



IVY C. WAGNER, CSWA

1125 Alabama Ave SE ▪ Bandon, OR 97411
 541-329-2144 ▪ ivy@myhealthdesign.org
 www.myhealthdesign.org

CLIENT INFORMATION

Last name:	First:	Middle:	Birth date: / /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____
Phone Number: ()		Email Address:		
Street address:		City:	State:	Zip Code:
It is okay to: <input type="checkbox"/> email me <input type="checkbox"/> send me postal mail <input type="checkbox"/> leave me a voicemail				
Where were you born?				
Emergency Contact Name:		Phone Number: ()		
How did you hear about Ivy or Health Design LLC?				

YOUR WELL-BEING

How do you feel about your health and well-being today?

What is the reason you have come to see me?

What do you hope to receive in therapy with me?

What medications do you take? Are they treating a particular illness?

ABOUT IVY

My personal mission is to inspire rhythms of resting, creating, healing and loving. I have a Master in Social Work and Holistic Health Studies. I'm in a Doctor of Behavioral Health Management at Arizona State University, researching how our life experiences, relationships and narratives shape our health. I have training in narrative therapy, AEDP, meditation and expressive writing. Many mentors and experiences have influenced my integrative approach to psychotherapy.

CONSENT TO TREATMENT

A therapeutic relationship works best when the commitments and responsibilities held by each person are clearly defined. Within this space, safety can be created, risks can be taken, support can be given, and change can happen. Discussing unpleasant aspects of your life can bring up uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. By going through the process, many people in psychotherapy create better relationships, find solutions to specific problems, and enjoy a greater sense of well-being. This is your therapy. Your concerns and goals are important and valued by me. If you're unhappy with what's happening in therapy or want to try something new, please share this with me.

Please initial in each of the boxes below.

By signing this form, I agree to participate in psychotherapy or other clinical social work activities with Ivy C. Wagner and Health Design LLC. I understand that my participation is voluntary and that I may terminate involvement at any time I choose.

I understand that Ivy C. Wagner is a licensed Clinical Social Work Associate (#A12011) in the state of Oregon by the State of Oregon Board of Licensed Social Workers and is not licensed to practice medicine.

I understand that Ivy C. Wagner is an independent practice social worker, under supervision with Danielle Givens, LCSW and Cynthia Gray, LCSW. If I have concerns about the ethical behavior of Ivy, their contact information is 1010 1st St SE #110, Bandon, OR 97411; 541-347-2529.

I acknowledge that no guarantees have been made to me about outcomes of my treatment. I accept that while receiving clinical social work services and psychotherapy can be helpful to me in resolving my concerns, things may not improve or might become worse. I agree that Ivy C. Wagner is not responsible for the outcome of my treatment. I understand that I can ask questions about anything that happens in therapy. Ivy is willing to discuss how and why she's making treatment decisions and is open to alternatives that might be helpful. If either Ivy or I decide a different clinician or therapeutic program would be a better fit, three referrals will be given.

Privacy, Confidentiality and Records

I have had Ivy C. Wagner's privacy policies explained to me to my satisfaction. I understand that my involvement in therapy is confidential, and all files are secured and confidential in their use by Ivy C. Wagner and Health Design LLC. My written consent is required for any release of information by Ivy to other persons or agencies except in cases involving court orders, child or dependent adult abuse, life threatening situations and national security issues. To protect my privacy, Ivy will not respond to any requests, comments, or messages on social media. If we see each other in public, Ivy will not approach me or initiate a greeting. Unidentifiable information about me may be shared for consultation, training, audit, research, publications, or supervision.

I agree that no session may be recorded in any manner without the signed expressed consent of both myself and Ivy C. Wagner. I understand that Ivy will maintain meaningful written case files of my psychotherapy intake, progress, and termination and that I may request access to these records in writing.

I agree that all services will occur within the context of professional settings and will occur face-to-face unless tele-health services are necessary. It is not the practice of Ivy C. Wagner to provide clinical services using telephone, email, virtual platforms, or texting.

As a client of Ivy C. Wagner and Health Design LLC, I understand that she will coordinate my care with my health care provider and inform her/him of my treatment needs and plans.

My health care provider's name: _____

Phone number: _____

OR I do not wish to have Ivy C. Wagner contact any health care providers at this and will inform Ivy if I change my mind.

Scheduling and Cancellations

All appointments are scheduled, changed, or cancelled using email or by phone call: ivy@myhealthdesign.org or 541-329-2144. All emails or voicemails will be responded to within 48 hours. Please be aware that unencrypted communication is not completely secure or confidential and can become part of legal records. Time slots may not be available if my confirmation is not received within 12 hours. I'd like appointment reminders by: email voicemail paper
Phone number or email: _____

I am responsible for coming to my session on time, at the time scheduled. Sessions last for 60 minutes, beginning with a few minutes of quiet reflection. If I am late, the session will end on time to avoid running into the next person's session. If I no show or am late two times, I may be referred to other therapeutic services. Therapeutic work with Ivy is limited to 25 sessions. Additional sessions may be offered on a case-by-case basis, based on an evaluation/treatment plan.

Crisis Situations

If I am in a crisis, I am encouraged to call a 24-hour hotline number to assist me. Confidential voicemails left on Ivy's phone may not be returned for two business days. In an immediate emergency, please call 911 or go to the nearest hospital.

David Romprey Oregon Warm Line (peer-run 9 am-11 pm, 7 day a week): 1-800-698-2392
National Suicide Prevention Lifeline: 1-800-273-8255
National Domestic Violence Hotline: 1-800-799-SAFE (7233)

Billing and Financial Policies

Individual, couple, and family services are offered on a sliding fee scale. For each 60-minute session, I will pay: \$60 \$80 \$100

I have had billing practices for Ivy C. Wagner and Health Design LLC explained to me to my satisfaction. I understand that I am responsible for payment of fees at the time of service by cash, personal check, or credit/debit card. Ivy C. Wagner uses the digital processor PayPal Here for all payment processing. A printed receipt is available upon request.

If I am a no show, I will be charged the full session fee above. In non-emergency circumstances, if I cancel with less than a 24 hours' notice, I will be charged a \$40 cancellation fee. If no credit card is on file, I am responsible to pay in the next session. In emergencies like hospitalizations, car accidents, family deaths, and contagious illnesses, fees will be waived.

Because Ivy C. Wagner is under supervision, billing health insurance is my responsibility. An itemized receipt can be requested that I can file with my health insurance company directly. Out-of-network coverage and deductibles as well as pre-tax Flexible Spending Account (FSA) or Health Savings Account (HSA) reimbursement are my responsible to check before my first session.

PAYMENT AGREEMENT

I agree to pay Ivy C. Wagner and Health Design LLC at the time of service, based on fees listed above, using credit/debit card, cash, or personal check.

I would like my credit card kept in my file for billing purposes only. I agree that my credit card will be charged for psychotherapy session fees, cancellation and no-show fees and any unpaid balances due. A printed receipt is available upon request.



Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Name on the card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature and date: _____

I have read and understand the above statements and policies and consent to treatment with Ivy C. Wagner and Health Design LLC.

Print Name: _____

Signature: _____ Date: _____

Parent/Legal Guardian's signature: _____
Relationship to youth under age 13

Clinician Witness Signature: _____ Date: _____

The Green Bottle

Where You Fall on the Sliding Scale

PERSONAL FINANCIAL EXPERIENCE



PERSONAL FINANCIAL EXPERIENCE

*BASIC NEEDS include food, housing, and transportation. **EXPENDABLE INCOME might mean you are able to buy coffee or tea at a shop, go to the movies or a concert, buy new clothes, books, and similar items each month, etc.

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