

Dona E. Diftler, LCSW, CEAP
Individual, Couple, Family Therapy
 4646 Chambliss Ave., Knoxville, TN 37919
 Telephone (865) 588-0488
 Fax (865) 588-4556

May I call and mail to your contact information?
 Yes No

Date: _____ Referred By: _____

Client

Name _____ DOB _____ Age _____ SS# _____
 Home Phone _____ Work Phone _____ Cell _____
 Address _____ City _____ St _____ Zip _____
 Employer _____ # Children _____ Ages _____ Pet(s) Name(s) _____
 Email Address: _____

Client (Spouse/Partner)

Name _____ DOB _____ Age _____ SS# _____
 Home Phone _____ Work Phone _____ Cell _____
 Address _____ City _____ St _____ Zip _____
 Employer _____ # Children _____ Ages _____ Pet(s) Name(s) _____
 Email Address: _____

Primary Care Physician _____ Phone _____

Current Medications

Dosage	Prescribing Doctor	Why Prescribed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospitalizations None

Dates	Reason			
_____	_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Alcohol/Drug
_____	_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Alcohol/Drug
_____	_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Alcohol/Drug

Previous Counseling

(Indicate) Individual Couple Alcohol/Drug None

Facility/Counselor	Date	Reason
_____	_____	_____
_____	_____	_____

Emergency Contact Name _____ Phone _____

Client Rights and Responsibilities

Confidentiality

You have the right to confidentiality regarding the information presented in the course of your treatment. Information given or obtained in the course of treatment is maintained in confidence just as is granted in attorney-client relationships. Information is not released without client consent except under the following circumstances:

- The therapist reserves the right to break confidentiality if the client demonstrates clear and immediate intentions to harm the self or others.
- Any person who has reason to believe a child is being or is at risk of being abused or neglected is obligated by law to report such.

Fees and Billing

You are responsible for payment for services rendered. Payment is due at the time of service. While the therapist will assist you in submitting information for third-party (insurance) billing, resolving insurance problems or disputes is the client's responsibility. The client is responsible for any deductibles, co-pays or denied claims. Accounts not paid in a reasonable amount of time may be turned over to a collection agency.

Cancellations

You are responsible for cancelling appointments at least 48 hours in advance of the scheduled appointment time. The full fee may be charged for late cancellations and missed appointments. Charges for late cancellations or missed appointments cannot be billed to insurance or third-party payers. For the health of others, if you're ill/sick, please cancel your appointment.

Communication

You have the right to open communication. Please ask your therapist any questions which may arise about psychotherapy or your treatment. Your therapist's phone is answered 24 hours a day. Please leave a message if your therapist is not available to talk with you, and your call will be returned as soon as possible. **Be sure to state if this is an emergency. Go to an emergency room if you are a danger to yourself or others.**

I understand and agree to comply with the rights and responsibilities outlined here.

Signature _____ Date _____
(Client or parent of minor)

Signature _____ Date _____
(Client/Spouse/Partner)

Witness _____ Date _____