



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

WELCOME TO NEW HOPE COUNSELING _____!

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. I am dedicated to helping you get what you want from your counseling experience. I believe that you have the resources needed for change and it is my job to help you find them. We often get stuck in life. Counseling is the process where we find our resources again and move into healthier patterns. I provide counseling and consulting services to individuals, couples and groups. My counseling is holistic nature taking into account the whole person—the emotional, mental, physical and spiritual. All areas are addressed in order to bring about the balance that provides permanency for the changes clients make for themselves. The counseling process will be a cooperative effort between the client and the therapist. Your rights as a client allow you to terminate 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 express written permission is confidential, professional communication given to another individual who requests such information. 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. And 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.

COUNSELING FEES: The fee for a typical 45-55 minute session (90806) \$120. Insurance covers this many times. If I am a provider with your insurance, there is a provider discount and I will bill your insurance for you. If this should be the case, the cost your first session (90801) is \$150 which is also discounted by your insurance. You are obligated to pay any copayments or deductible amounts at the time of your session. Otherwise, you can pay me after you 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 which you will receive at each session. You can then get reimbursement by sending it in to your insurance with any of their required forms. When insurance does not cover your counseling, a sliding fee is available, based on income and number of family members is available. Sliding scale fee determination: With your income being ____, and the number of individuals in your family being ____, your fee will be ____.

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 \$15 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 for the time reserved when cancellations are received less than 24 hours in advance, except for emergencies.

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

CERTIFIED PRACTITIONER, Neuro-Linguistic Programming (NLP), Southwest Institute of NLP, Seattle, Washington

MASTER PRACTITIONER, Neuro-Linguistic Programming (NLP), NLP Learning Center, Seattle, Washington

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

Date

Signature of Counselor

Date

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.

Full Name: _____ Today's Date: _____

Mailing Address: _____
Street or P. O. Box

_____ City State Zip Code Email:

Telephone(s): _____
(home) (cell) (work)

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

Age: _____ Birth Date: _____ Social Security # _____
(optional for insurance purposes)

Marital Status: _____ Drivers License #: _____

Education: _____ Occupation: _____

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 your Primary Care Physician: _____

Physician's Address: _____ Phone _____

May we contact your physician if necessary? _____

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

List any medication you are now taking:

Have you ever received psychiatric or psychological help or counseling of any kind before? _____ If you have, please explain:

PROBLEM LIST

Please circle any of the following problems which pertain 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 | Relaxation | Stress | Work | Legal Matters |
| Headaches | Tiredness | Energy | Memory | Ambition |
| Loneliness | Insomnia | Making Decisions | Education | My Thoughts |
| Inferiority | Concentration | Temper | Career Choices | Thyroid Disease |
| Health Problems | Children | Nightmares | Marriage | Unresolved Grief |
| Stomach Trouble | Weight Gain/Loss | Parenting | Appetite | Spiritual Issues |

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

YOUR FAMILY MEMBERS

Include all persons who live in your home including your spouse and your children, and/or anyone living with you for whom you assume personal or family responsibility and any children no longer living in your home.

Name	Relationship	Age	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital History

Spouse's Name _____
Length of Marriage _____ Length of Engagement _____
Separated? _____ Divorced? _____ Deceased _____

Spouse's Name _____
Length of Marriage _____ Length of Engagement _____
Separated? _____ Divorced? _____ Deceased _____

Family History

Name	Age	Education/Occupation
Father: _____		
Mother: _____		

Brothers and Sisters:

Name	Age	Education/Occupation

Spiritual History

1. No church affiliation _____
2. Church affiliation: Christian: Protestant ___ Roman Catholic ___ Orthodox Christian ___
Jewish _____ Other Religion _____

3. What is the name of the congregation you belong to?

4. How involved are you in your congregation?
Attendance: ___ Never ___ Sometimes ___ Regularly

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

Thank you for taking the time to provide us with this information. You can fax this to me or bring it with you to your appointment.
Erik Bohlin, M.A.

DIRECTIONS TO THE LAKE STEVENS OFFICE

Address: 430 91st AVE NE, Suite 8, Lake Stevens, WA 98258

From Hwy 9 going North

- Go up Hwy 9 through the Snohomish Valley. You will go up a hill and eventually pass Holy Cross Lutheran Church on your right.
- Past this you will come to a large Target sign on your right. This street is Market Pl.
- Take a left.
- Then take a right onto 91st Ave NE.
- We are in the plaza marked, **430 91st AVE NE on the left.**
- Our office is in **Suite #8**. There is a big sign that says, Erik Bohlin, New Hope Counseling, **but** it is next to other counselors unfortunately. Instead look for my name on the window and you will have found us.

From Hwy 9 going South

- Go south on Hwy 9 till you come to the Frontier Village. This intersection is WA-204.
- There is a Burger King on your right.
- Turn right.
- Then take a left onto 91st Ave NE. There is a 7-11 on your left.
- We are in the plaza marked, **430 91st AVE NE on the right.**
- Our office is in **Suite #8**. There is a big sign that says, Erik Bohlin, New Hope Counseling, but it is next to other counselors unfortunately. Instead look for my name on the window and you will have found us.

From I-5

- From I-5 South or North, take exit #194. It is the Snohomish/Wenatchee Hwy 2 Exit.
- Head East over the trussell.
- Take the left-turning exit that says Lake Stevens.
- Go to the second stoplight which is 91st AVE NE where you will see a Texaco to your left and a 7-11 to your right. There is also a red barn gas station on your right.
- Take a right there.
- We are in the plaza marked, **430 91st AVE NE**. Our office is in Suite #8. There is a big sign that says, Erik Bohlin, New Hope Counseling, but it is next to other counselors unfortunately. Instead look for my name on the window and you will have found us.

DIRECTIONS TO THE LYNNWOOD OFFICE (on Tuesdays)

Address: 5108 196th ST SW, Lynnwood

If you are going to the Lynnwood office, you will get onto 196th ST SW, the main street. Head West towards Hwy 99. On the left hand side you will see Wight's Nursery and the Family Christian Bookstore. We are in that complex. Go down the driveway between the nursery and the bookstore. There is an espresso stand. We are behind this espresso stand. We are in the first professional building on the right. The address is 5108 196th ST SW, Lynnwood. We are downstairs in suite #103. We have no phone in this office as we each are only there one day a week. If you need to page me, please contact me by pager. **The pager number is 425-513-7818.** This is a numeric pager. Type in you phone number and I can call you. I might be in session and it might take me awhile to get to a phone, but I will get to you soon.

430 91st Ave NE, STE #8, Lake Stevens, WA 98258 425-334-8916 fax: 425-334-2427

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

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 online under the Forms section. We also have a copy at our office for you to read or take with you. This form acknowledges that you had the opportunity to do so.

Acknowledgment of Receipt of Privacy Notice

For Office Use Only
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.

_____ Signature of Client	_____ Date
_____ Signature of Parent, Guardian or Personal Representative	_____ Date
_____ Legal Relationship to Client	

Erik Bohlin, M.A., LMHC

430 91st AVE NE, Suite 8
Lake Stevens, WA 98258
425-334-8916 Fax 425-334-2427

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. "Protected health information"(PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. If you suspect a violation you may file a report to the appropriate authorities in accordance with Federal regulations.

Your Rights regarding Your PHI

You have the following rights regarding PHI (Protected health information) I maintain about you:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in certain limited circumstances, to inspect and copy PHI that may be used to make decisions about your care. I may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request a copy of the required accounting of disclosures that I make of your PHI.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.

Right to a Copy of this Notice. You have the right to a paper copy of this notice.

Right of Complaint. You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

Treatment. Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care services.

Payment. I will not use your PHI to obtain payment for your health care services without your written authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

Healthcare Operations. I may use or disclose, as needed, your PHI in order to support the business activities of my professional practice. Such disclosures could be to others for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist in the delivery of health care, provided I have a written contract requiring the recipient(s) to safeguard the privacy of your PHI. I may also contact you to remind you of your appointments, inform you of treatment alternatives and/or health-related products or services that may be of interest to you.

Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

Required by Law. I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports and law enforcement reports. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule

Health Oversight. I may disclose PHI to a health oversight agency for activities authorized by law, such as professional licensure. Oversight agencies also include government agencies and organizations that provide financial assistance to me (such as third-party payers).

Abuse or Neglect. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information I disclose is limited to only that information which is necessary to make the initial mandated report. Disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Research. I may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and an authorization or a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; and (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations.

Threat to Health or Safety. I may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety to the public or another person.

Criminal Activity on My Business Premises/Against Me and My Staff. I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me or my staff.

Compulsory Process. I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI if you and I have each been notified in writing at least fourteen in advance of a subpoena or other legal demand, and no protective order has been obtained, and I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

Uses and Disclosures of PHI with Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization in writing at any time; unless I have taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with health care services for which I must submit subsequent claim(s) for payment.

This Notice

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the - terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by providing one to you at your next appointment or mailing you a copy at your request.

Contact Information

I am my own Privacy Officer. So, if you have any questions about this Notice of Privacy Practices, please contact me. My contact information is on the letterhead at the beginning of this notice.

Complaints

If you believe I have violated your privacy rights, you may file a complaint in, writing to me, as my own Privacy Officer, specified on the first page of this Notice. **I will not retaliate against you for filing a complaint.** You may also file a complaint with the U.S. Secretary of Health and Human Services.