

**Robert Watts, EdS, LPC, LCADC
South Main Street Counseling Center**

Client Information

Name: _____
Print Name

Date of Birth: ____/____/____

Address: _____

City, State & Zip Code

Phone Number: _____

Cell Number: _____

Work Number: _____

Please list individuals you live with and their ages:

Person to contact in the event of an emergency:

Name: _____

Address _____

Phone Number: _____

Client Information

Please List any Medications:

Prior Experience with Therapy: (Circle One) Yes No

Name of Therapist:

Dates of Treatment: _____

Occupation: _____

Employer: _____

Highest Level of Education: _____

May I text or leave a voice mail message on your phone:

(Circle One) Yes No

Signature: _____ **Date:** _____

INSURANCE INFORMATION

DATE: ___/___/___ ___ New Client ___ Prior Client ___ Revised
CLIENT'S NAME: _____ D.O.B. _____ Male ___ Female ___
ADDRESS: _____ SS# _____

PRIMARY INSURANCE INFORMATION

INSURED'S NAME _____ D.O.B. _____ SS# _____
(IF DIFFERENT THAN CLIENT)
ADDRESS _____ Ph. No. _____
CLIENT'S RELATIONSHIP TO INSURED: ___ Self ___ Spouse ___ Child ___ Other
EMPLOYER _____

<p>PRIMARY INSURANCE COMPANY _____</p> <p>TELEPHONE # _____ Contact Person _____</p> <p>MENTAL HEALTH/SUBSTANCE ABUSE CARRIER _____</p> <p>ID/POLICY # _____ GROUP # _____</p> <p>Effective Date: _____ Deductible: _____</p> <p>Reimbursement pays at: _____ Number of visits allowed: _____</p> <p>Authorization/PreCertification: ___ YES ___ NO # _____</p> <p>CLAIMS ADDRESS: _____</p> <p>_____</p> <p>_____</p> <p>Required Credentials: _____</p> <p>Notes: _____</p>

SECONDARY INSURANCE INFORMATION

Insured's Name: _____ D.O.B. _____ SS# _____
Address: _____
CLIENT'S RELATINSHIP TO INSURED: ___ Self ___ Spouse ___ Child ___ Other
EMPLOYER: _____ Insurance Company: _____
Mental Health/substance Abuse Carrier _____
Telephone # _____ Effective Date: _____
Deductible _____ Reimbursement at: _____
Authorization Req. ___ Yes ___ No
CLAIMS ADDRESS: _____

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267-799-3660

Social Media Policy:

Social media is used to deliver services in this practice and my office policies on social media are outlined below. Social media includes online communications to seek and share information, provide professional services, and send and receive information. Examples include emails, texting, blogging, Facebook, and Twitter. Please note that social media may not protect your privacy and is considered public communication. The use of it to provide services is only done with your approval. Examples include but are not limited to the following:

Texting: I do not respond to mobile phone text messages (SMS) except to confirm or reschedule an appointment. Please do not text me any clinical information. This type of communication can compromise confidentiality. Also, do not use texting to indicate an emergency and crisis, you should immediately go to the nearest hospital or contact a mobile crisis center.

Emails: Emails are used only for scheduling or cancelling an appointment and it must be from your personal email account only. Do not email content related to therapy sessions because such communication may not be secure nor confidential. Nor should you use emails for emergencies and crisis because I have limited business hours in which I check my emails. Please go to the nearest hospital or contact a mobile crisis center.

Friends: Friends or contact requests from current or former clients on social networking sites may compromise confidentiality and our therapeutic relationship and are not accepted. There will be no friending via social networking sites such as Facebook and LinkedIn. If there is content you wish to share with me from your social media site, bring it to a psychotherapy session for discussion.

Tweets/Blogs: I do not follow current clients or former clients on twitter nor blogs. Doing so may negatively influence our therapeutic relationship. If there is content you wish to share with me from your online site, you may bring it to our next session for discussion.

Location-Based Services: There are privacy concerns related to location based services on a mobile phone. If you have GPS tracking or a location-based device on your mobile phone, it may compromise your privacy and provide a clue that you are a therapy client due to your regular check-ins.

Separate Accounts: I have a professional social media account which is used solely for professional matters regarding my practice. I will not reveal any information about you

on my professional account nor will I have an online relationship with you on my professional site. You are not expected to respond or comment on anything that I post. I will not respond to any comment you may have online. If you have a concern about anything I post, please make me aware of it during our next session so that it can be discussed.

Personal Account: I have a personal account which is separate from my professional account and is used for non-professional activities. No information about you will be posted on my personal nor professional account.

If you have any questions about my social media policy, please let me know. Should there be any changes to this policy, I will inform you.

Name
(Print) _____

Name
(Signature) _____

Date _____