1850 Lee Road, Suite 116, Winter Park, FL 32789 • Phone: 407-644-8588 • Fax: 407-644-8184

CLIENT INFORMATION

Name: ____ Date: ______________________

Address: ____

City: ____ State: __________ Zip:____________

Home Phone:___________________________ Mobile/Cell Phone:___________________________

Email Address: ____

Can we contact you at this email address? ☐Yes ☐No

Can we email New Leaf Center newsletters and special events at this email address? ☐Yes ☐No

Date of Birth: ______________ Age: ______ Soc. Sec. Number: ___________________________

Relationship Status: ☐Single ☐Married ☐Divorced ☐Life Partner ☐Significant Other

☐Other _________________________ Spouse/Partner Name: ____________________________

Who referred you to this office? ____

Reason for referral: ____

Employer: __________________________________ Occupation: ____________________________

Business phone: _____________________________ May we contact you at work? ☐Yes ☐No

Person responsible for account: ___________________________ Relationship:___________________

Address (if different from above): ____

City: ________________________ State:______ Zip: _______ Home Phone: ___________________

List the names and ages of those currently residing in your household in addition to yourself:

Name: ________________________ Age: ____ Name: ________________________ Age: _____

Name: ________________________ Age: ____ Name: ________________________ Age: _____

Emergency Contact: ______________________________ Relationship: _________________________

Home Phone: ____________________________ Business Phone: ______________________________

PAYMENT POLICY:

1. Fees are due and payable at the time services are rendered.
2. A $25.00 service fee will be charged for all returned checks.
3. Failed appointments or cancellations with less than 48 hours notice will be billed at full rate.
4. Additional fees may be charged for telephone consultations, or compilation of reports or records.
5. Information relating to appointment dates and fees may be released to a third party for the purpose of collecting delinquent accounts.
6. New Leaf Center does not accept insurance assignments.

I understand the above policy and request the services of New Leaf Center.

Client Signature:_____________________________________ Date:________________________

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CLIENT MEDICAL HISTORY

Name: ___________________________________ Date of Birth: ________________ ☐ M ☐ F

Have you ever been diagnosed or treated for any of the following:

- ☐ Anemia
- ☐ Asthma, Hay Fever
- ☐ Bronchitis
- ☐ Cancer
- ☐ Chorea (St. Vitis Dance)
- ☐ Colitis
- ☐ Coronary Heart Disease
- ☐ Diabetes
- ☐ Drug Allergies
- ☐ Epilepsy
- ☐ Fractured Bones or Serious Injuries
- ☐ Gall Bladder Disease
- ☐ Gout
- ☐ Hepatitis
- ☐ Hives
- ☐ Hypertension
- ☐ Malaria
- ☐ Nephritis
- ☐ Nervous or Mental Disorder
- ☐ Peptic Ulcer
- ☐ Phlebitis
- ☐ Pleurisy
- ☐ Pneumonia
- ☐ Poliomyelitis
- ☐ Rheumatic Fever
- ☐ Rheumatoid Arthritis
- ☐ Sinusitis
- ☐ Skin Disease
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Venereal Disease
- ☐ Other (Please specify)__________________

____

Please describe any yes responses, including dates of diagnosis or treatment:

____

____

____

Any other serious conditions which have required treatment:

____

____

____

MEDICATIONS: Do you take prescription or over-the-counter medications regularly (including vitamins, tonics, sleeping aids, etc.)? ☐ Yes ☐ No

If yes, please describe:

____

____

____

____

____

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Client Medical History – Page 2

CLIENT NAME: ____

Have you ever received outpatient or inpatient counseling or therapy services? ☐ Yes ☐ No

If yes, please describe including dates: ____

____

____

____

Describe your past and current use of alcohol and/or drugs: ____________________________________

____

____

____

SLEEP:

Do you usually sleep well? ☐Yes ☐No

Do you often have difficulty getting to sleep? ☐Yes ☐No

How would you describe your usual sleep? ☐Deep ☐Moderate ☐Light

Do you often wake up during the night and have difficulty getting back to sleep? ☐Yes ☐No

How often do you take sleeping medication?

☐Never ☐Rarely ☐Once per week or more ☐Several times a month

STRESS: Check the word which best describes the pressure or stress in the following areas of your life:

Job:	☐None	☐Low	☐Medium	☐High
Home:	☐None	☐Low	☐Medium	☐High
Finances:	☐None	☐Low	☐Medium	☐High
Relationships:	☐None	☐Low	☐Medium	☐High

Have you ever taken tranquilizers or other sedatives for as long as a week? ☐Yes ☐No

Have you ever been treated by a psychiatrist for anxiety or depression? ☐Yes ☐No

Please note any additional comments or health matters of concern to you: ________________________

____

____

____

Client Signature:____ Date:_________________

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CLIENT INFORMED CONSENT

- I have chosen to receive outpatient psychotherapy services through New Leaf Center. My choice is voluntary and I understand that I may terminate therapy at any time.
- I understand that successful psychotherapy is a cooperative effort between myself and my therapist. I will work with my therapist in a cooperative manner to resolve my difficulties.
- I understand that during the course of my psychotherapy, material may be discussed which will be upsetting in nature and that this may be necessary to help resolve my problems.
- I understand that confidentiality of records and information collected about me will be held or released in accordance with state or federal laws regarding confidentiality of such records and information.
- I understand that state and local laws require that my therapist report all cases in which there exists a danger to self or others.
- I understand that state and local laws require that my therapist report all cases of abuse or neglect of minors or the elderly and *suspected* abuse or neglect of minors or the elderly.
- I understand the basic rights of individuals who undergo treatment through New Leaf Center. These rights include:
  1. The right to be informed of the various steps and activities involved in receiving services.
  2. The right to confidentiality under federal and state laws relating to the receipt of services.
  3. The right to humane care and protection from harm, abuse or neglect.
  4. The right to make an informed decision whether to accept or refuse treatment.
- I understand it is my responsibility to keep my appointments and be on time. I understand that I will be billed for a full session if I am late, and that I will be billed for a full session if I cancel an appointment with less than 48 hours notice, and if I fail to show for a scheduled appointment.
- I understand that New Leaf Center does not accept insurance assignments, and that psychotherapy fees are due when services are rendered, unless other arrangements are made. Payment may be made by cash, check, MasterCard, or Visa.

I have read and understand the above, and have received a copy of New Leaf Center Client Orientation and Information.

____
Client Printed Name

____
Client Signature Date

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CLIENT ORIENTATION AND INFORMATION

Statement of Confidentiality: The confidentiality of patient records maintained by New Leaf Center is protected by Federal law and regulations. The program may not say to a person outside the program that a client attends the program, or disclose any information identifying the client UNLESS:

1. The client consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about actual or suspected child or elderly abuse or neglect from being reported under State law to appropriate State or local authorities.
(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

If a client fails to comply with payment policies and it becomes necessary to refer a client's account to a collection agency, the only information provided to the collection agency is dates of service and fees. No clinical, diagnostic, or protected health information is disclosed.

Services provided: New Leaf Center is an outpatient counseling center offering services for substance abuse and mental health treatment to adults. Services include individual and group counseling, as well as assessment and referral resources to offer clients the best options for their needs. If it is determined appropriate for a client to be admitted into the program at New Leaf Center, the client will participate in individual counseling (50 minutes one-on-one) or group counseling (one and one-half hour sessions). The treatment program includes counseling, educational sessions, and reading and/or written assignments. The treatment planning process will guide clients in following the best therapeutic plan for their needs and to meet certain guidelines, such as legal system requirements. Treatment services will be provided to substance abuse clients under the supervision of a qualified supervisor.

Admission Criteria: A client will be recommended for admission to New Leaf Center when it has been determined through the assessment process that the services offered through the program at New Leaf Center will provide assistance to the client in meeting his/her needs. The client will be informed of the recommendations and overall treatment plan, and the time and cost commitment that these recommendations will require. The client has the right to decline any recommendations provided by the counselor or staff of New Leaf Center.

Discharge Criteria: When it is determined that a client has attained maximum benefit from the program at New Leaf Center, discharge planning will be initiated. Plans will include involvement in support systems appropriate for the client's ongoing needs and will include New Leaf Center as a resource as needed for additional support, or referral to other appropriate resources. Discharge planning will also be initiated if it appears that client is no longer willing to participate in the program at New Leaf Center, or if client fails to meet treatment plan objectives or legal requirements. Appropriate referral sources will be offered whenever possible. If a client is court ordered to the program at New Leaf Center, the court will be notified prior to discharge.

Client's Rights

1. You have the right to considerate and respectful treatment.
2. You have the right to refuse treatment and to know what the consequences will be if you do so.
3. You have the right to a safe and private environment. Participation in the program at New Leaf Center is confidential.
4. You have the right to participate in the development of your treatment plan.
5. You have the right to expect a reasonable response to appropriate requests.
6. You have the right to know the cost details of your treatment.
7. You have the right to obtain complete and current information concerning your diagnosis and treatment process.
8. You have the right to expect continuity of care.
9. You have the right to anonymity during and after your time in treatment.
10. You have the right to file a grievance about any possible violation of your rights.

Program Rules:

1. Use, possession, or dealing of alcohol or illicit drugs is not tolerated in or around the center.
2. No physical violence, or threats of physical violence, verbal or otherwise, is tolerated toward the members of the staff or other clients.
3. No abusive language, disruptive behavior, or overt sexual conduct is allowed in or around the center.
4. No weapons are permitted on the premises.
5. No acts of vandalism to the property, staff, or clients is tolerated.
6. Clients and staff are expected to dress and behave in a manner that expresses respect and consideration for the rights and property of others.

Client Grievance Procedure:

1. Report any grievance to New Leaf Center co-owners, Patricia Hall and Jacqueline MacKay.
2. New Leaf Center co-owners Patricia Hall and Jacqueline MacKay will gather information pertinent to the grievance and will offer resolutions to correct the problem and prevent its recurrence. Client's input will be included in this process and client will be informed of all options available. New Leaf Center will not discourage or prevent a client from contacting the Florida Department of Children and Families (DCF).

Procedure for reporting abuse, neglect, and exploitation: All actual or suspected cases of abuse, including incest, neglect, and exploitation of minors or the elderly will be reported to the DCF Abuse Hotline at 1-800-96-ABUSE. If a counselor suspects that abuse, incest, neglect, or exploitation may be involved with a client at New Leaf Center, the client will be informed of these suspicions; and all attempts will be made to offer help and support to the family. Clients may also report suspected abuse, neglect, or exploitation through the DCF Abuse Hot Line at 1-800-96-ABUSE.

DCF Substance Abuse and Mental Health Program Office: 407-245-0420
Local Florida Advocacy Council: 800-342-0825

Exposure Control: If any staff, volunteers, or clients are exposed to infectious diseases, they will be notified of such exposure and advised to seek medical care as soon as possible.

Procedures for reporting communicable diseases: Communicable diseases must be reported to the Health Department within 48 hours and, in some cases, must be phoned in immediately. The Health Department prefers that all cases are phoned in, rather than sending a written report. On the following list, some phone numbers are given for a specific disease; if not, the number to use is 407-244-2680. Name, address, date of onset, date of birth, race, and sex are to be provided. (T) - Report immediately by telephone. (H) - Cases in animals to be reported only if associated with a human case.

List of Communicable Diseases that must be reported:

AIDS
Amebiasis
Animal Bite (of humans only by a potentially rabid animal) 244-2634
Anthrax (T) (H)
Botulism (T)
Brucellosis (H)
Campylobacteriosis (H)
Chancroid 244-2670
Dengue Fever
Diptheria (T) 244-2614
Encephalitis
  Eastern Euine
  St. Louis
  Post-infectious
  Other
Giardiasis (acute) (H)
Gonorrhea 244-2670
Granuloma Inguinale 244-2670
Hansen's Disease (Leprosy)
Hemorrhagic Fevers (T)
Hepatitis:
  Hepatitis A
  Hepatitis B
  Hepatitis Non-A, Non-B (assoc. w/blood, blood products)
  Hepatitis Non-A, Non-B (not assoc. w/blood, blood products)
  Hepatitis, unspecified
Histoplasmosis
Legionnaire's Disease
Leptospirosis (H)
Lymphogranuloma Venereum 244-2670
Malaria
Measles (T) 244-2614
Meningitis
  Aseptic
  Meningococcal
  Haemophilus Influenza
  Strep, Group B
  Other Bacterial
Meningococcal Disease
Mumps 244-2614
Paralytic Shellfish Poisoning (T)
Pertussis 244-2614
Pesticide Poisoning
Plague (T)
Poliomyelitis (T) 244-2614
Psittacosis
Rabies 244-2634
Relapsing Fever (T)
Rocky Mountain Spotted Fever (R. Rickettsia)
Rubella (including congenital) 244-2614
Salmonellosis (H)
Schistosomiasis
Shigellosis
Smallpox (T)
Syphilis 244-2670
Tetanus 244-2614
Toxoplasmosis (acute)
Trichinosis (H)
Tuberculosis 244-2648
Tularemia (H)
Typhoid Fever
Typhus (T)
Vibrio Cholera (T)
Vibrio Infections
Yellow Fever (T)
Any disease outbreak (community, hospital, or other institution, or foodborne/waterborne