

Instructions:

Please read the attached forms and bring the completed questionnaire (pages 1 & 2) along with the signed page 5 for each person to our first session. Unfortunately, we cannot begin until I have this information.

DAVID B. WEIR, MBA, MA, NCC

LICENSED MENTAL HEALTH COUNSELOR (FL)

LICENSED PROFESSIONAL COUNSELOR (UT)

CERTIFIED SEX THERAPIST

Tampa Medical Tower # 740

2727 W Dr. M. L. King, Jr Blvd, Tampa, FL 33607

813-259-9777

CONFIDENTIAL CLIENT QUESTIONNAIRE

↑Name _____ Social Security # _____ Today's Date _____

↑Address _____ City _____ State _____ Zip _____

Phone: Home (____) _____ OK to call? Y N Work (____) _____ OK to call? Y N
Cell (____) _____ OK to call? Y N E-mail _____ OK to use? Y N

Relationship status _____ Years _____ Education _____

Employer/Occupation _____ Years _____

Birth place _____ Birthdate _____ Age _____

Religious orientation (if any) _____ Currently active? _____

If you have received counseling services in the past, please list dates and purpose:

Please list any health problems you have now _____

Please list all medications (prescribed or over-the-counter) which you take:

Have you ever been hospitalized for mental health reasons? YES NO When: _____

Family & significant others: Name Age

Mother _____

Father _____

Still married to each other? _____

Name & age of spouse/partner: _____

First name & age of sisters & brothers: _____

First name & age of children: _____

Please circle any of the following which are currently problems for you:

- | | | |
|----------------------|-----------------------|----------------------------------|
| Depression | Fears | Sleeping |
| Stress | Sexual problems | Suicidal thoughts |
| Self-esteem | Panic | Guilt |
| Communicating | Alcohol/drug use | Eating problems |
| Anger | Terminal illness | Thoughts |
| Anxiety | Memory/concentration | Perfectionism |
| Fearing failure | Making decisions | Death of loved one |
| Health | Relationship problems | Gay/lesbian/bisexual/transgender |
| Obsession/Compulsion | Legal matters | Other _____ |

Has any *biological* family member ever had a drinking or drug problem, depression, bi-polar (manic depression) nervous breakdown, mental disorder, or attempted suicide? Please describe:

Briefly describe your reasons for seeking counseling at this time:

What is your average *daily* intake of caffeinated drinks? _____ per day

What is your average *weekly* intake of alcoholic drinks? _____ per week

Any recent increase? _____

At the time of your life when you were drinking the most, how much did you drink *weekly*? _____

List any other kinds of drugs you sometimes use, or have used in the past, legal or illegal:

Who referred you to me for counseling? _____ May I thank this person? _____

Who may I contact in case of emergency? _____ Phone _____

Signature _____ Date _____

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C e r t i f i e d S e x T h e r a p i s t

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I N F O R M A T I O N F O R C L I E N T S

Welcome. My name is David Weir. My goal is to provide a range of cost-effective and solution-oriented counseling services to people like you who are seeking to improve the quality of their lives and relationships. From the start, I want to make this experience as convenient as possible for you. I'm happy to provide this intake paperwork so you don't have to do it in my waiting room. Please read it, fill it out at your convenience, and bring it with you to our scheduled meeting. If you are coming with a spouse or partner, each of you will need to bring your own forms.

If something happens and you cannot make the appointment, I would appreciate it if you would call me at 813-259-9777. I understand that changes are often necessary, and I would be happy to reschedule our appointment.

Most people who come to counseling for the first time are a little uncertain about what they will be doing, what is expected of them, and what the rights and responsibilities of both counselor and client actually are. I'm providing this form to help you understand my services and to answer some questions you might have. Please discuss with me any questions you might have about any aspect of the counseling process.

I am in the private practice of counseling. I also rent office space with other psychotherapists who share the waiting room with me. However, our practices are completely unrelated to each other and we share no client information.

MESSAGES. I do not accept phone calls while in session. My voice mail is always available to you. I have no secretary and I make my own appointments. Nearly always, your call will be returned the same day. Since my practice is unrelated to the practices of other therapists, no one else has access to your files.

APPOINTMENTS. I recommend that you come to your appointments early in order to unwind from traffic and to begin focusing on our meeting. Our initial meeting will be one hour 45 minutes. Subsequent counseling sessions are generally 45-50 minutes. Appointments end promptly at the time agreed, even if you arrive late, so I can prepare for my next client. We will arrange appointments at your convenience. I may even come to the office solely to see you. If you need to cancel an appointment, *please* give me at least 24 hours notice. Failure to provide notice generally means that some other person is not able to use the appointment time that is reserved for you. *You will be responsible for payment for appointments that are not canceled 24 hours in advance unless you have experienced circumstances which both you and I would define as an emergency.*

By the same token, if I cancel a session without 24 hours notice, and we would not define it as an emergency, your next session is free. I am a member of Critical Response Teams and may be called to assist victims during a crisis event. I will make every effort to call you if this happens.

COUNSELING. You are encouraged to obtain knowledge of the procedures, goals, and possible side effects of therapy. Your maximum benefit is our only legitimate goal. Counseling can be tremendously beneficial, and, at the same time, there are some risks. Risks may include the experience of unwanted feelings, including sadness, anger, fear, guilt or anxiety. These feelings are natural and normal, and are an important part of the counseling process.

While in therapy, some people make major life decisions, including new commitments or separations, changes in relationships, and changes in employment settings and lifestyles. These decisions are a legitimate outcome of the counseling experience as a result of an individual's calling into question many of their beliefs and values. I am always willing to discuss any of your expectations, concerns, problems, or possible negative side effects of our work together. It is important to understand that the type of life improvement you are seeking is not something that simply occurs as a result of spending a session a week with a counselor. Modern "solution-oriented therapy" techniques for effective and lasting results require an investment of time and effort on your part, such as doing homework and practicing the skills and information presented.

GOALS. The more actively involved in counseling you are, the more effective counseling will be for you. At the outset, we will establish goals for your therapy. As indicated by your signature below, you agree to work toward these goals in your everyday life, and to use your sessions for guidance, understanding, and training as to how best to achieve these goals. Also, we will periodically review your goals, because life is a process and goals often change. And there is no guarantee that the goals will be attained. You will benefit most if you:

- (1) Make your counseling goals a part of your everyday life,
- (2) Commit to continuing counseling until your goals have been met, and
- (3) Work between sessions to deepen your understanding and put into effect the knowledge and techniques you are gaining from therapy.

CONFIDENTIALITY. Information shared with me is protected by professional ethics and state and federal law and will not be disclosed to anyone without your written permission except as identified herein. The only exceptions to confidentiality are: 1) where there is danger of actual physical harm to yourself or someone else; 2) when physical or sexual abuse or neglect of a specific minor child or elderly person becomes known or is suspected; 3) in legal cases, your clinical records or I may be subpoenaed by the Court; 4) If you are seeing me with a spouse or partner, information shared with me may be disclosed to the other person; and, 5) by law, if I become aware that you have HIV or AIDS, I must inform governmental health services. If you are covered by insurance, information about diagnosis and treatment may be given to the insurance company, your employer, or their agent. It also is my responsibility to discuss, on occasion, certain aspects of your therapy with other professionals in order to take advantage of special training or experience they may have. The confidentiality of these consultations, like the confidentiality of your disclosures to me, is protected by both ethics and law. If you have concerns about confidentiality, please discuss with me the degree to which your confidentiality will or will not be protected, and what steps you and I might take to preserve your privacy.

CLIENTS WHO ARE DEPENDENTS. If you are requesting services as a guardian or parent, the same general practice applies with regard to confidentiality as outlined above. It is essential that your dependent have complete trust in confidentiality with me. However, as a parent or guardian, you have the right and responsibility to question and understand the nature of therapeutic activities and the progress of your dependent. I must use clinical discretion as to what is appropriate disclosure. In general, specific information will only be released with the dependent's consent, but I will discuss progress and your participation in treatment.

FEES. My fees are set in accordance with usual and customary fees. They cover time for other activities on your behalf, such as research, record keeping, and preparation. I do charge for telephone calls or other activities longer than 10 minutes. You are encouraged to discuss fees at any time. If covered by insurance, your signature below authorizes payment directly to me. Because of the multitude of insurance companies and policy types, I am unable to assure insurance coverage. If insurance coverage is declined or if you miss an appointment without advanced notice, you agree to be responsible for the full fee. Please make your check out before the session, so that our time may be spent on your issues. Fees for legal involvement and court time are approximately 150% of standard fees.

MY BACKGROUND. I will be having the opportunity of getting to know you, and I believe you have a right to know me. I work with individuals and couples on issues relating to personal growth, personal losses, and relationship enhancement. I have received two Master's Degrees: in Business Administration from Case-Western Reserve University and in Counseling from the University of South Florida. (I am not a doctor & would prefer to be called "David".) I am a Florida Licensed Mental Health Counselor, a Utah Licensed Professional Counselor and have earned the following specialty certifications:

- I am a Board Certified Diplomate of the American Board of Sexology
- I am a Board Certified Diplomate of the National Board for Certified Clinical Hypnotherapists
- I am Board Certified by the National Board for Certified Counselors
- I am a Board Certified Sports Counselor by the National Institute of Sports
- I am a Distance Certified Counselor of the Center for Credentialing and Education, Inc.
- I am Certified as a Florida Supervisor of Mental Health Counselor Interns

Along with my wife, Deborah Weir, Ph.D., LMHC, LPC, I have been trained by Dr. John Gray in using the Mars & Venus approaches. I also do research and attend seminars to keep up with new developments. I have attended the biennial meetings of the World Association of Sexology in Paris, France and in Havana, Cuba. As the founder of the Academy of Executive Coaching, I provide coaching and consulting services to businesses, organizations and individuals, as well as teach coaching skills to other professionals.

I have served as an officer and board member of the Tampa Bay Association of Marriage & Family Therapy and the Suncoast Mental Health Counselors Association. As a volunteer, I have served on the Board of Directors, including two years as President, of Northside Mental Health Centers, Inc., on the Patient Care Committee of Life-path Hospice, and on the Speaker's Bureau and as a group facilitator for the Tampa AIDS Network. Michele Weiner-Davis, author of the best seller Divorce Busting, consulted with me in the preparation of her subsequent book, Change Your Life and Everyone in It. I have been quoted as an authority in the Tampa Tribune, St. Petersburg Times, and Woman's World Magazine. I have been interviewed on TV stations in Tampa and in Utah. My own book, Controlling That Wild Inner Child: The Secret to Love, Sex, and Intimacy (2006), written with Deborah, has been endorsed by Dr. John Gray.

While I have extensive and specialized training and experience helping people change, you are the client, and I am working for you. At any time, you may question and/or refuse therapeutic or diagnostic procedures, or request and obtain whatever information you wish to know about the process or course of therapy. You also have the right to request a second opinion or to see another therapist if you do not feel comfortable with me. I know that other therapists are available to you, and I appreciate your having chosen me. You can expect me to be unconditionally committed to your personal growth. I hope you will feel comfortable and secure here, and that you will quickly experience real progress towards your goals.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE "INFORMATION FOR CLIENTS" AND THE ATTACHED "FLORIDA NOTICE OF PRIVACY PRACTICES (HIPAA – FLORIDA FORM)" AND AGREE TO THEIR CONDITIONS AND CONFIDENTIALITY LIMITS. I AGREE TO WORK TOWARD MY GOALS BETWEEN MEETINGS. I AGREE TO BE FULLY RESPONSIBLE FOR PAYMENT FOR COUNSELING SERVICES AND FOR MISSED APPOINTMENTS THAT ARE NOT CANCELED WITH 24 HOURS NOTICE. (IF COVERED BY INSURANCE, THE AMOUNT FOR A MISSED APPOINTMENT IS THE CO-PAY PLUS THE AMOUNT INSURANCE WOULD OTHERWISE PAY.)

Signed

Date

ONLY IF YOU ARE COVERED BY INSURANCE FOR COUNSELING:

Please complete the following to protect your privacy: I (DO) (DO NOT) authorize and request that my personal records and information about my counseling be released to my physician.

SIGNED: _____

Physician name, address, & phone _____

FLORIDA NOTICE OF PRIVACY PRACTICES

(HIPAA – FLORIDA FORM)

THIS **NOTICE OF PRIVACY PRACTICES** DESCRIBES HOW HEALTH, MEDICAL, & PSYCHOTHERAPY INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Disclosure - If you are covered by insurance or an EAP, information about your diagnosis and treatment may be given to the insurance company, your employer, their agent, or a national insurance database for treatment, payment, and health care operations. I am permitted or required to use or disclose protected health information for other purposes without your written consent or authorization, such as when there is danger of actual physical harm to yourself or someone else, when physical or sexual abuse or neglect of a specific minor child or elderly person becomes known. In legal cases, a judge may subpoena your clinical records and/or me. If you are seeing me with your relationship or family partner, information may be discussed openly with them. Other uses and disclosures will be made only with your written authorization and you may revoke such authorization in writing any time in the future.
2. Patient's Rights - Protected health information (PHI) consists of your personal counseling records except for psychotherapy notes. With respect to PHI, you have the following rights:
 - . The right to request restrictions on certain uses and disclosures of PHI, such as to ask me not to give any information to your family. I am not required to agree to a requested restriction. If we cannot agree on appropriate restrictions, you are free to go elsewhere; however, once we agree to restrictions, we must abide by them;
 - i. The right to receive confidential communications of PHI;
 - ii. The right to inspect and copy, at your cost, PHI;
 - iii. The right to amend PHI;
 - iv. The right to receive an accounting of disclosures of PHI to others;
 - v. The right to receive the notice electronically or to obtain a paper copy of the notice upon request.
3. Practice Responsibilities – I am required by law to maintain the privacy of PHI and to provide individuals with notice of my legal duties and privacy practices with respect to PHI; I am required to abide by the terms of the notice currently in effect. In case I may wish to make a change in my privacy policies, I reserve the right to change the terms of your notice and to make the new notice provisions effective for all PHI that you maintain. I will provide you with a revised notice by mail to your latest known address.
4. Complaints - Individuals may complain to the practice and to the Secretary of HHS if they believe their privacy rights have been violated. You may file a complaint with the practice by mail to my office as described below, and you will not be retaliated against for filing a complaint. Or you may contact the Office for Civil Rights in Washington, DC.
5. Contact - The person to contact for further privacy related information is:

David Weir, MBA, MA, LMHC
2727 Dr M L King Blvd, #740
Tampa, FL 33607
6. Effective Date – The effective date is April 14, 2003.