



Erik Bohlin, M.A., LMHC
New Hope Counseling

CLIENT AGREEMENT

Thank you for choosing me. I am pleased to serve you and offer my most sincere welcome. Be assured that I will do my best to merit your continued confidence. The counseling process will be a cooperative effort between the client and the therapist. Your right as a client allows you to stop treatment at any time and find a therapist that will better suit your needs with a different style or counseling approach.

CONFIDENTIALITY: I will carefully guard and maintain your right to confidentiality. Only when you give your written permission is confidential, professional communication given to another individual. Although confidentiality and privileged communication remains the rights of the client, state and local laws hold the therapist responsible to report to the appropriate authorities all cases of child abuse, incest and molestation. If an individual communicates an intent to harm him/herself or someone else, it is the therapist's duty to warn/protect the person(s) involved. If a health care worker is harming a patient, this is reportable as well.

COUNSELING FEES:

First Initial Interview (1 hour) session is \$170. (90791)

Individual Psychotherapy (55-60 min) session is \$150. (90837)

Individual Psychotherapy (45-50 min) session is \$130. (90834)

Most people feel they need the full hour to achieve their goals. Insurance companies favor billing for 45 minutes. So far this has not been a problem, but things might change in the future.

I am a provider with Blue Cross and First Choice. I will bill your insurance company for you. You are obligated to pay any copayments or deductible amounts at the time of your session. Otherwise, you can pay me after your insurance company has processed your claim.

If I am not a provider with your insurance company and you think your insurance will cover your counseling, I will provide you with a specialized receipt with diagnosis and billing information to be able to hopefully get reimbursed.

If you are paying "out of pocket" there is a flat rate of \$150 a session which lasts a hour.

OFFICE POLICIES:

It is usual and customary for the fee to be paid at the beginning of each counseling session. Other arrangements will have to be made in advance. Sessions are usually held once a week

at first to ensure the greatest change possible. There is a \$25 NSF for all checks returned. All requests for copies of your file or amendments are to be made in writing.

CANCELLATION OF APPOINTMENTS: If you must cancel your appointment, please phone us at least 24 hours in advance. This ensures that I can see people if I have an opening. You will be charged a \$75 missed cancellation fee for the time reserved when cancellations are received less than 24 hours in advance, except for emergencies of illness and weather conditions. **Do not email or text to make, cancel or reschedule appointments. Only cancellations through the client portal or by phone call will be considered cancellations.**

CLIENT RIGHTS: You can contact the Health Professions Quality Assurance in the state of Washington should have a need to obtain a list of unprofessional conduct or file a complaint. The address is:

Health Professions Quality Assurance Email: hpqa.csc@doh.wa.gov
Customer Service Center Phone: (360) 236 - 4700
PO Box 47865 Fax: (360) 236 - 4818
Olympia WA 98504

ERIK BOHLIN’S EDUCATION AND TRAINING:

Erik Bohlin, M.A. has effectively helped individuals gain more choices and have more effective relationships since 1989. Prior to his work at New Hope Counseling he has developed his professional skills at Whitman County Crisis Line, King County Juvenile Detention, Northshore Youth and Family Services and Mental Health Services of Snohomish County. He has worked extensively with couples; families; children and teenagers; physical, emotional and sexual abuse; addictive behaviors, and mental illness.

MASTER OF ARTS, Community and Clinical Psychology, Chapman University, Orange, California, graduated 4.0 GPA

BACHELOR OF ARTS, Behavioral Sciences, Northwest College, Kirkland, Washington, graduated Magna Cum Laude

Erik Bohlin is a Licensed Mental Health Counselor with the State of Washington (#LH00004543) and is also a Nationally Certified Counselor (#44257).

I have read the above information and have had the opportunity to ask any questions about my counselor and/or counseling program. I also understand that I am financially responsible for the cost of my counseling and for the amount insurance does not cover.

Signature of Client or Parent/Guardian
of Child if under 18 of Guardian

Date

Signature of Counselor

Dat

Erik Bohlin, M.A, LMHC

New Hope Counseling Service

Information Sheet

To help me serve you better, your cooperation in completing this questionnaire will be helpful in planning our services for you. Fill out only what you feel comfortable to share. Please print before exiting as your PDF will not save the data.

Full Name: _____ Date of Birth : _____

Mailing Address: _____

Street Address

City

State

Zip Code

Email Address

Telephone(s): _____

home

work

cell

Check box if you if you do not wish us to contact you by mail or phone

Age _____ Marital Status: _____ Education: _____

Occupation: _____ Student? _____

Place of employment: _____ Years Employed: _____

Person who does not live with you to contact in emergency:

Name Phone Relationship

How were you referred us? _____

Briefly describe your reason for seeking help:

MEDICAL INFORMATION

When were you last examined by a Physician? _____

Name of Primary Care Physician: _____

List any major health problems for which you currently receive treatment:

List any medications you are now taking:

Medication _____	Dosage _____	How Long? _____
Medication _____	Dosage _____	How Long? _____
Medication _____	Dosage _____	How Long? _____
Medication _____	Dosage _____	How Long? _____
Medication _____	Dosage _____	How Long? _____
Medication _____	Dosage _____	How Long? _____

others (vitamins, supplements) _____

Have you ever received psychiatric or counseling before? _____ If you have, please explain what you worked on and results:

PROBLEM LIST

Please circle any of the following that apply to you:

- | | | | | |
|-----------------|-------------------|-----------------|-----------------|------------------|
| Nervousness | Depression | Guilt | Shame | Meaninglessness |
| Crying Spells | Shyness | Sexual Problems | Fears | Separation |
| Divorce | Suicidal Thoughts | Drug Use | Alcohol Use | Finances |
| Anger | Self-Control | Friends | Sleep | Anxiety |
| Unhappiness | Stress | Work Problems | Panic Attacks | |
| Headaches | Tiredness | Low Energy | Memory | Lack of Ambition |
| Loneliness | Insomnia | Indecision | School Problems | My Thoughts |
| Inferiority | Concentration | Temper | Career Choices | Thyroid Disease |
| Health Problems | Children | Nightmares | Marriage | Grief |
| Stomach Trouble | Weight Gain/Loss | Parenting | Appetite | Spiritual Issues |
| Legal Matters | Overwhelming Debt | Control Issues | | |

Please add any additional information which you feel may be useful to your therapist:

Spiritual History

- 1. No church affiliation
- 2. Church affiliation: _____
- 3. What is the name of the congregation you belong to?

4. How involved are you in your congregation?

Attendance: Regularly Sometimes Never

5. Have you had recent changes in your spiritual life? If so, please explain

Thank you for taking the time to provide us with this information. This really saves time and cost in your therapy. Print this form out and bring it with you to your appointment.
Erik Bohlin, M.A.

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To comply with Federal HIPPA regulations concerning safety of Health Care Information, we provide every client with the opportunity to read our Notice of Privacy Practices. This can be accessed at our website: <http://www.erikbohlin.net/forms.htm> We also have a copy at our office for you to read or take with you. The signing of this form acknowledges that you had the opportunity to do so.

Acknowledgment of Receipt of Privacy Notice

Client name: _____

Date of First Service: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Erik Bohlin's Notice of Privacy Practices either by downloading the form or reading the form in his office.

I understand that if I have any questions regarding this Notice of Privacy Practices or of my privacy rights, I can contact my therapist, Erik Bohlin, M.A.

 Signature of Client

 Date

 Signature of Parent, Guardian or Personal Representative

 Date

 Legal Relationship to Client

 Date

DIRECTIONS TO THE ERIK BOHLIN'S OFFICE
Address: 9623 32nd ST SE, Suite A-110, Lake Stevens, WA 98258
(GPS usually works)

Phone: 425-334-8916

From I-5

- From I-5 South or North, take **exit #194** (Snohomish/Wenatchee Hwy 2).
- Take the **LEFT-turning exit** that says Lake Stevens / WA-204E.
- Stay **straight onto 20th ST SE** ramp. Drive 1.5 miles.
- Turn right onto **HWY 9**
- Turn **left onto 32nd St.**
- There is a complex- Kids N Us, All Smiles Dentistry. We are in the building with Buck Realty. Go through the double doors.

From Hwy 9 going North from Snohomish, Woodinville

- **Drive North to 32nd ST SE.**
- **Take a right. We are in the Professional Building A with Buck Realty**

From Hwy 9 going South from Marysville, Arlington

- Go south on Hwy 9 till **32nd ST SE.**
- Take a **LEFT**. We are in the **Professional Building A with Buck Realty.**



We are in the Professional Building A. Go up the stairs and wait in the waiting room. I will come out to greet you. There will be paperwork on a clipboard if you need to fill that out there and did not do this at home.