



## THE HIPAA PRIVACY RULE/NOTICE OF PRIVACY PRACTICES

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information, and applies to health plans, health care, clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without client authorization. The Rule also gives clients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

### INSTRUCTIONS FOR NOTICE

- Effective date of this Notice: August 26, 2019
- David C. Brillhart, PsyD: E-mail: DCBrillhart@gmail.com; Phone: (503) 400-7500
- ACT II Psychology never markets or sells information.

### YOUR INFORMATION. YOUR RIGHTS. ACT II PSYCHOLOGY'S RESPONSIBILITIES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

#### YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record;
- Correct your paper or electronic medical record;
- Request confidential communication;
- Ask ACT II Psychology to limit the information we share;
- Get a copy of this privacy notice;
- Choose someone to act for you;
- File a complaint if you believe your privacy rights have been violated.

#### YOUR CHOICES

You have some choices in the way that ACT II Psychology uses and shares information as we:

- Tell family and friends about your condition;
- Provide disaster relief;
- Include you in a hospital directory;
- Provide mental health care;
- Market our services and sell your information;
- Raise funds.

### OUR USES AND DISCLOSURES

We may use and share your information as ACT II Psychology:

- Treats you;
- Runs the organization;
- Bills for your services;
- Helps with public health and safety issues;
- Conducts research;
- Complies with the law;
- Responds to organ and tissue donation requests;
- Works with a medical examiner or funeral director;
- Addresses workers' compensation, law enforcement, and other government requests;
- Responds to lawsuits and legal actions.

### YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of ACT II Psychology's responsibilities to help you:

#### **Get an electronic or paper copy of your medical record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information ACT II Psychology has about you.
- ACT II Psychology will provide a copy or a summary of your health information, usually within 30 calendar days of your request. ACT II Psychology follows 2007 ORS 192.521 ("Health care provider and state health plan charges") cost-based fee charges: a) No more than \$30 for copying 10 or fewer pages of written material; no more than .50 per page for pages 11 – 50; and no more than .25 per page for each additional page; **and** b) A bonus charge of \$5 if the request for records is processed and the records are mailed first class mail to the requester within seven business days after the date of the request; c) Postage costs to mail copies of protected health information or an explanation or summary of protected health information, if requested by an individual or a personal representative of the individual; **and** d) Actual costs of preparing an explanation of protected health information, if requested by an individual or a personal representative [2003 c.86 §4; 2007 c.812 §1]

#### **Ask ACT II Psychology to correct your medical record:**

- You can ask Dr. Brillhart to correct health information about you that you think is incorrect or incomplete.
- Dr. Brillhart may say "no" to your request, but he will tell you why in writing within 60 calendar days.

#### **Request confidential communications:**

- You can ask Dr. Brillhart to contact you in a specific way (e.g., home or office phone), or to send mail to a different address.
- Dr. Brillhart will say "yes" to all reasonable requests.

**Ask ACT II Psychology to limit what information is used or shared:**

- You can ask Dr. Brillhart not to use or share certain health information for treatment, payment, or ACT II Psychology's operations. Dr. Brillhart is not required to agree to your request and may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask Dr. Brillhart not to share that information for the purpose of payment or ACT II Psychology's operations with your health insurer. Dr. Brillhart will say "yes" unless a law requires him to share that information.

**Get a list of those with whom ACT II Psychology shared information:**

- You can ask for a list (accounting) of the times ACT II Psychology shared your health information for six years prior to the date you ask, who ACT II Psychology shares it with, and why.
- ACT II Psychology will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (e.g., such as any you asked ACT II Psychology to make). ACT II Psychology will provide one accounting a year for free but will charge a cost-based fee following the 2007 *ORS 192.521* ("Health care provider and state health plan charges") noted above, if you ask for another one within 12 months.

**Get a copy of this privacy notice:**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Dr. Brillhart will provide you with a paper copy promptly.

**Choose some to act for you:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ACT II Psychology will make sure the person has the authority and can act for you before taking any action.

**File a complaint if you feel your rights are violated:**

- You can complain if you feel ACT II Psychology has violated your rights by contacting Dr. Brillhart using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue., S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- ACT II Psychology will not retaliate against you for filing a complaint.

**YOUR CHOICES**

**For certain health information, you can tell ACT II Psychology your choices about what is shared.** If you have a clear preference for how ACT II Psychology shares your information in the situations described below, talk to Dr. Brillhart. Tell him what you want him to do, and he will follow your instructions.

In these cases, you have both the right and choice to tell ACT II Psychology to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation;
- Include your information in a hospital directory.

*If you are not able to tell ACT II Psychology your preference, for example, if you are unconscious, ACT II Psychology may go ahead and share your information if Dr. Brillhart believes it is in your best interest. ACT II Psychology may share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, ACT II Psychology never shares your information unless you give written permission:

- Marketing purposes;
- Sale of your information;
- Most sharing of psychotherapy notes.

In the case of fundraising:

- ACT II Psychology may contract you for fundraising efforts, but you can tell Dr. Brillhart not to contact you again.

### **ACT II PSYCHOLOGY'S USES AND DISCLOSURES**

HOW DOES ACT II PSYCHOLOGY TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION? ACT II Psychology typically uses or shares your health information in the following ways:

**Treating You:** ACT II Psychology can use your health information and share it with other professionals who are treating you.

- *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Running the ACT II Psychology organization:** ACT II Psychology can use and share your health information to run the private practice, improve your care, and contact you when necessary.

- *Example: ACT II Psychology uses health information about you to manage your treatment and services.*

**Bill for your services:** ACT II Psychology can use and share your health information to bill and get payment from health plans or other entities.

- *Example: ACT II Psychology gives information about you to your health insurance plan so it will pay for your services.*

### **HOW ELSE CAN ACT II PSYCHOLOGY USE OR SHARE YOUR HEALTH INFORMATION?**

ACT II Psychology is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. ACT II Psychology has to meet many conditions in the law before it can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Help with public health and safety issues:** ACT II Psychology can share health information about you for certain situations such as:

- Preventing disease;
- Helping with product recalls;
- Reporting adverse reactions to medications;
- Reporting suspected abuse, neglect, or domestic violence;
- Preventing or reducing a serious threat to anyone's health or safety—including your own safety.

**Do research:** ACT II Psychology can use or share your information for health research.

**Comply with the law:** ACT II Psychology will share information about you if state or federal laws require it, including with the Department of Human Services if it wants to see that ACT II Psychology is complying with federal privacy law.

**Respond to organ and tissue donation requests:** ACT II Psychology can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director:** ACT II Psychology can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests:** ACT II Psychology can use or share health information about you:

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law;
- For special government functions such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions:** ACT II Psychology can share health information about in you in response to a court or administrative order, or in response to a subpoena.

#### **ACT II PSYCHOLOGY'S RESPONSIBILITIES**

- ACT II Psychology is required by law to maintain the privacy and security of your protected health information.
- ACT II Psychology will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ACT II Psychology must follow the duties and privacy practices described in this notice and give you a copy of it.
- ACT II Psychology will not use or share your information other than as described here unless you tell Dr. Brillhart ACT II Psychology can in writing. If you tell Dr. Brillhart in writing, you may change your mind at any time. Let Dr. Brillhart know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

#### **CHANGES TO THE TERMS OF THIS NOTICE**

ACT II PSYCHOLOGY CAN CHANGE THE TERMS OF THIS NOTICE, AND THE CHANGES WILL APPLY TO ALL INFORMATION IT HAS ABOUT YOU. THE NEW NOTICE WILL BE AVAILABLE UPON REQUEST, IN OUR OFFICE, AND IN OUR WEBSITE.



## NOTICE OF PRIVACY PRACTICES

### OUTCLIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you execute this document, it will represent an agreement between us.

### PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in a general statement. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address; all are empirically-validated and evidence-based. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for psychotherapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness, etc. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with psychotherapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Psychotherapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### MEETINGS

I normally conduct an evaluation that may last several sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will typically schedule one 50-minute session (one appointment hour of 50-minutes in duration) per week at a time we agree on. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24-hours advance notice of cancellation. **You will be charged \$75.00 for a missed appointment** if you fail to provide at least a 24-hour advanced notice; there will be no charge for cancellations due to emergencies. Insurance companies will reimburse my services only for kept appointments; clients will be billed directly for missed session. If you do not attend (non-emergency no-show) two or more consecutive appointments, I may not be able to continue treatment with you. In which case you will need to find another provider. I will be happy to assist you with names of providers in the area. In this event, you will be notified by me in writing within ten calendar days.

### **PROFESSIONAL FEES**

My hourly rate is \$175 per individual; \$200 per couple. My initial intake fee is \$225. In addition to weekly appointments, I charge my hourly (individual) rate for other professional services you may need, though I will break down the hourly cost to quarterly-hour rates if I work for periods of less than one hour. Other services include report-writing, telephone conversations lasting longer than ten minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding.

### **BILLING AND PAYMENT**

You will be expected to pay for each session at the time it is held, unless we agree otherwise, or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days, and arrangement for payment have not been agreed upon, you will be assessed a 2.0 % interest fee per month after a bill is past due. Please know there is a \$25 charge for returned checks (insufficient funds). Unpaid accounts will be turned over to a collections agency after six months if there is no payment plan in place, and no payment is received. In addition, I have the option of using legal means to secure the payment. This may involve the aforementioned collection agency or small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is their name, the nature of services provided, and the amount due.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. My billing specialist and I will complete the necessary documentation and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you—and not your insurance company—are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, my billing specialist or I will call the insurance company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide

reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plan will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to **allow** me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. ***I understand that by using your insurance I am aware that such information may be provided to them. I will try to keep that information limited to the minimum necessary.***

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by contract.

#### **CONTACTING ME**

If you need to schedule or change an appointment time, please call and/or text me at (503) 400-7500. While I am usually in my office between 9 AM and 5 PM, I may not be immediately available by telephone, nor will I answer the phone when I am with a client. When I am unavailable, you can leave a voice-mail message on my phone which I monitor frequently. I will make every effort to return your call during business hours on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, you can contact a) your Primary Care Provider; b) the Psychiatric Crisis Center at (503) 585-4949; c) call 9-1-1; or d) go to your nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

**E-mail and texting:** These electronic mediums may not be confidential and are not HIPAA-compliant. As such, I only accept and respond to e-mails and texts when you cancel, schedule, or re-schedule an appointment.

#### **PERSONAL RECORDS**

As a licensed psychologist, the laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.



### **MINORS**

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

### **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions:

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.
- If I believe that a client is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.
- I may occasionally find it helpful to consult with other professions about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.



All new clients are requested to complete the following confidential intake form and bring it to your first appointment. If you are coming in as a couple, each partner fills out his/her own form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Relationship Status:  Single  Married  Domestic Partnership  Separated  Divorced  Widowed

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of Children:	Age:	Gender:		Living with you?	
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is the reason for you seeking therapy at this time? \_\_\_\_\_

-  
-  
-

Have you ever been seen by a mental health professional before?  Yes  No

If yes, please indicate by whom, as well as the reason: \_\_\_\_\_

-  
-

If necessary, do you give consent for Dr. Brillhart to contact him/her on your behalf?  Yes  No

**GENERAL HEALTH INFORMATION**

Do you exercise regularly?  Yes  No If yes, how often? \_\_\_\_\_

How many caffeinated drinks (coffee, sodas, tea, hot chocolate) do you consume daily? \_\_\_\_\_

Do you smoke cigarettes?  Yes  No If yes, how much do you typically smoke? \_\_\_\_\_

How much alcohol do you consume on a weekly basis? \_\_\_\_\_

Do you engage in recreational drugs?  Yes  No If yes, what, and how often? \_\_\_\_\_

How would you describe your over health and diet?  Very Healthy  Moderately Healthy  Unhealthy

Who is your primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any significant medical conditions: \_\_\_\_\_

-

-

Please list your current medications (prescription and non-prescription): \_\_\_\_\_

-

-

**DEVELOPMENTAL**

Are there special, unusual, or traumatic circumstances that affected your development?  Yes  No

If yes, please describe: \_\_\_\_\_

-

-

Has there been a history of child abuse?  Yes  No If yes, which type(s):  Physical  Verbal  Sexual

If yes, was the abuse as a:  Victim  Perpetrator

Other childhood issues: \_\_\_\_\_

-

-

-

**CULTURAL/ETHNIC**

To which cultural or ethnic group (if any), do you belong? \_\_\_\_\_

Are you experiencing any problems due to cultural or ethnic issues?  Yes  No

If yes, please describe: \_\_\_\_\_

-

-

**SPIRITUAL/RELIGIOUS**

How important is spirituality to you?  None  Little  Moderate  Much

Are you affiliated with a spiritual or religious group?  Yes  No

If yes, please describe: \_\_\_\_\_

-

-

-

**LEGAL**

Are you currently involved in any active cases (traffic, civil, criminal)?  Yes  No

If yes, please describe: \_\_\_\_\_

-

-

-

-

Are you currently on probation or parole?  Yes  No

If yes, please describe: \_\_\_\_\_

-

-

-

-

**MENTAL HEALTH HISTORY**

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member’s relationship to you in the space provided (father, grandmother, uncle, etc.).

<b>EMOTIONAL ISSUES</b>	<b>Current Problem</b>	<b>Problem in the Past</b>	<b>No Problem</b>
Anxiety (worry, fear, excessive guilt)			
Depression (unhappiness, lack of energy, drive)			
Thinking problems (disorganized, confused, unable to focus)			
Uncontrolled repetition in thinking and/or behavior			
Mood swings (change quickly, hard to control, feeling “numb”)			
Anger (hard to control, inappropriate anger, resentment)			
Grief (feelings of loss, sadness, crying)			
Suicidal thinking or action			
Nightmares/sleep disturbances			
Withdrawn/few friends			
Panic attacks			
Nervous or repetitive habits			
<b>BEHAVIORAL ISSUES</b>			
Employment			
Legal Problems			
Gambling			
Lying			
Stealing			
Sexual Problems			
Obsessions/Compulsions			
Problems with attention			
Eating Problems			
Learning Problems			
Pornography			
Alcohol			
Drugs			
Tobacco			
Setting fires			

How have the above issues impaired your ability to function effectively? \_\_\_\_\_

-

-

-

What are your goals for therapy? \_\_\_\_\_

-

-

-