

**GEORGE P. GLASER, LCSW**

**Clinical Social Work**

Centre One • 3103 Bee Cave Rd • Suite 101 • Austin, Texas 78746 • 512-371-9418 (voice & fax) • [george@georgeglaser.com](mailto:george@georgeglaser.com)

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INSTRUCTIONS

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Thank you for setting the appointment with me, and I look forward to meeting you. You have my commitment to provide you with the best and most efficient services.

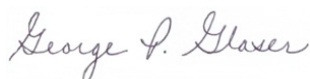
This packet is the correct set of intake documents for any adult clients being seen individually or as a couple. If you will be seen as part of a couple, please print and complete a copy of this form for each individual, and download the *Couples Form* and complete it together.

There are several documents in this packet:

- **Office Information and Policies** is a 1-page document describing my office policies. Keep it for your records.
- **Client Information - Adults** is a 3-page form containing identifying data, insurance information (if applicable), health history, and details about the problem and what you want help with. (Return it to me)
- **Fee Information and Contract** lists my professional fees and contains an agreement about payment of those fees. Two copies are included; one for you and the other for me. Please bring my copy when you come for your first appointment.
- **Symptom Check List** is a 1-page form about the problems you have been experiencing during the past month.
- **HIPAA Notice of Privacy** is a 1-page form explaining the current HIPAA privacy regulations, and asking for your signature as a statement of understanding. In order to receive reimbursement from any insurance company or third-party payer, you must include the name of the company in the Authorization section at the bottom of the form.

Please complete all the forms and bring them with you to the first appointment. Call me if you have any questions.

Sincerely,



George P. Glaser

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OFFICE INFORMATION AND POLICIES

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I appreciate the trust you have shown in making this appointment. It is my intention to provide you with effective, personalized and constructive mental health services. Below is some information about my office policies.

- I hope my office is a place where you can comfortably and safely work on resolving your problems. Please let me know if there is anything about the office, or our relationship that interferes with that process.
- My waiting room is not suitable for unsupervised children under the age of 9.
- Please notify me as soon as possible, preferably no later than 24 hours in advance, when canceling or rescheduling an appointment. The reason for this is simple: you have contracted for a portion of my time, and if you don't show up that time is empty. Missed appointments and late cancellations (i.e. less than 24 hours notice) incur a \$50 charge. None of that charge is covered by your insurance.
- I understand that unusual circumstances occur that might keep you from an appointment. Let me know if such a situation occurs.
- Payment is preferred at the time of service. If necessary, I will be happy to talk with you about other payment arrangements. I accept cash, checks, Visa, and MasterCard.
- You are responsible for payment of all fees. Your services and fees may exceed the benefits provided in your insurance or managed care benefits package. Managed care and insurance plans are often complicated, and I will do what I can to help guide you, interpret the contracts and track your services and costs. Ultimately, though, it is your responsibility to know and manage your benefits.
- I check my voice mail messages frequently throughout the day. I am usually able to return calls within three hours. If you have an emergency outside of normal office hours, call me at (512) 791-7075 on my mobile phone. For calls regarding appointments or urgent matters during office hours, call me at (512) 371-9418 and leave a message if necessary. In a life-threatening situation, go to the nearest emergency room.
- If you are seeing a psychiatrist or physician for medication, you will need to speak with your doctor or their representative about questions related to your medication. If a problem exists, contact your physician(s) or pharmacist immediately.
- Let me know if you have any problem with my services. It is constructive to work out concerns sooner than later.
- If you have unresolved concerns about my professional social work services, you can contact the Texas State Board of Social Worker Examiners in Austin at (512) 719-3521.

**Keep for your records**

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**CLIENT INFORMATION FORM – ADULT**

*Please complete all pages.*

Today's Date \_\_\_\_\_ Referring Person's Address \_\_\_\_\_

Referred by \_\_\_\_\_ Referring Person's Phone # \_\_\_\_\_

*(print)*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Ofc Phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

\*  Check here if it is OK to contact you by email

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

Emergency contact \_\_\_\_\_ Their Relation to You \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Spouse's DOB \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Spouse's Phone \_\_\_\_\_

Children: *(use the back of this form if additional space is required)*

Name(s) \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION** *(There is no need to complete this section if a copy of your insurance card is provided)*

*Primary Insurance*

Insured Person \_\_\_\_\_ Insured's SS# \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Co \_\_\_\_\_ Account ID # \_\_\_\_\_ Group # \_\_\_\_\_

Claims Address \_\_\_\_\_ Effective Date \_\_\_\_\_ Insured's DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Claims Phone # \_\_\_\_\_

*Secondary Insurance*

Insured Person \_\_\_\_\_ Insured's SS# \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Co \_\_\_\_\_ Account ID # \_\_\_\_\_ Group # \_\_\_\_\_

Claims Address \_\_\_\_\_ Effective Date \_\_\_\_\_ Insured's DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Claims Phone # \_\_\_\_\_

PROBLEM DESCRIPTION AND HISTORY

1. Provide a brief statement about the problem(s) for which you are seeking help.

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2. Why do you think the problem(s) exists? \_\_\_\_\_

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3. Have you sought help before with this problem(s)? Where, when, and how?

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4. What results did you have? *(if applicable)*

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5. Are you currently working with any other mental health provider(s)? Yes  No

If yes, please give names, addresses, and phone numbers \_\_\_\_\_

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6. Who is your primary care physician? \_\_\_\_\_

7. Provide their address and phone: \_\_\_\_\_

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8. Are you taking any prescribed medications? Yes  No

9. If yes, list types, dosage and the prescribing physician: \_\_\_\_\_

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10. Do you use...

Alcohol Yes  No  Frequency of use \_\_\_\_\_ Amount \_\_\_\_\_

Drugs Yes  No  Frequency of use \_\_\_\_\_ Amount \_\_\_\_\_

Tobacco Yes  No  Frequency of use \_\_\_\_\_ Amount \_\_\_\_\_

Caffeine Yes  No  Frequency of use \_\_\_\_\_ Amount \_\_\_\_\_

10. Describe your expectations of how therapy will help you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What do you need to learn and accomplish to change the problem(s) for the better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Describe any physical problems you have been experiencing during the past month.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What methods do you use for relaxation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. What spiritual practices are in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Please describe your current intimate relationship(s). \_\_\_\_\_  
\_\_\_\_\_
16. Describe, if applicable, any history of physical or sexual abuse/assault as a child or adult. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. What are some beliefs you hold about yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. How do other people in your life relate to you? How do you think other people describe you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SYMPTOM CHECK LIST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	None	Mild	Moderate	Severe
Depressed Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disturbed Sleep (increase / decrease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appetite Changes (increase / decrease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slowed Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Significant Weight Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poorly Groomed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elated Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood Swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotions Are Hard to Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obsessive Thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tense/Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fearful (Phobic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard to Keep Train of Thought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate Speech or Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impaired Intellectual Functions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impaired Judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term Memory Deficit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-term Memory Deficit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile Feelings Toward Self or Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Toward Self or Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict With Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruptive Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociative Episodes (amnesia, losing consciousness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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FEE INFORMATION AND CONTRACT

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*The following list shows my fees for professional services as of January 21, 2012.*

**Initial Evaluation** (Individual & Couples) ..... \$125

**Psychotherapy** (Individual)

25 minutes ..... \$55

50 minutes ..... \$100

75 minutes ..... \$125

**Couples & Family Therapy**

50 minutes ..... \$125

75 minutes ..... \$150

90 minutes ..... \$180

**Clinical Hypnosis**

25 minutes ..... \$60

60 minutes ..... \$120

90 minutes ..... \$180

**Reports, letters, and other documents**

up to 20 minutes preparation time ..... \$40

up to 45 minutes preparation time ..... \$75

greater than 45 minutes *(will be discussed on an individual basis)*

**Court or Deposition Services** ..... \$250/hr

These fees do not reflect any contracted discounts with managed care plans or individuals. The total fee, or the agreed upon co-payments, are due at time of service unless alternative arrangements have been made with Mr. Glaser.

\* \* \* \* \*

I have read the *Office Information and Policies* and *Fee Information and Contract* forms. I agree to participate in assessment and agreed-upon treatment services with Mr. Glaser. I understand the fees and payment policies, and agree to pay all professional fees in a timely manner as discussed with Mr. Glaser and as outlined on the above-mentioned forms.

Name (*print*): \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Please sign and date both copies of this contract.  
Keep one for your records, and return the other to me.**

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HIPAA NOTICE OF PRIVACY

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Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This notice describes how your private health information may be used and disclosed, and how you can gain access to this information. Please review it carefully. Please ask for clarification if needed.

*Private Health Information (PHI) may be used and disclosed in the following circumstances:*

1. Information that is necessary in order to file insurance claims and successfully complete all billing and collection procedures.
2. When required for public health issues such as workman's compensation.
3. When required by any state or federal law, including cases of abuse and neglect.
4. When required for any specialized government or military functions including active personnel, reservists, veterans, and discharged members of the military service. Also, for any person confined to a correctional institution or under any law enforcement supervision.
5. When used for any clerical purposes and necessary chart audits by managed care companies.

*As a client, you have rights to your Private Health Information, including,*

1. The right to review your records or receive a copy of your records at any time by signing a written release. However, under certain rare circumstances your request can be denied. If needed, interpretation of the records will be provided. Requests for records will be honored as soon as possible and within 30 days.
2. The right to request information of any party that has requested information pertaining to your private health information.
3. The right to receive confidential information regarding your private health information.
4. The right to revoke this consent in writing; however, this will not affect any information already disclosed.

*As a private practitioner, I have the responsibility to:*

1. Make each client aware of the Privacy Notice.
2. At any time make the necessary changes to the Privacy Notice that are required by law.

If you think your privacy has been violated you have the right to complain by filing a written complaint with the Secretary of Health and Human Services in Washington, D.C.

*Choose one option below:*

- I, (print name) \_\_\_\_\_, understand the above statements and hereby authorize George P. Glaser, LCSW to release PHI on my behalf to the following parties (including but not limited to insurance companies, physicians, therapists):

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**- OR -**

- Do not release any of my Private Health Information to any outside parties.  
(this option is not available when using your insurance benefits)

Client/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

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Client/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

**My office is conveniently located in the Centre One building at the intersection of Bee Cave Road and Old Walsh Tarlton in Rollingwood. There is a traffic light at that intersection.**

**From MoPac southbound**, exit at Bee Cave Rd (RM 2244, which is the first exit after crossing over Lady Bird Lake). The exit sign on MoPac is for *Rollingwood/Westlake Hills*. Turn right on 2244 and travel 1.25 miles to the intersection of Bee Cave Rd and Old Walsh Tarlton. There is a traffic light at the corner. Turn left on Old Walsh Tarlton and make a left into either the first or second driveway to the Centre One parking lot. Prosperity Bank is located in the same complex.

**From MoPac northbound**, exit at Bee Cave Rd (RM 2244, which is the last exit before crossing Lady Bird Lake). The exit sign on MoPac is for *Rollingwood/Westlake Hills*. Turn left on FM 2244 and travel 1.25 miles to the intersection of Bee Cave Rd and Old Walsh Tarlton Rd. There is a traffic light at the corner. Turn left on Old Walsh Tarlton and make a left into either the first or second driveway to the Centre One parking lot. Prosperity Bank is located in the same complex.

**From Bee Cave Road eastbound**, turn right at the intersection of Bee Cave Rd and Old Walsh Tarlton Rd., which is the first traffic light after Walsh Tarlton Lane. Turn right on Old Walsh Tarlton and make a left into either the first or second driveway to the Centre One parking lot. Prosperity Bank is located in the same complex.

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