



# Chris Thurman, Ph.D. Psychologist

Thank you for allowing me the privilege of helping you. I appreciate your trust and will do everything I can to make your time in counseling beneficial. Attached is information on my practice as well as an intake form for you to fill out and return to me. Please do not hesitate to let me know if you have any questions regarding the policies mentioned or the information being asked of you.

4131 Spicewood Springs Road  
Building D, Suite 5  
Austin, Texas 78759  
(512) 327-8804

## **OFFICE POLICIES AND GENERAL INFORMATION**

**Chris Thurman, Ph.D.**  
**Licensed Psychologist (State of Texas #23005)**

### **Cancellations**

Since scheduling an appointment involves the reservation of time specifically for you, a minimum of forty-eight hours (two days) notice is required for rescheduling or canceling an appointment (except in cases of emergency or illness). Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification.

### **Confidentiality**

All information disclosed in session and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. Disclosure may be required by law in the following circumstances: reasonable suspicion of child or elder abuse or neglect; client presents danger to himself/herself or to others; client is gravely disabled. Disclosure may also be required pursuant to a legal proceeding. If you place your mental status at issue in litigation by you, the defendant may have the right to obtain the counseling records and/or testimony by Dr. Thurman.

If there is an emergency during our work together or in the future after termination where Dr. Thurman becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he is obligated to do whatever he can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, Dr. Thurman may also contact the person whose name you have provided on the "Personal Data Inventory."

Disclosure and confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. Only the minimum information will be communicated to the carrier. Dr. Thurman has no control or knowledge over what insurance companies do with the information he submits.

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as but not limited to divorce, custody disputes, injuries, etc.) neither you nor your attorney nor anyone else acting on your behalf will call on Dr. Thurman to testify in court or at any other proceedings nor will a disclosure of the counseling records be requested.

As a client you have the right to review or receive a summary of your records at any time except in limited legal or emergency circumstances or when Dr. Thurman assesses that releasing such information might be harmful in any way. In such cases, Dr. Thurman may provide the records to an appropriate and legitimate mental health professional of your choice.

Considering all the above exclusions, if it is still appropriate, upon your request Dr. Thurman will release information to any agency/person you specify unless Dr. Thurman assesses that releasing such information might be harmful in any way.

## **Counseling Sessions and Fee**

Each counseling session is 45 minutes in length. A session begins at the hour and ends no later than ten minutes before the next hour. If you are late for a session, the session will still end no later than ten minutes before the next hour. If Dr. Thurman is late for a session, the session will still last 45 minutes if you are able to do so.

If you have not appeared by fifteen minutes after the hour, Dr. Thurman will consider the session canceled and will be free to leave his office.

The fee for a 45 minutes session is \$180 and is to be paid by check or cash at the end of the appointment. It is helpful if you have your check completed before the session begins.

## **Insurance**

Your insurance is a contract between you, your employer, and the insurance company. Dr. Thurman is not a party to that contract. All charges are your responsibility from the date the services are rendered. Dr. Thurman will provide you with an itemized receipt for each session should you desire one and it is your responsibility to file that receipt with your insurance company to receive reimbursement.

## **Office Location**

Dr. Thurman's office is located at 4131 Spicewood Springs Road, Building H, Suite 1, Austin, Texas, 78759. His office is approximately one mile west of where Spicewood Springs Road and Mopac Expressway intersect and is on the south side of the road.

## **Phone/Emergency Numbers**

If you need to contact Dr. Thurman between sessions, please leave a message on his voice mail service at (512) 327-8804. Your call will be returned as soon as possible. If an emergency situation arises, please call the 24-hour crisis hotline (512) 472-HELP or 911.

## **Process of Counseling**

Participating in counseling can result in a number of benefits to you including improving interpersonal relationships and the resolution of specific concerns that led you to therapy. Working toward these benefits, however, requires effort on your part. Counseling requires your active involvement, honesty, and openness in order to change your thoughts, feelings, or behavior. Dr. Thurman will ask for your feedback on counseling and its progress and will expect you to respond openly and honestly.

During counseling, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort and strong feelings of anger, sadness, worry and fear.

Dr. Thurman may challenge some of your perceptions or propose different ways of looking at, thinking about, or handling situations which you might feel upset, angry, or disappointed about.

Attempting to resolve issues that brought you to counseling in the first place may result in changes that were not originally intended. Counseling may result in changes that are positive for you but are viewed quite negatively by others in your life. Change will sometimes be easy and swift but more often than not will be slow and frustrating. There is no guarantee that counseling will yield positive or intended results.

## Termination

After the first two or three sessions, Dr. Thurman will assess if he can be of benefit to you. Dr. Thurman does not accept clients who, in his opinion, he cannot help. In such cases, he will give you a number of referrals you can contact. If at any point in counseling Dr. Thurman assesses that he is not effective in helping you reach therapeutic goals, he is obligated to discuss it with you and, if appropriate, terminate treatment. If you request it and authorize it in writing, Dr. Thurman will talk to the counselor of your choice in order to help with the transition. You have the right to terminate treatment at any time. If you choose to do so, Dr. Thurman will offer to provide you with the names of other qualified professionals whose services you might prefer.

I have read the Office Policies and General Information above carefully. I understand these policies and agree to comply with them.

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Client Name (print)

Date

Signature

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Psychologist

Date

Signature

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Contact Person in Case of an Emergency

Phone Number

## PERSONAL DATA INVENTORY

### IDENTIFICATION DATA

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Education (last year completed): \_\_\_\_\_

Referred by: \_\_\_\_\_

### HEALTH INFORMATION

Rate Your Health: Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_

List all important present or past illnesses, injuries, or handicaps: \_\_\_\_\_

\_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

What medication are you taking? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what drugs? \_\_\_\_\_

Do you have problems sleeping? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any problems recently with your appetite? Yes \_\_\_\_\_ No \_\_\_\_\_

## PERSONALITY INFORMATION

Have you ever been in counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list counselor (s) and date(s): \_\_\_\_\_

\_\_\_\_\_

What was the outcome? \_\_\_\_\_

\_\_\_\_\_

Check any of the following words which best describe you now:

\_\_\_\_\_ active      \_\_\_\_\_ ambitious      \_\_\_\_\_ persistent      \_\_\_\_\_ self-confident

\_\_\_\_\_ nervous      \_\_\_\_\_ impulsive      \_\_\_\_\_ impatient      \_\_\_\_\_ hard-working

\_\_\_\_\_ moody      \_\_\_\_\_ often blue      \_\_\_\_\_ excitable      \_\_\_\_\_ imaginative

\_\_\_\_\_ calm      \_\_\_\_\_ serious      \_\_\_\_\_ easy-going      \_\_\_\_\_ shy

\_\_\_\_\_ introvert      \_\_\_\_\_ extrovert      \_\_\_\_\_ likable      \_\_\_\_\_ hard-headed

\_\_\_\_\_ leader      \_\_\_\_\_ quiet      \_\_\_\_\_ passive      \_\_\_\_\_ lonely

\_\_\_\_\_ aggressive      \_\_\_\_\_ afraid      \_\_\_\_\_ confused      \_\_\_\_\_ self-centered

## MARRIAGE AND FAMILY INFORMATION

Name of spouse \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's age \_\_\_\_\_ Education (last year completed) \_\_\_\_\_

Is your spouse willing to come in for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before you married? \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

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Information about children:

Name	Age	Sex	Living Y or N	Education in years	Marital status
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How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brother \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

### **BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

What is your problem? \_\_\_\_\_

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What have you done about it? \_\_\_\_\_

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What can I do to help? \_\_\_\_\_

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Is there any other information I should know? \_\_\_\_\_

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