Aimeé E. Short, LPC
9855 E. Larkspur Dr.
Scottsdale, AZ 85260
Licensed Professional Counselor | AZ LPC-11162
(480) 329-5636
Aimeé@IamDrShort.com

Adult Intake and Informed Consent

Please complete the intake questions and review the consent and office policies. You may discuss sensitive questions privately with Aimeé. Complete the telehealth addendum only if receiving services remotely.

Personal Information

Full name _____ Date of birth _____ Age _____

Street address _____ City _____ State_____ ZIP _____

Primary phone _____ Alternate phone _____ Email _____

Occupation _____ Partner name and relationship if relevant _____

Children and ages if relevant _____

Referral source _____

Communication Preferences

May the office leave a message identifying the practice or Aimeé? Primary: ☐ Yes ☐ No Alternate: ☐ Yes ☐ No

For scheduling and billing, I permit: ☐ Phone ☐ Email ☐ Text ☐ Other _____

Ordinary email and text may carry privacy risks. These preferences do not authorize disclosure to another person or replace separate telehealth consent.

Health History and Safety

Current medical or psychiatric conditions _____

Medications and supplements with doses _____

Prescriber names and contact information _____

Primary care clinician and contact information _____

Previous counseling or therapy: ☐ Yes ☐ No Approximate dates _____

Psychiatric hospitalization or emergency mental health care: ☐ Yes ☐ No

If yes, approximate dates and reasons _____

Alcohol or other substance use and any concerns _____

Safety and Support

Please indicate whether you have experienced any of the following. These answers will be discussed with you and do not by themselves determine a diagnosis or treatment decision.

Thoughts of suicide: ☐ Never ☐ In the past ☐ Currently

Suicide attempts or intentional self injury: ☐ Never ☐ In the past ☐ Currently

Thoughts of seriously harming someone else: ☐ Never ☐ In the past ☐ Currently

Feeling unsafe because of abuse, threats, or violence: ☐ No ☐ In the past ☐ Currently

Details you wish to share and approximate dates _____

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Emergency Contact

Name _____ Relationship _____

Phone _____ Alternate phone _____

Listing an emergency contact is not a general authorization to share treatment information. Contact will be made with your permission or as otherwise permitted or required by law.

Consent to Psychological Services

Nature and Course of Therapy

Psychotherapy is a collaborative process of understanding concerns, identifying goals, and developing ways to improve well-being and functioning. Initial visits generally include assessment and discussion of treatment options. The approach, frequency, and expected course of care will be discussed with you and reviewed as your needs change. The length of treatment varies, and results cannot be guaranteed.

Therapy can provide support, improve coping, and help you develop new perspectives and choices. It can also bring up uncomfortable feelings, difficult memories, or changes in relationships. You may ask about the purpose, potential benefits, risks, and alternatives to any proposed intervention, including alternatives to treatment. You may decline an intervention or discontinue therapy; please discuss concerns so that we can consider adjustments or referrals.

If hypnosis or another specialized procedure is proposed, Aimeé will explain it and obtain your consent before proceeding. If a proposed treatment uses techniques that are not generally established, its developing nature, potential risks, available alternatives, and voluntary participation will be discussed.

Confidentiality and Its Limits

Your treatment information is confidential and is protected by applicable law. Written authorization is generally required for disclosures outside legally permitted or required circumstances. Relevant exceptions include the following:

Safety: Information may be disclosed as permitted by law to protect you or others from serious harm. When the legal criteria for a duty to protect an identifiable person are met, appropriate protective action will be taken. A safety concern does not automatically require every type of disclosure.
Mandatory reporting: Reports will be made when required by Arizona law, including qualifying concerns about child abuse or neglect and suspected abuse, neglect, or exploitation of vulnerable adults.
Legal requirements: Information may be disclosed in response to a valid court order or another legally enforceable requirement, including authorized regulatory oversight. A subpoena or request does not automatically authorize unrestricted release.
Treatment and payment: Information may be used or disclosed as permitted by law for treatment, appropriate professional consultation, payment, and health care operations. Insurance claims may include a diagnosis, service dates, and other information needed to process a claim. Insurers may request additional treatment information.
Disclosures will be limited as required by applicable law. Your separate Notice of Privacy Practices explains information practices and privacy rights more fully. Please ask questions about confidentiality before sharing information that concerns you..

Other People and Recordings

Before involving a partner, family member, or other person in a session (collateral participant), we will clarify that person's role and applicable confidentiality limits. Listing someone on this form does not authorize routine disclosure to them. Audio or video recording requires separate permission before recording begins. For children, all parents with authorized legal custody have access to information regarding the child's participation in therapy.

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Office Policies and Client Agreement

Appointments and Fees

A therapy session is 50 minutes. The fee is $160 per session, with payment due at the beginning of the session unless another arrangement has been agreed upon. Please provide at least 24 hours' notice to cancel or reschedule. A missed appointment or cancellation with less notice carries a $50 fee, subject to applicable law and payer rules. This fee is not billed to insurance. Acceptable methods of payment include: debit card, credit card, Zelle, Venmo, Apple Pay, and PayPal.

Telephone services lasting more than 10 minutes and other professional services may be billed separately. The applicable rate and billing increments align with clinical service fees. Brief scheduling and billing contacts are not clinical sessions.

Insurance and Medicare

If using insurance, please bring your current insurance card. For insurance where Aimee is not a provider, payment in full is generally due at the time of service unless otherwise arranged. Out-of-network benefits may reimburse part of your expense; reimbursement is not guaranteed. You are responsible only for deductibles, coinsurance, and other charges that may lawfully be collected under applicable law and payer requirements. Any required advance notice for a potentially noncovered insurance service will be handled separately. Complete only if you plan to use insurance:

Insurance Carrier _____ Payor ID# _____ Name of Policy _____

Insured's Name: _____ Date of Birth: _____ Relation: _____

Member ID# _____ Group ID# _____

If benefits are used, I authorize payment directly to Aimeé Short where permitted. This assignment of benefits is not a blanket authorization to release my records.

Availability and Emergencies

Aimeé is often unavailable by telephone during appointments and during travel. Telephone messages are generally returned by the next business day, unless otherwise indicated. This practice does not provide continuous emergency coverage. Do not rely on voicemail, email, or text for urgent help. For immediate danger or a medical emergency, call 911 or go to the nearest emergency department. For mental health support, call 988.

Client Consent and Acknowledgment

I have reviewed this document and had an opportunity to ask questions and receive answers. I understand the nature of the services, office policies, financial arrangements, and confidentiality limits. I voluntarily consent to psychological assessment and treatment as discussed with Aimeé. I may ask further questions or withdraw consent to future services at any time, subject to applicable legal requirements.

Notice of Privacy Practices Receipt

☑ I received a copy of the office's Notice of Privacy Practices.

_____ _____

Client or legally authorized signature Date