disappear without work. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety. We are here to support you in the process of discovering your path to healing and to help increase awareness and comfort in utilizing the skills and supports that will help you achieve the goals you want to achieve.

Treatment Process, Benefits, Risks, and Limitations

Your counseling will begin with one or more sessions devoted to an initial assessment so that I can get a good understanding of the issues, your background, and any other factors that may be relevant to treatment. When the initial assessment process is complete (usually 1-3 sessions), we will discuss ways to treat the problem(s) that have motivated you to seek counseling and will collaboratively develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to be treated and to also be advised of the consequences of such refusal or withdrawal.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.



Informed Consent

To help you better understand some of the important and practical aspects of being engaged in clinical therapy services, please read the information below and after reading initial the sections on the lines provided.

Therapist/Supervisor Information

Your therapists name is: _____

Your therapists phone number is: _____

Your therapists email address is: _____

Your therapist's supervisor is: _____

Supervisor license number: _____

Important Contact Information

Sequoia Springs Trauma Healing Center, Inc.

2055 N. Kolb Road, Suite 121

Tucson, AZ 85715

Phone: (520) 838-0918

Emergency numbers:

Crisis Response Services 520-622-6000 Phone intervention and in person response services, 24 hours a day, 7 days a week	EMERGE! Center Against Domestic Abuse 520-795-4266 or 888-428-0101 Services for victims of domestic violence 24 hours a day, 7 days a week
Department of Child Safety 888-767-2445 To report suspected child neglect and/or abuse, 24 hours a day, 7 days a week	Adult Protective Services 520-881-4066 To report suspected neglect, exploitation or abuse of adults, 24 hours a day, 7 days a week

To help you better understand some of the important and practical aspects of being engaged in clinical therapy services, please read the information below and after reading initial the sections on the lines provided.

Client Rights and Responsibilities

Clients have the right to:

- receive humane care and treatment, with respect and consideration
- refuse any recommended treatment or to withdraw consent to be treated and to also be advised of the consequences of such refusal or withdrawal
- not be discriminated against based on race, color, national origin, age, disability, sex, gender identity or expression, religion, political beliefs, marital status, familial



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or parental status, sexual orientation, status as a veteran or protected genetic information.

- privacy and confidentiality when seeking or receiving care except for life threatening situations or conditions and confidentiality of your health records
- receive accurate information concerning diagnosis, treatment, risks, and prognosis
- participate in decisions regarding your care including right to refuse treatment, and to express preferences about future treatment
- ask about reasonable alternatives to care at Sequoia Springs or outside facilities and/or a second professional opinion regarding diagnosis or treatment
- be informed about any legal reporting requirements regarding any aspect of screening or treatment
- a copy of your medical record upon request and written authorization. You can request documents by filling out a written record request available on our website. If you wish to have your records provided to a third party, you must also complete the necessary written authorization. Your records will be provided within 30 days.
- file a complaint with the director of Sequoia Springs regarding any concerns related to the privacy, confidentiality or security of your medical record
- revoke your authorization to release except to the extent that action has not already been taken
- Be informed about any fees and charges related to your visit, and be given, upon request, information about how to dispute or seek review of any fees or charges assessed.

Clients have a responsibility to:

- provide complete information about one's illness/problem, to enable proper evaluation and treatment and
- cooperate in the design and process of your treatment plan
- ask questions to ensure an understanding of the condition or problem
- show respect to Sequoia Springs staff and other patients
- keep your appointment or reschedule/cancel an appointment so another person may see a clinician
- pay bills or file health claims in a timely manner, services can be terminated if you do not follow through on your fee agreement
- inform the practitioner(s) if one's condition worsens or an unexpected change occurs that affects your status

Any behavior which is threatening, intimidating or assaultive on agency property or towards our staff will result in discharge from services.

Initial here: _____



Non-Discrimination & Grievance Policy

Sequoia Springs Trauma Healing Center prohibits discrimination against persons receiving services on the bases of race, color, national origin, age, disability, sex, gender identity or expression, religion, political beliefs, marital status, familial or parental status, sexual orientation, status as a veteran or protected genetic information.

You are entitled to file a complaint or grievance if you believe that you are being subject to discrimination or unprofessional conduct in any manner by anyone at Sequoia Springs. The laws or ordinances governing your rights will be made available to you upon request.

If you feel you have been discriminated against or that any of your rights as a client have been denied:

1. You may speak with your primary worker at Sequoia Springs and attempt to reach a resolution with him or her. If this does not result in satisfaction;
2. You may contact the Director of Operations during business hours and describe your complaint or grievance and the corrective actions you believe would resolve the situation. The Director of Operations will speak with all involved parties, consult relevant regulations, policies, and procedures, and provide a response within ten (10) calendar days of receiving your grievance. If this does not result in satisfaction or your grievance is of such a nature that you cannot discuss it with the Director of Operations;
3. You may contact the Executive Director of the Sequoia Springs to resolve your complaint or grievance. The Executive Director will speak with all parties concerned with the matter, consult relevant regulations, policies, and procedures and provide you a response within ten (10) calendar days of receiving your grievance. (Authority for resolving a grievance rests solely with the Executive Director and the Board of Directors of the agency.) Or,
4. If none of the above proposals are acceptable to you or adequately resolve your Complaint or grievance, you may contact:

AZ Attorney General's Office Civil Rights Division 402 W. Congress Street Tucson, AZ 85701-1367 Telephone: (520) 628-5447	ADHS Office of Behavioral Health Licensure 150 N. 18th St., Suite 410 Phoenix, AZ 85007 Telephone: (602) 364-2595 Fax: (602) 364-4801
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ADHS Division of Behavioral Health Services 150 N. 18 th St., Suite 410 Phoenix, AZ 85007 Telephone: (602) 364-2595	ADHS Human Rights Advocacy 150 N. 18th St., Second Floor Telephone: (800) 867-5808
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Initial here: _____

Confidentiality

We believe that confidentiality is essential. We will only share information that you are comfortable with if you have signed a release of information in order to communicate with outside parties (doctor, psychiatrist, family members, or spouses).

For parents of children or teens: We support a process that allows your child or teen to be engaged in the process of therapy, and to do this will support an open discussion of what is comfortable for everyone in having communication, while respecting the need to have a space to engage in therapy that respects your child or teen's need for a space to talk openly. Please be open to a discussion about what that means in terms of confidentiality, and your clinician will work to define this together. If you have shared custody of your child or teenager, we will attempt to obtain consent and engage both parents in therapy.

We consider the privacy of your health information to be one of the most important elements in our relationship with you. Our responsibility to maintain the confidentiality of your health information is one that we take very seriously. We have taken the following steps to protect your privacy:

- We maintain the confidentiality of your health information in a secure and protected environment according to state mandated guidelines. We do not sell your information to any organization.
- We comply with Federal legislation concerning patient privacy requires health care providers, health insurance companies and other health-related organizations aimed to bolster privacy practices.
- Attached with this letter is a Notice of Health Information Privacy Practices. We are pleased to provide this information to our clients and to comply with the privacy regulations of the federal Health Insurance Portability and Accountability Act (HIPAA).

Initial here: _____



Mandatory Reporting

By law, we are required to and do report to authorities in the following situations:

- Physical, sexual or neglectful abuse of a minor
- If someone is an active threat or danger to themselves or others
- Any information that we become required by law to share (such as a court order or subpoena)

Therapists at Sequoia Springs Trauma Healing Center do not provide custody evaluations or make custody recommendations. If your therapist is asked to write reports for court, subpoenaed or otherwise required to be a part of any legal process, you will be billed the time and the cost of any legal fees. The rate for these services is billed at \$200/hr.

Initial here: _____

Frequency of Sessions

Sessions are normally 50 minutes for individual sessions, and 1 hour and twenty minutes for couples or family sessions, once a week (unless determined as a part of our ongoing assessment). Your intake session will generally last 1-1½ hours. Commercial insurances cover 50 min sessions and may cover extended sessions for couples or family. Make sure to be informed about what your insurance plan will cover. It is sometimes in the client's best interest to meet more or less frequently. This is assessed on a case-by-case basis by your therapist.

Initial here: _____

Insurance and Fees

We do accept some insurances, and will bill your insurance for the services that are being provided if we are able. We will assist you in supportive documentation if we do not take your insurance.

Currently the standard fee for a 50-minute session is \$120, with a fee of \$150 for the initial session. ***Payment is due at the time of your session.***

Initial here: _____

Therapist Initials: _____



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Therapist Notes: _____

Cancellation Policy

We have a 24-hour cancellation policy. You are responsible for the cost of your session if a session is cancelled with less than 24-hour notice or if you do not show up for a scheduled session, except due to a true emergency or natural disaster. If you do not cancel your session within the 24-hour notice period we will charge you for the missed session. In the event that this occurs, we will remind you of the payment due prior to the next session

Initial here: _____

Authorization to Contact

Please complete the contact information and initial below if you give consent for Sequoia Springs Trauma Healing Center staff to contact you by phone or email. Be aware that text is not a secure form of communication. If you have questions, please make sure to discuss them with your therapist.

Phone Number: _____ text ☐ voicemail ☐

Email: _____

Initial here: _____

Acknowledgment

By signing below, you are acknowledging that you have read, initialed, and understand the areas covered above, and are consenting to receive and participate in treatment services at Sequoia Springs Trauma Healing Center.

Client/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____



Sequoia Springs
TRAUMA HEALING CENTER

Insurance Information Form

Client information

Client Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

PCP name/number: _____

Employer Name: _____

Insurance Information

Subscriber Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Employer Name: _____

Relationship to Client: _____

Insurance Company Name: _____

Insurance I.D. Number: _____ Group Number: _____

Effective Date: _____

Secondary Insurance Information (if applicable)

Subscriber Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Employer Name: _____

Relationship to Client: _____

Insurance Company Name: _____

Insurance I.D. Number: _____ Group Number: _____

Effective Date: _____

By signing below, you authorize Sequoia Springs Trauma Healing Center, Inc. to bill your insurance for services. Please be aware that an agent of your insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments you receive. If payment for the services you receive here is not covered by your insurance, you will be billed directly for the cost of services.

Client/Guardian Signature: _____ Date: _____