ZENCO, INC
Michael Zelman, LPC.
Psychotherapist

Pavilion Towers, Tower 1
2851 South Parker Road, Suite 1040
Aurora, CO 80014
Phone: 303-353-4903 • Fax: 720-207-6205

CLIENT DATA SHEET

Date: _____

Client Name: _____ **Date of birth:** _____

Client Address: _____

City_____State_____Zip_____

Gender: Male ☐

Female ☐

Phone: _____
Okay to leave message? ☐

Alt. Phone: _____
Okay to leave message? ☐

E-mail:_____

Marital Status:

☐ Single.

☐ Married. How long? _____

☐ Separated. How long?_____

☐ Divorced. How long? _____

☐ Widowed. How long? _____

Client's Employer_____

DISCLOSURE STATEMENT

Michael Zelman, LPC
2851 S. Parker Road, Suite 1040 Aurora, CO 80014
Office Phone 303-353-4903
Licensed Professional Counselor CO. # 3520

DEGREES: Bachelor of Science in Mechanical Engineering, 1975 University of Colorado, Boulder, Colorado
Master of Arts in Agency Counseling, 1992 University of Northern Colorado, Greeley, Colorado
PROFESSIONAL CERTIFICATIONS:
National Certified Counselor, Cert. # 315064

REGULATION OF PSYCHOTHERAPISTS

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations (1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800). The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist and Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. A Psychologist Candidate, A Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addictions Counselor I (CAC I) must be a high school graduate and complete required training hours 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists and is not licensed or certified.

CLIENT RIGHTS AND IMPORTANT INFORMATION

A client is entitled to receive information from the therapist about degrees and credentials, methods of therapy, techniques used, the possible duration of therapy and the fee structure. Please ask if you would like to receive more information. You may seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship such as ours, sexual intimacy is not appropriate and should be reported to the Department of Regulatory Agencies.

Information you provide during counseling is legally confidential and cannot be disclosed without the client's consent. There are several exceptions to confidentiality which include that I am required to 1) report suspected incident of child abuse or neglect to law enforcement; 2) report threat of imminent physical harm by a client to law enforcement and to the person/s threatened; 3) initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled as a result of a mental disorder; 4) report any suspected threat to national security to federal officials; and 5) I may be required by Court Order to disclose treatment information.

Michael Zelman LPC likes to thank the professional person or organization that referred you. If you do <u>not</u> want Michael Zelman LPC to contact the referring person/organization, please indicate that by initialing this line. _____

Occasionally Michael Zelman LPC meets in consultation with other licensed therapists. When he judges it to be helpful to a client's therapy, he may discuss aspects of diagnosis and treatment with those professionals, making every reasonable effort to disguise identifying information about a client. Such professionals in this type of consultation are, like Michael Zelman, LPC, bound by confidentiality.

DISCLOSURE REGARDING TREATMENT OF MINOR CHILDREN

Under Colorado law parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing the Disclosure Statement on the preceding page, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney making recommendations concerning custody. The court can appoint professionals who have no prior relationship with family members to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interest of the family's children.

GENERAL CONSENT FOR COUNSELING

I have been informed of Michael Zelman's degrees, credentials, and license. I have read the preceding information and it has been presented to me verbally. I understand the disclosures that have been made to me. I agree to the policy described herein. I consent to begin counseling, including evaluation, treatment or referral. I agree to pay for counseling services including medical, psychological or psychiatric consultation fees, testing, and report charges, and all account balances as indicated in Michael Zelman's Financial Agreement.

I have also been informed that to reach Michael Zelman for ordinary concerns I may call his office number and he will try to return the call by the end of the next business day or before if possible. For urgent concerns I will leave a message at the office number as well as on the cell phone number indicated on the office number, knowing that Michael Zelman, LPC or the therapist on call for him will get back to me as soon as possible. In an unusual circumstance if I need assistance prior to reaching Michael Zelman, LPC or an on-call therapist, I will seek help by calling 911 or going to the nearest emergency room.

Michael Zelman, LPC complies with HIPAA standards. I hereby acknowledge being presented with the offer to receive Michael Zelman LPC Notice of Privacy Rights. A copy of this document has been given to me for my records.

X _____ _____

Client signature Today' s Date

_____ _____ _____

Client name *(please print)* Date of Birth Occupation

_____ _____ _____

Client phone number(s) Client Address City State Zip

In case of emergency please contact: _____

Name Relationship Phone Number

_____

Name Relationship Phone Number

Referral Source (How did you find me?) _____

FINANCIAL STATEMENT

Fees are based on a standard therapeutic hour, which is a 55-minute session. Payment is due at the time of service by cash, credit card or check. The standard fee is $200 per session. When a session exceeds an hour, the fee for each additional 15 minutes will be ¼ of the hourly fee. Each check returned because of insufficient funds will result in a charge to you of $25 plus bank charges. Appointments which are not cancelled twenty-four hours in advance will be charged at the rate of $200.00 to the client. Any balance not paid at the conclusion of treatment will be charged a rebilling fee of $10.00 per month from the date of initial billing for any balance due unless a special arrangement has been agreed upon in writing.

You are responsible for determining if your health insurance covers psychotherapy. . Mr. Zelman no longer works with insurance companies, .. you remain responsible for the charges. Michael Zelman can provide a monthly "Superbill" showing payments you have made if you request it. You are responsible for all fees at the time of session unless other arrangements have been made. It is your responsibility to submit all charges to your insurance company.

Any psychological or psychiatric consultation fees, testing, and report charge are listed on the page Table of Additional Fees. Any balance not paid at the conclusion of treatment will be assessed a service charge at the rate of 1.5% per month unless I make special arrangements with Michael Zelman LPC at the time of termination. **By signing this agreement, I am agreeing to this financial plan.**

_____ _____

Client Signaturc(s) (Date)

_____ _____

Therapist Initials (Date)

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Schedule of Additional Fees

Zenco, Inc. and Michael Zelman, LPC, appreciate your choosing Zenco, Inc. as a provider for your behavioral health care.

Zenco, Inc. understands the complexities and limitations of insurance policies and benefits. It is the responsibility of the individual to understand their benefit package. Zenco, Inc can provide you with a "Superbill" statement that you can submit to your insurance company, but this effort does not guarantee that you will be reimbursed by your insurance company.

You will be responsible for payment of services. Payment must be made in a timely manner.

It is a Zenco, Inc. policy that all payments are paid for at the time of service.

There is a fee of $25 for a returned check.

There is an **$200.00 fee for late cancellation or missed appointments** (cancelled less than 24 hours before scheduled appointment time). I authorize Michael Zelman/Zenco, Inc. to charge my credit card $200.00 or cash my personal check for each time I miss an appointment cancelled less than 24 hours before my scheduled appointment time.

Zenco, Inc. will supply you with a statement for your secondary insurance when requested by you.

Private pay fees are $200 per 55 minute session.

Additional fees will be assessed in connection with your therapy for the following:
Reports, telephone conversations in excess of 10 minutes to doctors, school counselors, teachers, other family members, etc. Check with your therapist for a complete list.

Telephone calls:	1-10 minutes $40.00 11-20 minutes $75.00 21-30 minutes $100.00 31-55 minutes $200.00 51 minutes and above add $10 for each additional minute.
Reports:	From $75 to $750.00 depending on complexity.
Court Appearance:	$400.00 for travel time and 1 hour at court. $200 per hour after the first hour.

Signature _____ Date _____

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Practice Policy and Procedures

Just as we are dedicated to providing you with the best possible medical care, we are also committed to extending this same level of service to our business and financial policies. It is crucial that you understand these policies, especially in view of the ongoing changes in the health care industry. These changes may affect you in the services that are covered by your insurance carrier or in the services that are determined by insurance to be due and payable directly to you.

Financial Responsibility

I hereby accept responsibility for all charges incurred for treatment. I understand that Zenco, Inc. and Michael Zelman does not accept insurance for payment. I agree to responsible attorney and/or collection agency fees if my account is turned over to an attorney and/or collection agency for collection. I understand I must furnish a valid ID. I will be responsible for payment of all charges.

COLLECTIONS INFORMATION:

Payment is due at time of service. All balance due that is your responsibility. Balances over 30 days will incur a 2% interest charge per month. Accounts that have gone beyond 60 days will be considered delinquent and it will be in everyone's best interest to send this account to an outside collection agency. Your balance to them will also include a $25 fee for their processing charge.

Print Name	Signature	Date

Print Name	Signature	Date

A photocopy of this authorization shall be as valid as the original from the initial date of completion. This consent is valid until specifically revoked in writing.

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Zenco, Inc.

HIPAA Policy

I have reviewed this office's "Notice of Privacy Practices" which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document if I so request.

_____ **(INITIAL)**

I have read and understand the HIPAA policy for Zenco, Inc.

_____

Print Name

_____

Signature **Date**

A photocopy of this authorization shall be as valid as the original from the initial date of completion. This consent is valid until specifically revoked in writing.

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Patient Easy Pay Plan and Consent

I, _____ authorize Zenco, Inc. and Michael Zelman, to charge my credit card for payments due including session fees, no show fees, late cancel fees, late fees and any additional fees as noted in the "Shedule of Additional Fees". Timely payment for the above charges is my responsibility, based on my agreement herein with the office of Zenco, Inc.

Automatic payment will be transferred to my credit card either:

Beginning of the month
Per visit

Initial:

____ Do automatically.

I understand that this form is valid unless I cancel the authorization by written notice to:

Zenco, Inc., 2851 South Parker Road, Suite 1040, Aurora, CO 80014

_____ _____
Cardholders Signature **Date**

Patient Name: _____Contact phone number: _____

Cardholder Name (Please Print) _ _____

Cardholder Address (Please Print)

City, State, Zip (Please Print)

_____

_____

_____

Visa ◯ **MasterCard** ◯ **American Express** ◯ **Discover** ◯

Credit Card #_____Exp:_____Security code: _____

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GROUND RULES FOR THERAPY-THERAPIST COPY

While in therapy with Michael Zelman, I will abide by the following:

1. I will create value at each session.

2. I will keep all my appointments unless I have given Mr. Zelman 24 hours notice, either in person or on the phone.

3. I agree to pay $200.00 for any missed session where 24 hours notice was not given or my co-pay if arranged in advance with Mr. Zelman. These may appear as charges to my account.

4. If at any time I wish to terminate therapy, I agree to announce my intention during one session and then return for one more session, after which therapy may end.

5. I understand and agree that Mr. Zelman will keep all my personal information confidential and that he may use my issue or solutions for others to grow by example.

6. I understand that in doing therapy I am choosing to make changes to my thinking and behaviors. I am ultimately responsible for my life and the changes I make.

_____ _____

Client Signature Date

_____ _____

Therapist Signature Date

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GROUND RULES FOR THERAPY-CLIENT COPY

While in therapy with Michael Zelman, I will abide by the following:

1. I will create value at each session.

2. I will keep all my appointments unless I have given Mr. Zelman 24 hours notice, either in person or on the phone.

3. I agree to pay $200.00 for any missed session where 24 hours notice was not given or my co-pay if arranged in advance with Mr. Zelman. These may appear as charges to my account.

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6. I understand that in doing therapy I am choosing to make changes to my thinking and behaviors. I am ultimately responsible for my life and the changes I make.

_____ _____

Client Signature Date

_____ _____

Therapist Signature Date

OPTIONAL INTAKE QUESTIONNAIRE

What problem or issue would you like to change?

How long has this been a problem?

What is the first time that you remember this being an issue?

Describe what happens hours or minutes before this event occurs.

Describe your thoughts, feelings, and behaviors at the time of the event.

Describe your thoughts, feelings, and behaviors after the event.

Describe how your life would be, over the next few years, if you did nothing about this problem.

If you could permanently fix this issue, what value would you place on that change?

Do you suffer from any of the following symptoms? (check all that apply)

- ☐ chronic sadness
- ☐ crying episodes
- ☐ hopelessness
- ☐ difficulty concentrating
- ☐ rapid weight loss
- ☐ rapid weight gain
- ☐ loss of appetite
- ☐ overeating
- ☐ nausea/vomiting
- ☐ difficulty making decisions
- ☐ recurring thoughts of death/dying
- ☐ depressed mood
- ☐ decreased energy
- ☐ grief
- ☐ guilt
- ☐ low frustration tolerance
- ☐ irritability
- ☐ difficulty falling asleep
- ☐ difficulty staying asleep
- ☐ early morning awakening
- ☐ memory problems
- ☐ suicidal thoughts
- ☐ suicide attempt
- ☐ withrdrawl from others
- ☐ difficulty functioning at work
- ☐ difficulty functioning socially
- ☐ low energy/fatigue
- ☐ reduced interest/pleasure
- ☐ worthlessness

- ☐ agitation
- ☐ restlessness
- ☐ excessive worry
- ☐ fearfulness
- ☐ trembling/shaking
- ☐ fear of loss of control
- ☐ fear of dying
- ☐ difficulty relaxing
- ☐ panic attacks
- ☐ fear of leaving home
- ☐ avoidance of public places
- ☐ avoidance of social situations
- ☐ pounding heart/palpitations/shortness of breath
- ☐ chest pain
- ☐ anxiety

- ☐ feeling detached from others/life
- ☐ intrusive thoughts of bad memories
- ☐ nightmares
- ☐ flashbacks/re-living bad experiences
- ☐ easily startled/upset

- ☐ excessive eating
- ☐ underweight
- ☐ abuse of laxitives
- ☐ eating problems interfering with health
- ☐ obesity
- ☐ self-induced vomiting
- ☐ obessing about food, diet, exercise
- ☐ exhaustion

- ☐ hearing voices others do not hear
- ☐ fearful others are talking about you
- ☐ paranoia
- ☐ fixed false beliefs
- ☐ hallucinations
- ☐ intrusive thoughts
- ☐ disorientation
- ☐ seeing things others do not see
- ☐ fearful someone is plotting against you
- ☐ unaware of surroundings
- ☐ disrupted thoughts
- ☐ racing thoughts
- ☐ thought disorder
- ☐ problems with judgment/planning

- ☐ difficulty completing task/distractible
- ☐ difficulty focusing
- ☐ impulsiveness
- ☐ not well organized
- ☐ short attention span
- ☐ frequent forgetfulness
- ☐ difficulty waiting your turn
- ☐ inability to concentrate
- ☐ hyperactivity
- ☐ problem with following instructions

- ☐ oppositional/defiant behavior
- ☐ problems with peers
- ☐ involved in criminal justice system
- ☐ fire setting
- ☐ high risk sexual behavior
- ☐ problems with legal authorities
- ☐ inability to control temper
- ☐ aggression/violent behavior
- ☐ torturing animals
- ☐ stealing

- ☐ lying
- ☐ self-mutilation
- ☐ talks excessively
- ☐ elopement from home
- ☐ uncooperative
- ☐ minimal talk

Career / Work Problems:

- ☐ have trouble remembering
- ☐ difficulty with problem solving
- ☐ become agitated when confronted with problems
- ☐ difficulty with decision making
- ☐ handle expectations poorly
- ☐ difficulty thinking through consequences
- ☐ discourteous
- ☐ shy/withdrawn from coworkers
- ☐ aggressive toward coworkers
- ☐ try to interact but do so inappropriately
- ☐ frequent reprimands/writeups
- ☐ reading/writing difficulty
- ☐ test/evaluation anxiety
- ☐ reversing words or numbers
- ☐ lose track of time
- ☐ forgetting recent events
- ☐ unable to stay on task
- ☐ trouble shifting tasks
- ☐ difficulty learning new tasks
- ☐ too hyperactive to concentrate
- ☐ feeling isolated from coworker/supervisor supports
- ☐ oppositional/defiant to authority figures
- ☐ exhibiting bizarre behaviors (if yes, specify below)
- ☐ impulsivity
- ☐ truancy
- ☐ low self esteem regarding abilities
- ☐ slow to finish work
- ☐ do not complete work

☐ Additional comments:

Current Career / Employment:

Other Problem Areas:

- ☐ obsessive behavior
- ☐ elevated mood
- ☐ somatic complaints
- ☐ victim of sexual abuse
- ☐ victim of neglect
- ☐ victim of physical abuse
- ☐ victim of emotional trauma
- ☐ gambling
- ☐ confused/worried about sexual behavior
- ☐ dizziness/blackouts
- ☐ alcohol use/abuse
- ☐ drug use/abuse
- ☐ learning disability
- ☐ bed wetting past age 6
- ☐ developmental disability/MR
- ☐ smoking
- ☐ excessive spending
- ☐ parent-child conflict
- ☐ staying up for days without sleep

Strengths

- ☐ creative
- ☐ artistic
- ☐ athletic
- ☐ entrepreneurial
- ☐ street-wise
- ☐ common sense
- ☐ outgoing
- ☐ intelligent
- ☐ musical talent
- ☐ positive interactions with family
- ☐ positive interactions with peers
- ☐ positive attitude
- ☐ friendly
- ☐ leader
- ☐ enjoy reading
- ☐ enjoy writing
- ☐ active in community
- ☐ team sports
- ☐ active in other activities
- ☐ physically fit
- ☐ confident
- ☐ humorous

- ☐ independent
- ☐ self-directed
- ☐ emotionally stable
- ☐ hobbies/interests (list):
- ☐ academic acheiver
- ☐ orderly
- ☐ helpful

Current general medical conditions (check all that apply):

- ☐ hypertension
- ☐ heart disease
- ☐ cardiac (other)
- ☐ asthma
- ☐ HIV
- ☐ allergies (if yes, explain below)
- ☐ hypothyroidism
- ☐ other significant systemic illness (specify)
- ☐ diabetes
- ☐ endocrine (other)
- ☐ cancer
- ☐ seizure disorder
- ☐ stroke
- ☐ neurological (other)
- ☐ chronic lung disorder

☐ Additional comments:

Has there been a history of any of the following:

- ☐ head injury
- ☐ illness
- ☐ surgery
- ☐ anethetics
- ☐ high fever
- ☐ loss of consciousness
- ☐ poisoning
- ☐ personality changes

details:

Primary Care Physician Information

Name
Address
Phone

Have you been on any medications for behavioral/psychiatric treatment in the past?

Medication	Dosage	Duration

Previous Treatment:

- ☐ Psychiatric Hospitalization — If yes, date(s)
- ☐ Individual Therapy — If yes, date(s)
- ☐ Group Therapy — If yes, date(s)
- ☐ Family Therapy — If yes, date(s)
- ☐ Residential Treatment — If yes, date(s)

Was your birth unusual in any way (premature, lack of oxygen)?
If yes, in what way?

Is there a family history of any of the following:

- ☐ Depression
- ☐ Schizophrenia
- ☐ Bipolar Disorder (Manic-Depression)
- ☐ Anxiety Disorder
- ☐ Drug abuse
- ☐ Gambling
- ☐ Incarceration
- ☐ Domestic violence
- ☐ Other mental illness
- ☐ Suicide
- ☐ Alcohol abuse
- ☐ Sexual abuse

Who in the family has the above history?

Father
Mother
Sibling(s)

Grandfather (paternal)
Grandmother (paternal)
Uncle/Aunt (paternal)

Grandfather (maternal)
Grandmother (maternal)
Uncle/Aunt (maternal)

Your Education

- ☐ Some high school
- ☐ High school graduate
- ☐ Some college
- ☐ College graduate
- ☐ Graduate degree

Job/Profession

Learning difficulties (specify)

Your Parents' Education:

Father _____ Profession: _____
Mother _____ Profession: _____

Do you have children? If yes, how many? Ages?

Do you have any siblings? If yes, how many? Ages?