

Tenley Fukui, MA, LPC  
Site 1, 516 Sul Ross St., Houston, TX 77006  
Site 2, 620 W. Main St., Suite 101, League City, TX 77573  
E-Mail: fukuitenley@hotmail.com

Tel: (713) 408-2468

Welcome to the Office of Tenley Fukui, MA, LPC

***New Client Profile***

Please complete the following as accurately and as completely as possible. If you have been a client here before, just complete the information that has changed since you were last here.

Today's Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SS# last four only: \_\_\_\_\_ TDL: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ OK to Leave a Message? **Y N**

Work Phone: \_\_\_\_\_ OK to Leave a Message? **Y N**

Cell Phone: \_\_\_\_\_ OK to Leave a Message? **Y N**

Email: \_\_\_\_\_ OK to Send a Message? **Y N**

Preferred Method of Contact: \_\_\_\_\_

Employer:

\_\_\_\_\_

Your Occupation/Job Title:

\_\_\_\_\_

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

May I have your permission to thank this person for the referral? **Y N**

Have you ever been in counseling/therapy before? **Y N**

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If “yes,” how long ago?

\_\_\_\_\_

**In Case of Emergency, Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Permission to discuss your treatment with the above person in an emergency:

Yes \_\_\_\_\_ No \_\_\_\_\_

Please read this agreement and sign at the end indicating that you understand and agree to the following. Please ask any questions if you would like clarification or additional information.

**REQUEST AND CONSENT**

Tenley Fukui is an autonomous independent mental health practitioner. There can be no guarantees or warranties as to the outcome of your therapy. This form outlines, in general, your rights, payment guidelines, and some of the therapy techniques commonly used or recommended. By signing this form, you acknowledge receipt of Tenley Fukui’s **Notice of Privacy Practices**, accept the terms outlined below, and request that services be provided by Tenley Fukui, LPC. Tenley Fukui, may administer the diagnostic testing, individual psychotherapy, group psychotherapy, family psychotherapy, clinical hypnosis, biofeedback, neurofeedback and treatment provided.

**Your Rights**

1. To be informed of the conditions for which you are being treated.
2. To get data about treatment alternatives so that you can make an informed decision in choosing services.
3. To decide whether or not to follow treatment recommendations.
4. To discuss treatment plans and techniques. The following is a list of some of the procedures, modalities and commonly used techniques.

Clinical Evaluation/Interview	Group Therapy
Individual Therapy	Cognitive Behavioral Psychotherapy
Relaxation/Clinical Hypnotherapy	Biofeedback/Neurofeedback
Family Therapy	Audio Visual Stimulation
Cranial Electrical Stimulation	

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5. To confidentiality. Tenley Fukui's policy is to maintain confidentiality. She complies with Federal and State regulations. However, there are limits on your rights. Some of the limits are as follow:
  - a. If you give written authorization for information to be shared.
  - b. If others need information in order to cope with a *bona fide* emergency.
  - c. To consult with other clinicians to assure that quality of care issues are addressed. To comply with physical or sexual abuse or neglect reporting laws and public health reporting laws.
  - d. If you become a danger to yourself or others.
  - e. To comply with health insurance company claim requirements.
  - f. To respond to a court subpoena.
1. Our initial meetings are for the purposes of gathering information, setting goals and talking about ways that we might go about meeting them. If, for any reason, you don't want to continue treatment with me, please let me know within seven (7) days of our initial meeting. I would be happy to provide you with referrals if you'd like.
2. Each session will be ninety (90) minutes in length depending on which we agree on. If you arrive late to your session, that time will be subtracted from our scheduled time. I will consider you a "no show" if you have not arrived or called by 20 minutes past our appointment time.
3. I do not overbook. A time slot is reserved especially for you when you schedule an appointment. If you need to cancel or to reschedule an appointment, I require 24 hours advance notice; otherwise that time slot goes to waste. **Cancellations made with less than the required 24 hours will be charged the full session fee for the missed appointment.**
4. You have the right to terminate our relationship at any time, for any reason. Please give me seven (7) days' notice if you decide not to work with me anymore. I also reserve the right to terminate our relationship, and will provide referrals to other therapists or health practitioners.
5. I will do my absolute best to assist and support you as you work through your difficulties. Many clients do reach their goals, but I cannot guarantee this outcome.

**No third party reimbursement.**

1. Third party reimbursement is not accepted because: I do not want to compromise your confidentiality. With insurance company reimbursement there is a potential for lack of confidentiality. All your information, including diagnoses, goes into a central computer bank which can be accessed by any physician, college, law enforcement agency, military group, insurance company, etc.

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- 2. I want to provide the best care for my clients; however, with insurance companies there often are difficulties with getting treatment authorized. The following are some of the reasons why I am not a contracted provider with any insurance company. Most HMO's and PPO's only authorize a limited number of sessions. Even if you and I feel you may need more, they may not authorize them, nor allow you to see me more often or past their cut-off date. Your treatment plans may be dictated to me by your managed care representative.

**Payment for services.**

- 1. Unless other arrangements are made in advance, payment is due at the time of service. I accept cash and personal checks. As a courtesy, I will provide you with a statement which is necessary to file an insurance claim. Your insurance is a contract between you and your insurer, and I do not get involved in any disputes between you and your insurance company.
- 2. I charge for my time, as other professionals do. For “emergency” services, including phone sessions, there will be a fee added to your usual session cost.
- 3. Phone calls are billed in 15 minute increments. There is no charge for scheduling an appointment, changing an appointment, or calling to cancel.
- 4. You will be charged full fee for a missed appointment unless the appointment is cancelled 24 hours in advance.
- 5. If you do not make payment and your account is past due, your account may be referred to a collection agency.
- 6. Fees will be assessed if your account is overdue, or if you write checks that are returned.

I, \_\_\_\_\_,  
print client name

**have read and understand the Notice of Privacy Practices.**

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

**accept the terms as stated above and request treatment.**

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

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**E-mail and Texting Consent**

HIPAA regulations and my professional Code of Ethics both require that I keep your Protected Health Information private and secure and I want to do so. E-mail is a very convenient way to handle administrative issues like scheduling, but e-mail is not 100% secure. Some of the potential risks you might encounter if we e-mail include:

- Misdelivery of e-mail to an incorrectly typed address.
- E-mail accounts can be ‘hacked,’ or can give a 3<sup>rd</sup> party access to e-mail content and addresses.
- E-mail providers (i.e., Gmail, Comcast, and Yahoo) keep a copy of each e-mail on their servers, where it might be accessible to employees, etc.)

For these reasons, I will not use e-mail to discuss clinical issues (.i.e. the important things we talk about in session.)

If you are comfortable doing so, I am happy to use e-mail to handle administrative matters like scheduling. If you cancel an appointment by email, kindly, also inform me by telephone since I do not always have access to email.

If you are not comfortable with these risks, we can handle administrative issues via phone calls.

Texting is also not secure. You may text if you are running late for an appointment or you need directions to my office. In general, unless I am in session a phone call is a better way to reach me. If I am not available, please leave a message. I will return your call as soon as possible.

Please indicate your preference about email below and sign.

**I DO DO NOT consent to use email for administrative matters.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

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**Personal Profile**

If married/living together, current partner's name:

\_\_\_\_\_

How long have you been together?

\_\_\_\_\_

Any ex-spouses/partners?

\_\_\_\_\_

List children (if any) and their ages:

From

Child's Name

Age

Current Partner?

\_\_\_\_\_

\_\_\_\_\_

Yes No

\_\_\_\_\_

\_\_\_\_\_

Yes No

\_\_\_\_\_

\_\_\_\_\_

Yes No

\_\_\_\_\_

\_\_\_\_\_

Yes No

What prompted you to seek counseling?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list *at least* one goal you would like to reach in the course of our work together:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specific questions do you have for today's visit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Lifestyle Profile***

Which hobbies do you enjoy?

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Which type of faith (if any) do you follow?

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What type of diet and exercise regimen (if any) do you follow? \_\_\_\_\_

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