

MARILYN LEVY, LPC-0244
Psychotherapy
Certified EMDR Specialist

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Billing & Mailing Address

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Telephone Number

520.721.8434

Fax Number

520.298.7075

Email Address

info@marilynlevy.com

Please print these forms. Complete and sign each as noted.
Once complete return the results to Marilyn Levy, LPC,
at the above fax number prior to your session.

NOTICE OF HIPAA PRIVACY PRACTICES

MARILYN LEVY, LPC

I, Marilyn Levy, LPC, understand that your mental health records are confidential. This notice explains to you how I may use and disclose this information as mandated by Federal Law, effective April 14, 2003.

1. When you sign a Release of Information, I am then permitted to correspond either in writing or in conversations to that person and/or organization. The purpose of the communication is for continuity of medical and/or psychological care, for legal reasons or for billing to a third party.
2. The Release of Information may be terminated in writing, by calling the office at 520.721.8434, or Email me at info@marilynlevy.com.
3. None of your information will be sold to anyone for any reason.

YOUR PERSONAL RIGHTS

1. You may inspect your records. You will be charged for secretarial time for compilation of requested material. You are responsible for all processing fees (mail, courier service, etc.)
2. You can amend your records if you feel there is a justifiable error on my part in the documentation. I will not alter the truth under any circumstances.
3. You have the right to request the way I disclose your personal health information. I am not required to agree with your request.
4. You have the right to request the way you want me to communicate personal information to you when we are not in session (Phone number to use, address to use, etc.).

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this Acknowledgement of Receipt of Privacy Notice, I acknowledge that I have received, read and understood this summary of the Privacy Practices mandated by the Federal Government. This document will remain in my confidential psychotherapy file. I may request a copy of this document at any time.

I understand that Marilyn Levy, LPC, may disclose necessary personal health information (once I have signed Release of Information or insurance paperwork) for billing purposes or for continuity of care. I also understand that Marilyn Levy, LPC, can communicate information that was neglected to be given to me at the time of the session. This communication will be delivered in a private and confidential manner to me.

I understand that Marilyn Levy, LPC, will never sell my name, address, or personal psychological history to anyone at any time. I authorize Marilyn Levy, LPC, to submit the necessary information to my insurance company for billing purposes. Insurance reimbursement is to be sent directly to Marilyn Levy's office.

Client Signature & Date or, _____

Client's Legal Representative Signature & Date _____

CONSENT AND AGREEMENT FOR THERAPY

BETWEEN YOU & MARILYN LEVY, LPC

Client Rights:

Your confidentiality will be completely respected by Marilyn Levy, LPC, except in the rare case of child abuse and/or elder abuse, suicide and homicidal plans. You will be expected to respect the confidentiality of others you might see in the office.

Consent for Counseling:

I, _____ agree to work in a therapeutic relationship with Marilyn Levy, LPC, on the issues I have represented as my problems. If I have questions about the approach (*es*) used during the session, I have a right to pose my concerns.

Goals:

Intended goals will be cited by the client/you and a treatment plan addressing the goals will be formulated. As you succeed in obtaining these goals, you will also be learning new/ improved approaches of handling life stressors with confidence and ease.

Cancellation of Appointments:

Unless there is an emergency, a 24 hour notice is required or a \$50 fee will be charged. If this repeatedly occurs, we will discuss your commitment to therapy.

Payment:

Payment is expected at the time of service. My fee is \$90 per session, unless otherwise agreed. Visa, MasterCard, cash and checks are accepted. In the event a bill is not paid, the billing will be sent to collections and you agree to assume the charge of the therapeutic services rendered to you in addition to collection fees. Hopefully this will never occur. I am always available to discuss payment predicaments.

Contact with Marilyn Levy, LPC:

I am available by phone between sessions. I will speak to you for no longer than 5 minutes at a no fee basis. In the event you desire more time, I will charge you according to my hourly rate.

My Promise to You:

I will be prompt for every session.

I will contact you if I have an emergency and cannot be present for your appointment.

If I run late on the session prior to yours, I will give you the missed time at the end of your session.

I will offer you the best therapy I can provide.

I am always open to your feedback.

I have read and understand the information on this document and I agree to the terms.

Client Signature & Date _____

Therapist Signature & Date _____

NEW CLIENT INFORMATION

FOR MARILYN LEVY, LPC

YOUR PERSONAL DETAILS:

Full Name _____

Street Address _____

City, State, Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Male or Female _____

Date of Birth _____

IN CASE OF AN EMERGENCY CONTACT:

Full Name _____

Relationship _____

Phone Number _____

INSURANCE INFORMATION:

Insurance Company _____

Insurance ID Number _____

Insurance Group Number _____

Insurance Provider Phone Number _____

Authorization Number (if needed) _____

Name of Policy Holder _____

Date of Birth of Policy Holder _____

Relationship to Policy Holder _____

Client Signature & Date _____

PERSONAL INFORMATION

Physician Prescribing Mental Health Medication: _____

Names of Medications _____

Physician Phone Number _____

Physician Fax Number _____

What medical problems are you experiencing?

Have you ever had a mental health hospitalization?

If yes, when and where?

Have you ever had counseling in the past?

Do you want me to contact your former therapist?

List any past traumas.

Have you ever had a DUI?

If so, when and where was it?

List any current legal problems.

List any past drug use?

What drugs?

NAMES OF PEOPLE LIVING WITH YOU

RELATIONSHIP

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are the issues you want to resolve in counseling?

Client Signature & Date _____

ANXIETY INVENTORY

Instructions: Place a check in the box to the right of each of the 33 symptoms to indicate how much this type of feeling has been bothering you in the past several days.

CATEGORY 1: ANXIOUS FEELINGS

Not At All (0) Somewhat (1) Moderately (2) A Lot (3)

1. Anxiety, nervousness, worry or fear
2. Feeling things around you are strange or foggy
3. Feeling detached from all or part of your body
4. Sudden unexpected panic spells
5. Apprehension or a sense of impending doom
6. Feeling tense, stress, "uptight" or on edge

CATEGORY II: ANXIOUS THOUGHTS

7. Difficulty concentrating
8. Racing thoughts
9. Frightening fantasies or daydreams
10. Feeling on the verge of losing control
11. Fears of cracking up or going crazy
12. Fears of fainting or passing out
13. Fears of illnesses, heart attacks or dying
14. Fears of looking foolish in front of others
15. Fears of being alone, isolated or abandoned
16. Fears of criticism or disapproval
17. Fears that something terrible will happen

CATEGORY II: PHYSICAL SYMPTOMS

18. Skipping, racing or pounding of the heart
 19. Pain, pressure or tightness in the chest
 20. Tingling or numbness in the toes or fingers
 21. Butterflies or discomfort in the stomach
 22. Constipation or diarrhea
 23. Restlessness or jumpiness
 24. Tight, tense muscles
 25. Sweating not brought on by heat
 26. A lump in the throat
 27. Trembling or shaking
 28. Rubbery or "jelly" legs
 29. Feeling dizzy, lightheaded or off balance
 30. Choking or smothering sensations
 31. Headaches or pains in the neck or back
 32. Hot flashes or cold chills
 33. Feeling tired, weak or easily exhausted
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DEPRESSION CHECKLIST

Instructions: Place a check in the box to the right of each of these questions to indicate how you feel about each example.

	Not At All (0)	Somewhat (1)	Moderately (2)	A Lot (3)
1. Sadness: Have you been feeling sad or down in the dumps?				
2. Discouragement: Does the future look bleak or hopeless?				
3. Low Self-esteem: Do you feel worthless or think of yourself as a loser?				
4. Inferiority: Do you feel inadequate or inferior to others?				
5. Guilt: Do you feel self-critical and blame yourself?				
6. Indecisiveness: Is it hard to make decisions?				
7. Irritability & Frustration: Have you been feeling angry or resentful?				
8. Loss of Interest in Life: Have you ever lost interest in your career, hobbies, family or friends?				
9. Loss of Motivation: Do you feel overwhelmed and have to push yourself hard to do things?				
10. Poor Self-image: Do you think you are looking old and unattractive?				
11. Appetite Changes: Have you lost your appetite? Or, do you overeat compulsively?				
12. Sleep Changes: Is it hard to get a good night's sleep? Are you tired and sleeping too much?				
13. Loss of Libido: Have you lost your interest in sex?				
14. Hypochondriasis: Do you worry a lot about your health?				
15. Suicide Impulses: Do you think life is not worth living or think you would be better off dead?				

SELF-DEFEATING BELIEF SCALE — page 1 of 2

Instructions: Place a check in the box to the right of each of the 15 symptoms to indicate how much each has been bothering you in the past several days.

	Disagree Strongly (0)	Disagree Slightly (1)	Neutral (2)	Agree Slightly (3)	Agree Strongly (4)
1. Criticism is usually very upsetting to me.					
2. If someone disapproves of me, I feel like I am not worthwhile.					
3. I need other people's approval to feel happy and worthwhile.					
4. I often get defensive when someone criticizes me.					
5. My self-esteem depends greatly on what others think of me.					
6. I cannot feel happy and fulfilled without being loved by another person.					
7. If I am not loved, I am bound to be unhappy.					
8. If someone rejected me, I would feel like there was something wrong with me.					
9. I must be loved to feel like a worthwhile human being.					
10. Being alone and unloved is bound to lead to unhappiness.					
11. I sometimes feel upset because I have not been especially successful in life.					
12. People with outstanding careers, social status, wealth, or fame are bound to be happier than people who are not especially successful.					
13. People who achieve a great deal are more worthwhile than those who do not.					
14. I sometimes feel inferior to people who are more intelligent and successful than I am.					
15. My self-esteem depends greatly on how productive and successful I am.					
16. People think less of me if I make a mistake					
17. I feel less worthwhile when I fail.					
18. People would look down on me if they found out about all the mistakes I have made.					

(Continued on the next page...)

SELF-DEFEATING BELIEF SCALE — page 2 of 2

(Continued)

Disagree Strongly (0)	Disagree Slightly (1)	Neutral (2)	Agree Slightly (3)	Agree Strongly (4)
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19. I usually get very upset if I make a mistake.

20. I feel like I should be perfect.

21. I feel like I get upset when people do not meet my expectations.

22. I often feel entitled to better treatment from others.

23. Other people are usually to blame for the problems in my relationships with them.

24. I often get frustrated and annoyed with people.

25. I feel like I deserve better treatment from other people.

26. I often feel guilt if someone is annoyed with me.

27. I get self-critical if I am not getting along well with a friend or family member.

28. I usually blame myself for the problems in my relationships with others.

29. If someone is upset with me, I usually feel like it is my fault.

30. I often get self-critical if I am not able to please everybody.

31. I feel pessimistic that things could ever change for the better.

32. It would be extremely difficult or impossible to solve the problems in my life.

33. I believe that my bad moods result from factors beyond my control.

34. I do not believe I will ever feel truly happy or worthwhile.

35. There is very little anyone could do to help me solve my problems.

SOCIAL INTERACTION SCALE

Instructions: Place a check in the box to the right of each category that best describes how you feel about each.

	Strongly Agree (0)	Agree (1)	Disagree (2)	Strongly Disagree (3)
1. I avoid work that requires personal interaction.				
2. I fear criticism, disapproval or rejection.				
3. I try not to get involved with people unless I am certain they like me.				
4. I am reserved in intimate relationships because I fear rejection or criticism.				
5. I am preoccupied with being criticized, shamed, or ridiculed.				
6. I cannot relax in new relationships because I feel inadequate.				
7. I regard myself as socially inept.				
8. I regard myself as socially and personally unappealing.				
9. I consider myself inferior to others.				
10. I avoid taking personal risks because it could show my inadequacy.				
11. I avoid new activities because they could be embarrassing.				

RELATIONSHIP SATISFACTION SCALE

Instructions: Place a check in the box to the right of each category that best describes how much satisfaction you feel in your closest relationship.

	Very Dissatisfied (0)	Moderately Dissatisfied (1)	Slightly Dissatisfied (2)	Neutral (3)	Slightly Satisfied (4)	Moderately Satisfied (5)	Very Satisfied (6)
1. Communication and openness							
2. Resolving conflicts and arguments							
3. Degree of affection and caring							
4. Intimacy and closeness							
5. Overall satisfaction with your relationship							

Note:

Please indicate who you have in mind when filling out this test:

Please indicate the type of relationship (spouse, friend, etc.):