



Jenny Matern, MMFT  
5409 Maryland Way, Suite 305  
Brentwood, TN 37027  
615-604-8493

**Please Mark Those That Apply to the Client**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Depressed Mood                             | <input type="checkbox"/> 27. Shortness of breath, dizziness, sweating                                    |
| <input type="checkbox"/> 2. Lost interest in most activities           | <input type="checkbox"/> 28. Recurrent undesirable thoughts  |
| <input type="checkbox"/> 3. Increased appetite                         | <input type="checkbox"/> 29. Repetitive behaviors (hand washing, checking) or mental acts (counting etc) |
| <input type="checkbox"/> 4. Decreased appetite                         | <input type="checkbox"/> 30. Nausea or abdominal stress  |
| <input type="checkbox"/> 5. Weight Gain                                | <input type="checkbox"/> 31. Fear of losing control  |
| <input type="checkbox"/> 6. Weight Loss                                | <input type="checkbox"/> 32. Fear of dying   |
| <input type="checkbox"/> 7. Difficulty going to sleep                  | <input type="checkbox"/> 33. Recurrent intrusive memories  |
| <input type="checkbox"/> 8. Difficulty staying asleep                  | <input type="checkbox"/> 34. Flashbacks  |
| <input type="checkbox"/> 9. Fatigue, loss of energy                    | <input type="checkbox"/> 35. Efforts to avoid memories   |
| <input type="checkbox"/> 10. Feelings of worthlessness                 | <input type="checkbox"/> 36. Fear of social situations   |
| <input type="checkbox"/> 11. Inappropriate guilt                       | <input type="checkbox"/> 37. Alcohol problems  |
| <input type="checkbox"/> 12. Difficulty concentrating                  | <input type="checkbox"/> 38. Drug use problems   |
| <input type="checkbox"/> 13. Preoccupation with death                  | <input type="checkbox"/> 39. Compulsive dieting  |
| <input type="checkbox"/> 14. Suicidal thoughts                         | <input type="checkbox"/> 40. Vomiting, use of laxatives  |
| <input type="checkbox"/> 15. Excessive or uncontrollable worry         | <input type="checkbox"/> 41. Marital problems  |
| <input type="checkbox"/> 16. Restlessness                              | <input type="checkbox"/> 42. Sexual problems   |
| <input type="checkbox"/> 17. Irritable                                 | <input type="checkbox"/> 43. Impulsive   |
| <input type="checkbox"/> 18. Decreased need for sleep                  | <input type="checkbox"/> 44. Overwhelmed   |
| <input type="checkbox"/> 19. Increased talking                         | <input type="checkbox"/> 45. Angry   |
| <input type="checkbox"/> 20. Racing thoughts                           | <input type="checkbox"/> 46. Easily upset, on edge   |
| <input type="checkbox"/> 21. Distractible                              | <input type="checkbox"/> 47. Careless, forgetful, easily, distracted, difficulty organizing, loses thing |
| <input type="checkbox"/> 22. Elevated mood                             |  |
| <input type="checkbox"/> 23. Engaging in risky, pleasurable activities |  |
| <input type="checkbox"/> 24. Mood swings                               |  |
| <input type="checkbox"/> 25. Feelings of panic                         |  |
| <input type="checkbox"/> 26. Pounding heart, chest pains, shaking      |  |



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### Client Intake Form

#### Demographics

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

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

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

*It is customary practice to mail a letter of termination at the end of treatment. If the above is not a safe or preferred mailing address for you to receive mail at, please provide an alternate mailing address here:* \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Method of contact: **Phone** or **Email** (circle one)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (circle) **Single** **Married** (\_\_\_\_years) **Divorced** **Widowed**

Children:	<u>Name</u>	<u>Age</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

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



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**Previous Counseling**

Previous Counseling? Yes No Who and When? \_\_\_\_\_

Release of information signed to talk with previous counselors? Yes No

**Medical/Mental Health Information**

What, if any, medical health problems do you have? \_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_ Current Medications \_\_\_\_\_

Are you on disability? \_\_\_\_\_ Please describe \_\_\_\_\_

Are you currently taking medication for a mental or emotional condition? \_\_\_\_\_

Please list conditions and medications: \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for a mental or emotional condition? \_\_\_\_\_

If so, please list where and when: \_\_\_\_\_

\_\_\_\_\_

Do you currently use any alcohol or drugs? \_\_\_\_\_

If yes, what is your substance of choice?

\_\_\_\_\_

Are you in treatment (such as outpatient) or utilizing support groups (such as AA)? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What types of self-care practices have been helpful to you in the past when dealing with difficult situations? (These may be things you learned from previous therapy or discovered on your own. Examples: journaling, exercising, workbooks, prayer, support groups )-

\_\_\_\_\_

What are some of your hobbies/interests?

\_\_\_\_\_



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**Reasons for seeking counseling:**

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What personal qualities do you think the ideal therapist should possess?

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**Emergency contact information:**

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

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Social Media Policy**

### **Social Media and E-Mail Policy**

This document outlines our policies related to the use of Social Media. As new technology develops and the Internet changes, we will update this policy accordingly.

#### **FRIENDING**

I do not accept friend requests from current or recent former clients on any social networking site. I believe that adding clients as friends on these sites can compromise client confidentiality and client's respective privacy. It may also blur the boundaries of the therapeutic relationship.

#### **FANNING/LIKING**

Jenny Matern Counseling keeps a Facebook Page to allow people to check out events, and topics of concern in the Mental Health Field. However, I do not accept clients as Fans on my personal Facebook page. I believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of Fans/Likes to know that they will not find client names on that list. Note: Anyone can view and fan/like the Jenny Matern Counseling Facebook page. However, Jenny Matern Counseling Facebook page does not accept 'friend requests' to protect the confidentiality of clients. Please note that the Jenny Matern Counseling Facebook page is viewed by the public and anything you should 'comment' or 'like' will have your name listed on the Facebook page. You are always free to view the Jenny Matern Counseling Facebook page without liking or commenting.

#### **INTERACTING**

Clients are not to use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise confidentiality. It may also create the possibility that these exchanges become a part of my client's legal medical record and will need to be documented and archived in their chart. If clients need to contact me between



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sessions, the best way to do so is by phone or direct email: (counselor email address). See the email section below for more information regarding email interactions.

### **USE OF SEARCH ENGINES**

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If I have a reason to suspect that a client is in danger and I have not been able to connect with a client via our usual means (coming to appointments, phone, or email) there *might* be an instance in which using a search engine becomes necessary as part of ensuring client safety. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with my client when we next meet.

### **GOOGLE READER**

I do not follow current or former clients on Google Reader and I do not use Google Reader to share articles. If there are things clients want to share with me, I encourage clients to bring these items of interest into our sessions or email me directly.

### **EMAIL**

E-mail is not completely secure or confidential. For those who choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. E-mails I receive from clients and former clients along with any responses that are related to treatment and diagnosis may be printed out kept in respective treatment records.

### **CONCLUSION**

Thank you for taking the time to review my Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, please bring them to my attention so that we can discuss them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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We are required by law to follow the practices described in this letter. This letter is a summary of our Privacy Practices, but does not replace the full version which has been made available to you. This notice applies to personal medical/mental health information that we have about you, and which are kept in or by this facility. With some exceptions, we must obtain your authorization to disclose (or release) your health care information. There are some situations in which we do not have to obtain your authorization. We can use your protected health information and share it with members of our organized health care arrangement (like a community provider). Neither this pamphlet nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please make sure to have all questions answered before signing this form.

#### **Who Has Access To Your Personal Information?**

Medical/Mental health information about you can be used to:

- Plan your treatment and services. This includes releasing information to qualified professionals who work at our facility and are involved in your care or treatment. It may also include provider agencies whom we pay to provide services for you. We will only release as little as possible for them to do their jobs.
- Submit bills to your insurance, Medicaid, Medicare, or third party payers.
- Obtain approval in advance from your insurance company.
- Exchange information with Social Security, Employment Security, or Social Services.
- Measure our quality of services.
- Decide if we should offer more or fewer service to clients.

Without your permission, we may use your personal information:

- To exchange information with other State agencies as required by law.
- To treat you in an emergency.
- To treat you when there is something that prevents us from communicating with you.
- To inform you about possible treatment options.
- To send you appointment reminders.
- For agencies involved in a disaster situation.
- For certain types of research.
- When there is a serious public health or safety threat to you or others.
- As required by State, Federal or local law. This includes investigations, audits, inspections, and licensure.
- When ordered to do so by a court.
- To communicate with law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To communicate with coroner, medical examiners and funeral homes when necessary for them to do their jobs.
- To communicate with federal officials involved in security activities authorized by law.
- To communicate with a correctional facility if you are an inmate.

#### **What Are Your Rights?**

- To see and get a copy of your record (with some exceptions).
- To appeal if we decide not to let you see all or some parts of your record.
- To ask for the record to be changed if you believe you see a mistake or something that is not complete.
- You must make this request in writing. We may deny your request if:
  1. We did not create the entry
  2. The information is not part of the file we keep; or
  3. The information is not part of the file that we would let you see; or
  4. We believe the record is accurate and complete.
- To know to whom we have sent information about you for up to the last six years.
- The first request in a 12 month period is free. We may charge you for additional requests.
- To limit how we use or disclose information about you. For example-not to release information to your spouse or a particular provider agency. This must be made in writing, and we are not required to agree to the request.
- To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.
- To tell us (authorize) other released of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

**Signature of Responsible Party(ies):**

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