



Watershed Wellness, LLC

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INFORMATION FORM

Client Name _____ DOB _____ Age _____ Gender _____

Home address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

At which number(s) can therapist leave text or voice messages regarding appointments: (H) _____ (W) _____ (C) _____

Email Address: _____

Other household members:

Name	Age	Gender	Relationship to client	Phone Number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List important family events (deaths, divorce, moves, family changes):

Presenting problem:

Please circle any concerns listed below:

- | | | |
|----------------|-------------------------|--------------------|
| Anxiety | Alcohol/substance abuse | Academic issues |
| Depressed mood | Domestic violence | Family issues |
| Grief/loss | Isolation | Lack of motivation |
| Mood swings | Parenting issues | Physical abuse |
| Phase of life | Self-esteem | Sexual identity |
| Sexual Abuse | Trauma | Weight/nutrition |

Please elaborate in the space provided below:

Have you ever experienced any suicidal thoughts/ideation?

_____. Date of last reported thought/ideation: _____.

Have you ever made a suicide plan or attempt?

_____. Date of plan/attempt: _____.

Please explain any prior mental health services (inpatient or outpatient hospitalization, IOP, therapy, and Psychiatry):
Please provide dates and names of providers, along with reason for treatment:

Please list all current and past medications:

Medication	Dosage	Start date (current y/n)	Prescribed by

Substance use history:

Substance Name	Frequency/Quantity	Start Date	Last Use

Please list any alcohol or drug treatment:

What would you like accomplish with therapy?

Please provide any additional information that will be helpful for me to better understand you:

Consent for treatment

Below I am providing some general information about my office policies. At the end of this information, you will find a consent form to sign acknowledging that you have read these policies and agree to them. Please return the signed page to me, and you may keep this information for your records.

Sessions:

During our initial meeting, we will complete an evaluation based on information that you disclose to me. At that time, we will begin to work together on your goals for therapy and I can help you refine these as needed. We will also decide with whom sessions will take place and how often sessions may occur. Sessions are typically 45-60 minutes long and are scheduled by appointment only.

Sessions may occur as often as you wish, keeping in mind what your insurance plan will cover. Please keep in mind that when beginning treatment, it is most helpful to begin weekly to allow us to get to know one another. Typically, after 3-4 sessions, I will ask for your feedback on how you feel your treatment is progressing and if you feel you are addressing your goals. We will work together to make any necessary changes to your treatment plan.

Payment and Insurance:

Payment is due (either out-of-pocket, copayment, or co-insurance) at the time the session is held.

Most of my services may be covered by your health insurance or employee benefit plan. I do accept some “out-of-network” benefits from insurance companies I don’t work with and they can cover a portion of the cost of therapy. Please check your coverage carefully before scheduling an appointment.

If you would like to use your insurance for full or partial payment, this must be discussed with me at the initial visit. I do submit claims on a regular basis for all sessions that are conducted. Insurance may not cover phone sessions. If we schedule a phone session, we will discuss cost and payment at that time.

If we agree that you will be using your insurance company for sessions, I will submit the claims for you. If your insurance company fails to pay your claim, you will be billed for the balance that is owed to me, and you will be responsible for the amount we agree upon for any uncovered sessions. (\$150 for Initial Assessments; \$120 for 45-minute sessions, and \$140 for 60-minute Sessions). Some policies will offer a reimbursement for services once you pay out of pocket, but I expect that you submit the receipts to your insurance and that payment be made to me at each appointment. All Watershed Wellness, LLC services are billed under the provider, Brian Callahan, LPCMH.

Should your insurance change at any time during the course of your treatment, this is your responsibility to communicate to me. Occasionally it happens that I do not accept your new insurance, and this may affect your ability to pay for sessions or how often you attend therapy. Please keep me informed of any changes in this area.

For all appointments cancelled within less than 24 hours' notice, or any appointments where you do not notify me of cancellation, I will post a \$60.00 missed appointment fee to your account. This is expected to be paid by your next appointment either by mail or in person. If you schedule and do not attend two consecutive appointments, I reserve the right to terminate treatment with you.

In addition to scheduled appointments, you may require additional services of me including, but not limited to:

- Report writing; preparation of records or treatment summaries.
- Telephone conversations lasting 15 minutes or more, including consultation with other professionals at your request, e.g. attorneys, school personnel, other health professionals.

The costs for these services are separate from session fees and are \$125 per hour, pro-rated into 15-minute increments, for the time to complete the requested service. These additional services are not covered by insurance and the fees are solely your responsibility.

Other Fees:

In some cases, clients will request documentation for school, work, or an insurance company that they are attending therapy. I do charge a standard fee of \$25.00 for these types of communication and will ask you to sign a release of information for me to send a letter directly to the requested source. Please keep in mind I will only confirm you are attending therapy and give frequency of sessions, treatment goals, and a diagnosis. I will not discuss your progress in treatment or prognosis and will refer to you a medical doctor for this information.

You are financially responsible for any fees not covered by insurance. In circumstances of financial hardship, we can discuss the possibility of a reduced rate or payment installment plan.

Court Fees and Court Appearances:

Periodically, clients will be involved in legal matters and request documentation for attorneys or the court system or request my presence during court hearings. If you feel this may pertain to your situation, please notify me as soon as possible. Involving the legal system in counseling can significantly impact the treatment process and can pose significant psychological risks. Please be aware that I do not testify in court for any reason and will respectfully request to be removed from any witness list. If I'm subpoenaed to court and cannot legally withdraw my participation, I will bill you a standard hourly rate of \$125.00 to include preparation time, time in court, and travel. This is not covered by insurance and you will be billed for these services. I will prepare an advanced invoice with an estimated balance and will expect 50% of the estimated balance paid prior to the court date. I will only disclose copies of therapy notes or your chart if requested by court order as outlined in HIPAA.

Referrals and Discharge from Therapy:

Occasionally I refer clients to other professionals or discharge you from treatment in the following instances:

- Your goals are such that I have limited expertise and you would be better served by a specialist. I feel it is my ethical obligation to inform you if I feel your needs are outside my area of knowledge or experience.
- If you are at risk of hurting yourself or someone else, or you become what I would perceive to be a physical threat to me during sessions, I will refer you to a higher level of care such as an inpatient facility or partial hospitalization program. I have the right to contact the authorities if I am concerned about your ability or willingness to transport yourself safely to a hospital. If you leave my office before this can occur, I have the right to disclose your contact information to local 911 services and express my concern for your safety. During the time that you may be hospitalized or under the care of a facility, your outpatient treatment with me is temporarily suspended, and I will discuss your progress with the facility to determine when and if outpatient treatment is recommended upon your discharge.
- If you stop attending your scheduled appointments, I will discharge your chart and render it inactive in my files.
- If you have outstanding balances that remain unpaid.

In most other cases, we will decide together when you are ready to end your treatment. There is no time frame for how long treatment can or should be, and this varies by individual.

All information regarding your treatment is confidential unless you request in writing that I communicate with a specific individual. You may request to sign a release of information at any time; consequently, this may be revoked at any time. Being a licensed professional, I am mandated to report suspected child or elder abuse, as well as concerns that you may be a danger to yourself or others. Also, from time to time I may consult with colleagues for peer supervision purposes; if this occurs, any information communicated is purely clinical and never identifying in nature.

Clinical Emergencies:

All clients are given my business number, which is a cell phone, as well as my email address. I can accept text messages from clients as long as you identify yourself in your message. I ask that you only text me if it is regarding changing or canceling your appointment. Please save all other matters for contact via telephone, email, or during your scheduled appointment. I am typically not readily available by phone and you will be required to leave a voicemail. If your call is nonessential in nature (i.e. changing an appointment or questions about insurance, etc.) I may take up to 24 hours to return your call or email. If your call is urgent, I will do my best to call you within 24 hours, but please note it may take several hours before I am able to speak with you. Because of this, I strongly advise that if you are experiencing a true clinical emergency, call 911 or go to your nearest emergency room. I am unable to provide 24 hour crisis management services for my clients. If you feel that this is something you require, I can refer to you another provider who may be able to better meet your needs.

Crisis Services:

Mobile Crisis Services: (302) 577-2484 or (800) 652-2929

Rockford Center: (302) 996-5480, 100 Rockford Dr., Newark, DE 19713

Meadow Wood Behavioral Health Center: (302) 328-3330, 575 S. DuPont Hwy, New Castle, DE 19720

If you are in danger, please call 911 or proceed to the nearest emergencyroom.

