



Welcome to Life Rules Mental Wellness, LLC

I appreciate your choice to trust Life Rules Mental Wellness, LLC (LRMW) with your mental health services, and I am eager to work with you and your child. This Client Information packet needs to be downloaded, printed, completed, and returned. I will review the forms at the intake appointment. If you are unable to download and print the packet prior to your intake appointment, please plan to arrive at this appointment at least 20 minutes early to complete them.

Notice of Privacy Policies

- 1) The protected health information (PHI) about the client is maintained in a confidential manner as is required by state and federal laws. The client's PHI may be used and/or disclosed with your consent for treatment, payment, and health care operations purposes.
- 2) The client's PHI may be used and/or disclosed beyond the purposes of treatment, payment, and health care operations with your proper prior authorization. Proper authorization is defined as the adult client's or parent's/legal guardian's written consent for the release of confidential PHI. Authorization or written consent to release confidential information is also required prior to releasing treatment summaries, which provide an overview of the client's progress based the client's treatment plan and a status update of counseling sessions attended to that point. Treatment summaries are different from psychotherapy notes, which document and analyze the content of the confidential conversations between the client (i.e., individual, family, and/or group) and therapist and are also maintained in a confidential manner. These notes are given a greater degree of protection than PHI and are not released to the adult client or client's parent/legal guardian.
- 3) The client's PHI may be used and/or disclosed without prior authorization or consent, also known as *the limits of confidentiality*, when:
 - a) **Child Abuse/Neglect** - we have cause to suspect that a child or adolescent has been or may be abused, neglected, or sexually abused. We must make a report within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
 - b) **Adult Domestic Abuse** – we have cause to suspect that an elderly or disabled person is in a state of abuse, neglect, or exploitation. We must immediately make a report to the Department of Protective and Regulatory Services.
 - c) **TX Behavioral Health Executive Council (BHEC) Oversight** – If a complaint is filed against a licensed psychologist or licensed specialist in school psychology ("licensee") with the BHEC, the Council has the authority to subpoena confidential mental health information from us relevant to that complaint.
 - d) **Judicial or Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your minor child's or your diagnosis and treatment and the records thereof, such information is privileged under state law. We will not release information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
 - e) **Serious Threat to Health and Safety** – If the therapist determines that there is the probability of imminent physical injury by the client to themselves or others, or there is a probability of immediate mental or emotional injury to the client, we may disclose relevant confidential mental health information to their treating medical practitioner or law enforcement agency.
 - f) **Worker's Compensation** – If the client files a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.



4) Client's Rights:

- a) **Right to Request Restrictions** – The client or parent/legal guardian has the right to *request* restrictions on certain uses and disclosures of PHI about the client. *However*, we are not obligated to agree to such requested restriction.
- b) **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at an alternative location(s). For example, you may not want a family member to know that your child or you are being seen at this office. Upon your request, your bills may be sent to another address that you provide.
- c) **Right to Inspect and Copy** – The client or parent/legal guardian has the right to inspect and/or obtain a copy of PHI and psychotherapy or counseling notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your access to PHI may be denied under certain circumstances, and at your request, we will discuss with you the basis of and process for a denial of your request.
- d) **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request, and at your request, we will discuss with you the basis of and process for a denial of your request.
- e) **Right to Accounting** – Generally, you have the right to receive an overview of disclosures of your PHI for which you have not provided consent or authorization.
- f) **Right to a Paper Copy** – You have the right to obtain a paper copy of the disclosure from me upon request, even if you agreed to receive the disclosure electronically.

5) Evaluator's Duties:

- a) Maintain the confidentiality of PHI and to provide you with notice of our legal duties and confidential practices for PHI.
- b) Reserve the right to revise or update our confidentiality policies and practices outlined in this notice. Unless you are notified of such revisions or updates, we are required to abide by the terms outlined and presently in effect.
- c) Post a notice of revisions or updates to LRMW policies and/or practices on liferulesmentalwellness.com. We may also choose to provide you with notice by mail at the address provided to us.

6) Complaints:

- a) If you are concerned that your confidentiality rights have been violated or you disagree with a decision made about access to your records, you may contact:
 - i) Dr. Kellie Curreri, Owner and CEO of Life Rules Mental Wellness, LLC at 972.333.2912 or kcurreri@liferulesmentalwellness.com
 - ii) NOTICE TO CLIENTS The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. Please call 1-800-821-3205 for more information. Adopted to be effective: September 1, 2020
 - iii) Mail or email your complaint and supporting documentation to:

Texas Behavioral Health Executive Council
Attn: Enforcement Division
333 Guadalupe St., Suite 3-900
Austin, TX 78701
enforcement@bhec.texas.gov

Adult Client and/or Legal Guardian(s) Initials: _____

5851 Legacy Circle, Suite 600 Plano, Texas 75024



Client Information Form

Client First Name: _____ Client Last Name: _____

Client's D.O.B.: _____ Age: _____ Client's Address: _____

Client's Phone: _____ Voicemail &/or Text Message Permitted Yes: _____ No: _____

Client's Email Address: _____ Preferred Communication: _____

Client's School/Employer: _____ Client's Grade/Year: _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent/Legal Guardian Address: _____

Email Address: _____ Phone: _____

Client's Emergency Contact: _____

Name	Relationship	Phone
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If the client's parents are divorced/separated/not living together, please attest to your legal right to consent to the client's mental health services by Life Rules Mental Wellness, LLC and that the non-custodial parent is aware that the client is receiving these services or provide copy of a court order that terminates the non-custodial parent's decision-making authority for medical/mental health treatment.

Non-Custodial Parent: _____

Name	Relationship	Phone/Email
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LRMW Service(s) Paid By: _____

Name	Relationship	Phone
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Non-Custodial Parent's Address (if different): _____

Non-Custodial Parent's Email Address: _____

I hereby give the Life Rules Mental Wellness, LLC and their staff permission to file any and exchange any necessary protected health information (PHI) necessary to receive payment for services performed.

Adult Client or Parent/Legal Guardian Signature

Date

Adult Client or Parent/Legal Guardian Signature

Date



PAYMENT POLICY

FEES: All fees are private pay or “out of pocket.” An invoice for reimbursement by your insurance is available upon request for all completed and paid sessions.

The standard hourly fee is **\$200** for an individual counseling session, **\$100** for a 30- minute session, and **\$75** for less than a 30-minute session. Consultations have the same fee structure as a scheduled session (see above). The parent/legal guardian who initiates the consultation is financially responsible for payment at the time of service even if not the person responsible for recurring sessions.

The standard fee for a psychological evaluation is **\$3000**, which includes all clinical interviews, records review, test administrations, test scoring, and report writing. The session to review the findings with the client and/or parent/legal guardian(s) has a separate fee based on the fee structure for a scheduled session (see above). Should the scope of the psychological evaluation need to go beyond the customary scope, there may be an additional fee, which will be discussed prior to any change in the original fee. Requested consultations for the findings to be reviewed with other professionals (e.g., physician, school staff, etc.) will incur a session fee based on fee structure described above. The parent/legal guardian who initiates the professional consultation is financially responsible for payment at the time of service even if not the person responsible for the psychological evaluation.

The standard fee for a threat assessment is **\$750**, which includes all clinical interviews, records review, and report writing. The session to review the findings with the client and/or parent/legal guardian(s) has a separate fee based on the fee structure for a scheduled session (see above). Requested consultations for the findings to be reviewed with other professionals (e.g., physician, school staff, etc.) will incur a session fee based on fee structure described above. The parent/legal guardian who initiates the professional consultation is financially responsible for payment at the time of service even if not the person responsible for the psychological evaluation.

A charge of **\$200** per hour or the prorated fee structure described above will be billed for other professional services you may request, such as a written therapy or treatment summaries, attendance at a school-based meeting (by phone, virtual platform, or in person), telephone conversations that last longer than 10 minutes, preparation of records, or the time required to perform any other clerical/administrative service. **A minimum fee of \$50 is charged for copies of complete records or reports and a minimum of 2 weeks’ notice is required.**

MISSED APPOINTMENTS: Once your child’s or your appointment is scheduled, you will be expected to keep that appointment and pay your therapist's full session rate or a maximum of an **\$100** cancellation fee unless you provide **48-hour advance notice of cancellation except for extreme emergencies (accidents, emergency illnesses, etc.). If you arrive more than 15 minutes late for an appointment, the session will be considered missed unless other arrangements are worked out with the therapist.** This late cancellation fee will not be waived for work conflicts. Frequent cancellations and rescheduling may result in termination and referral by your counselor to alternative support and will be discussed by phone or in person before this occurs. **The parent/legal guardian (guarantor) will be held legally responsible for any fees incurred, including cancellation fees.**

COURT RELATED FEES: I have no family court or forensic counseling or forensic evaluation experience. If you become involved in litigation that requires my participation including but not limited to divorce, custody disputes, cases CPS cases, or criminal activity, I charge **\$200 per hour** for preparation, paperwork and travel due to the complexity and difficulty of any legal proceedings. If court appearances are required, clients will be charged **\$1000 for a half day and \$2000 for an entire day.** Also, a **\$1500 retainer** will be required up front if a subpoena is issued or court appearances are requested.



Kellie Curreri, PhD, LSSP, LP
Life Rules Mental Wellness, LLC
liferulesmentalwellness.com 972.333.2912

PAYMENT METHODS: The financial guarantor will be expected to pay for each appointment/session at the start of the session, unless we agree otherwise. Payment schedules for other professional services will be agreed to at the time these services are requested. Payment can be made in the form of cash, credit card, or flexible spending account card. If you prefer to pay by credit card, there will be a \$2 processing fee added to amounts up to \$199, and a \$3 processing fee for amounts over \$200. ***Sessions will be discontinued if an outstanding balance develops without the establishment of payment arrangements, and an interest rate of 20% will be added to all outstanding balances. Checks are not accepted.*** If an unpaid balance occurs, this can be turned over to a credit recovery service which may report medical collections to the standard credit reporting agencies, adversely affecting a client(s)' credit score.

Adult Client or Parent/Legal Guardian Signature

Date

Adult Client or Parent/Legal Guardian Signature

Date

5851 Legacy Circle, Suite 600 Plano, Texas 75024

Effective 08/01/2021



INFORMED CONSENT

EVALUATION SERVICES:

The psychological evaluation process includes a confidential, in-depth, comprehensive examination of all information generated during and for the purpose of the evaluation, using best practices and Texas Behavioral Executive Health Council's Board Rules related to psychological evaluation. Common sources or providers of evaluation information and data are the client (i.e., individual undergoing this evaluation), their parent(s)/legal guardian(s), family member(s), school staff, rating scales completed by the client and their parent(s)/legal guardian(s), the evaluator, and others with relevant knowledge of the client's functioning or history (i.e., coaches, friends, etc.). All individuals participating in this evaluation require the consent of the client (if legally able to consent) or the client's parent/legal guardian with custodial rights to consent to a psychological evaluation. Should the parent/legal guardian with legal authority to consent to the evaluation choose to end the evaluation process, they can do so by telling the evaluator, preferably in writing. The evaluator will cease to collect new information/data as part of the evaluation. However, any information/data collected prior to the revocation of consent will be written up in a report. If there is enough information for the evaluator to determine a clinical/psychiatric diagnosis or diagnoses and recommendations to address the client's differences, then the evaluator will do so and provide the report to the parent(s)/legal guardian(s).

A psychological evaluation has both benefits and risks. The benefits include a greater understanding of the client's development and functioning regarding the evaluation question(s) and their cognitive, emotional, social, and behavioral skills and abilities. Additionally, evaluation results will yield a clinical/psychiatric diagnosis or diagnoses and recommendations based on best practices that address differences in skills/abilities given the client's age and developmental stage. Evaluation risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, and/or frustration as the client and/or other respondents share information about the client's needs/differences. During the evaluation process, the client and/or other respondents are often required to discuss unpleasant experiences and events of the client's life.

A psychological evaluation is conducted as a process, starting with a general intake, during which the evaluator reviews consent and the Client Forms and addresses questions about the limits of confidentiality. During the intake, the evaluator also identifies respondents who will provide information for the evaluation in addition to the client. The next phase is usually the testing or assessment phase in which the evaluator directly tests and interviews the client, parent(s)/legal guardian(s), and other relevant respondent(s). During the testing phase, the evaluator also distributes questionnaires to respondents to complete and return. All information collected is synthesized and analyzed. The results are summarized and explained in a comprehensive, written report that is provided to the parent(s)/legal guardian(s). The evaluator offers a 30-minute feedback session to the client, depending on their age and understanding, and parent(s)/legal guardian(s) to review the report and answer questions. The evaluation timeline depends on the scope of the evaluation question(s) and concerns. The evaluator's access to the client, key respondent(s), and relevant records and information also impact the evaluation timeline. The evaluation testing phase is typically divided into 3 to 5-hour sessions, and the evaluator needs an average of 2 testing sessions.

Ask any questions and/or raise any concerns about the evaluation process - no concern is too small if it affects your confidence in the evaluation results. If at any time the client and/or parent(s)/legal guardian(s) feel their questions/concerns have not been satisfactorily addressed, please feel free to contact the owner and CEO of Life Rules Mental Wellness, LLC or ask for a referral.

EVALUATION CONFIDENTIALITY

Both the law and professional standards of ethics require that clients' evaluation and/or treatment records are maintained in a confidential manner. Confidentiality pertain to all information gathered during the evaluation process. Also know the information shared during the evaluation is subject to be included in the report based on the evaluator's professional judgment.



In general, within the context of the evaluation process, the confidentiality of all communications between all respondents and the evaluator is protected, and the evaluator can only release information about the evaluation and its information to others with written consent. However, there are several exceptions, ranging from certain legal proceedings to suspicions of harm to people from vulnerable populations. If the evaluator believes that a client presents a danger to themselves or to someone else, the evaluator is required to take protective actions. If a **child, elderly person, or disabled person is suspected of being abused or neglected**, a report must be filed with the appropriate state agency. If the minor client is considered a danger to themselves or others, their parent/legal guardian will be notified or the local authorities. If the adult client's behavior and/or communication reveals that the client is a danger to themselves, then their emergency contact(s) or legal authorities will be notified.

Understand that confidentiality is not the same as statutory privilege. If a legal subpoena is Issued by the court or if you give permission for exchange of information for insurance purposes, details regarding the evaluation may be disclosed. It is the policy of Life Rules Mental Wellness, LLC to make every effort to contact you first should this occur. Please refer to the disclaimers on our Release of Confidential Information form.

To ensure that you receive the highest quality, ethical services, commonly occurring client situations are discussed during consultations with other mental health professionals. In these consultations, identifying information is **not** disclosed. The consultants are, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

CONFIDENTIALITY EXCEPTIONS

- **PARENTS/LEGAL GUARDIANS OF MINORS:** The evaluator will make every effort to create a safe testing environment and encourage the client to be open and honest. If a parent/legal guardian is concerned or has questions about the limits of confidentiality, they are encouraged to discuss this matter with the evaluator.
- **ELECTRONIC COMMUNICATION:** It is against HIPAA standards for us to use unencrypted electronic means of communication (i.e., text or email) to contact the client or exchange information about the client. If you choose to use either electronic forms of communication, your evaluator will not reveal or respond in any manner with protected health information (PHI). Also, please make sure that you keep records of your appointment schedule given last minute texts or emails to verify date and time of a scheduled appointment may result in your not keeping an appointment, which could incur a late cancellation fee. We recognize the occasional need for you to send an urgent, brief text or email message but need to make you aware that information communicated this way is NOT protected. *If your evaluator does not respond, you will need to follow up with a phone call and leave a message. It is your responsibility to confirm their receipt of any information sent by text or email.*

I acknowledge that if I am signing on behalf of my minor child, I am their legal guardian and have the legal power to give medical/psychological consent. If I am divorced, I have been informed that a copy of my divorce decree that documents my legal authority to consent to my child's medical/psychological treatment is required for any follow up visits. I also am aware of this practice's philosophy that compelling a therapist to reveal records or appear in court is rarely therapeutic for children participating in therapy because it destroys their therapeutic relationship and experience of the therapy session as a safe place.

Adult Client or Parent/Legal Guardian Signature

Date

Adult Client or Parent/Legal Guardian Signature

Date



Kellie Curreri, PhD, LSSP, LP
Life Rules Mental Wellness, LLC
liferulesmentalwellness.com 972.333.2912

ELECTRONIC COMMUNICATION: It is against HIPAA standards for us to use unencrypted electronic means of communication (i.e., text or email) to contact the client or exchange information about the client. If you choose to use either electronic forms of communication, your therapist will not reveal or respond in any manner with therapeutic protected health information (PHI). Also, please make sure that you keep records of your appointment schedule given that last minute texts or emails to verify date and time of a scheduled appointment may result in your not keeping an appointment, which could incur a late cancellation fee. I recognize the occasional need for you to send an urgent, brief text or email message but need to make you aware that information communicated this way is NOT protected. ***If your therapist does not respond, you will need to follow up with a phone call and leave a message. It is your responsibility to confirm their receipt of any information sent by text or email.***

If you want your therapist to respond to your urgent text or email message, please initial below.

Adult Client/Parent/Legal Guardian Initial: _____

SEEING MY CHILD'S RECORDS: As your child's parent/legal guardian, you are generally entitled to receive a copy of their records, with a written request. The same is true if you are an adult client. Because these are records that are written for the purpose of clinical treatment and/or evaluation, they can be misinterpreted, confusing, and/or upsetting. Most often a treatment summary is provided. If you wish to see the client's records, it is recommended that you review them in your therapist's presence so that we can discuss the content.

You will be charged a \$50 fee for the preparation of your records request up to the first hour, and a \$150 hourly fee for any additional preparation time required to complete your records request. Additionally, a records request requires a minimum of one week's notice and a maximum of fifteen days. **If for any reason your child's therapist becomes unavailable due to illness, injury, or death, please contact Dr. Kellie Curreri, LP, LSSP at 972-333-2912. If she is not available, please call the reception at 469-626-5100.** Dr. Curreri will become custodian of all files that have not been destroyed. Files are destroyed in compliance with state and federal law and shall be maintained for a minimum of 7 years after the date of termination of services with the client or five years after a client reaches the age of majority (18 years), whichever is greater.

If you request records that include standardized evaluation protocols, which are not included in client's evaluation/test data and are copy righted materials, we will not be able to copy test protocols. We can review the client's responses to specific items, scoring of specific sections, and/or other aspects of the protocol that produced the findings recorded in the evaluation report.

Psychotherapy notes are not provided as part of a records request as they are separated from the rest of the client's medical record and are for the therapist's use in treatment solely to document and analyze the content of a conversation during a private therapy session.

Adult Client/Parent/Legal Guardian Initial: _____

CONTACTING YOUR THERAPIST: Our main number is **972-333-2912**. It is also listed on the website, liferulesmentalwellness.com. Every effort will be made to return your call by the end of the next business day with the exception of weekends and holidays and otherwise noted on your therapist's outgoing message. **In emergencies, call 911 or go to an emergency room. You can leave a message after contacting 911, your physician, the emergency room of your choice, or a licensed mental health facility.**

Adult Client/Parent/Legal Guardian Initial: _____

GIFTS: Please understand due to ethical standards set forth by the state of Texas, it is our policy not to receive gifts valued at above \$50.00.

Adult Client/Parent/Legal Guardian Initial: _____

5851 Legacy Circle, Suite 600 Plano, Texas 75024

Effective 08/01/2021



CLIENT INTAKE EVALUATION QUESTIONNAIRE

Referral & Behavioral Information:

What is the primary concern and evaluation question? _____

What do you like and enjoy about the client, including their strengths? Consider their talents, personality traits, academic/school performance, work performance, following directions, social behavior, etc. .

What are the client's interests, particularly lifelong interests, hobbies, passions? _____

List symptoms or challenges the client is currently experiencing that may be interfering with aspects of their daily life, including family relationships, friendships, work, and/or school: _____

Approximately when did these symptoms begin? _____

What has been the course of the client's symptoms (i.e., getting better, worse, or staying the same) in the last 3 months? Explain. _____

Has the client experienced similar symptoms before? When? _____

What has the client tried that improved or worsened their symptoms? _____



List symptoms or challenges, if any, the client previously experienced that interfered with aspects of their daily life, including family relationships, friendships, work, and/or school: _____

Approximately when did these symptoms end? _____

What stressful life events have occurred within the last 3 months, if any (e.g., death, major move/relocation, end of a relationship/friendship, family change, etc.)? _____

Briefly discuss any behavior, emotional, and/or mental health challenges or addiction issues that have occurred in the client's family dating back to grandparents. _____

Has the client ever used an illegal substance or illegally used a legal substance? Yes/No _____ If so, please share which substance was used and for how long. _____

What (if any) psychotropic medications (prescription drugs that affect one's mental state and behavior) is the client taking or has been prescribed? _____

What (if any) supplements/over-the-counter medications is the client currently taking (i.e., vitamins, gummies, etc.)? _____

Date of the client's last physical checkup? _____



Has the client been hospitalized for a medical or psychiatric need(s) or placed in a partial hospitalization program (PHP) and/or intensive outpatient program (IOP)? Yes/No _____ If yes, please explain (i.e., when, why, where, etc.). _____

Have other health professionals (e.g., pediatrician, psychiatrist, psychologist, counselor, etc.) treated the client for their symptoms? Yes/No _____ If so, please explain. _____

List the dates and type(s) of intervention/treatment (i.e., speech therapy, occupational therapy, counseling, tutoring, etc.) services received by the client as well as needs these services addressed: _____

Has the client ever been the victim of abuse, neglect, a traumatic event (child or domestic physical/verbal/sexual abuse, crime victim, bullying, loss of a loved one, homelessness, food insecurity, etc.), or any significant event that impacted the way the client views themselves or their world? Yes/No _____ If so, please explain. _____

Briefly describe the client's relationships with members of their family members (close, distant, conflicted): _____

Briefly describe the client's history with initiating, making, and keeping friendships: _____



Briefly describe the client's current significant relationships (friends, mentors, and/or romantic partners):

For older clients, have you been married or lived with someone for more than a year? Explain. _____

Has the client ever been incarcerated or placed on probation? Yes/No _____ Explain. _____

Developmental History & School Information:

Briefly describe the client's birth history, including complications with pregnancy and/or delivery: _____

Briefly describe the client's early childhood history, including differences in reaching milestones (e.g., walking, talking, potty training, etc.): _____



Briefly describe any specific talents and/or skills, if any, the client showed during childhood as a toddler as well as during preschool and elementary school years: _____

Did the client attend daycare, preschool, etc.? Yes/No _____ If yes, please provide general ages/dates. _____

Is the client currently enrolled in school (e.g., public/private/home school or college)? Yes/No _____

Please explain the client's school functioning, including their academic, behavioral, social, and discipline history

Briefly discuss any learning/academic challenges that have occurred in the client's family dating back to grandparents. _____

Did/does the client have school-based interventions through a Section 504 plan or Individual Education Program (IEP – Special Education)? 504 Plan-Yes/No _____ IEP-Yes/No _____ If yes, please provide grade level(s)/dates during which the services were implemented and the condition(s) for which the services were provided. The evaluator will need a copy of the plan(s) and evaluation(s) if available. _____

Please share any other information you want me to know before we begin. _____
