



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

#### CLIENT AGREEMENT

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 in 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 right as a client allows you to stop 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 written permission is confidential, professional communication given to another individual. 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. 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 45-50 minute session (90806) \$120. Insurance may cover your counseling. If I am a provider with your insurance company, 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 \$170 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 your 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. 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 \$25 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 a \$70 missed cancellation fee for the time reserved when cancellations are received less than 24 hours in advance, except for emergencies of illness and weather conditions.

**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: <a href="mailto:hpqa.csc@doh.wa.gov">hpqa.csc@doh.wa.gov</a>
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**

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.

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Signature of Client or Parent/Guardian  
of Child if under 18 of Guardian

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Date

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Signature of Counselor

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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 giving the best counseling possible. It will also save cost and time in the long run. If you are a couple please each fill out the form for each of you. Fill out only what you feel comfortable to share. Please print before exiting as your PDF will not save the data.

Full Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address

Telephone(s): \_\_\_\_\_  
home work cell

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

Age \_\_\_\_\_ Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Student? \_\_\_\_\_

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 Primary Care Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_

List any medication you are now taking:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Others (vitamins, supplements)

\_\_\_\_\_

Have you ever received psychiatric or counseling before?    Yes    No

If you have, please explain what you worked on and results:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PROBLEM LIST

Please check any of the following that apply 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	Stress	Work Problems	Panic Attacks	
Headaches	Tiredness	Low Energy	Memory	Lack of Ambition
Loneliness	Insomnia	Indecision	School Problems	My Thoughts
Inferiority	Concentration	Temper	Career Choices	Thyroid Disease
Health Problems	Children	Nightmares	Marriage	Grief
Stomach Trouble	Weight Gain/Loss	Parenting	Appetite	
Spiritual Issues	Legal Matters	Overwhelming Debt	Control Issues	

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

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**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.

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Length of Engagement \_\_\_\_\_ Length of Marriage \_\_\_\_\_

Separated?                      Divorced?                      Deceased?

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Length of Engagement \_\_\_\_\_ Length of Marriage \_\_\_\_\_

Separated?                      Divorced?                      Deceased?

**Children:**

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

**Parents, brothers, sisters, step-parents:**

_____	_____	_____	_____
Name	Relationship to Client	Age	Type of Employment

_____	_____	_____	_____
Name	Relationship to Client	Age	Type of Employment

_____	_____	_____	_____
Name	Relationship to Client	Age	Type of Employment

_____ Name	_____ Relationship to Client	_____ Age	_____ Type of Employment
_____ Name	_____ Relationship to Client	_____ Age	_____ Type of Employment
_____ Name	_____ Relationship to Client	_____ Age	_____ Type of Employment

### Spiritual History

1. No church affiliation
2. Church affiliation: \_\_\_\_\_
3. If so, what is the name of the congregation you belong to?  
\_\_\_\_\_
4. How involved are you in your congregation?  
Attendance:    Regularly                      Sometimes                      Never
5. Have you had recent changes in your spiritual life? If so, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to provide us with this information. This really saves us time and cost to gather all this information in session. Print this form out and bring it with you to your appointment.  
Erik Bohlin, M.A.

**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 at our website: <http://www.erikbohlin.net/forms.htm> We also have a copy at our office for you to read or take with you. The signing of this form acknowledges that you had the opportunity to do so.

Acknowledgment of Receipt of Privacy Notice

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, M.A.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Relationship to Client

\_\_\_\_\_  
Date

**DIRECTIONS TO THE LAKE STEVENS OFFICE**  
**Address: 430 91<sup>st</sup> AVE NE, Suite 8, Lake Stevens, WA 98258**

**From I-5**

- From I-5 South or North, take exit #194 (Snohomish/Wenatchee Hwy 2).
- Take the **LEFT-turning exit** that says Lake Stevens / WA-204E.
- Take a **RIGHT** at the second stoplight which is **91st AVE NE** where you will see a Valero gas station on your right.
- Just after a Travel Agency you will see a green plaza sign marked, **430 91st AVE NE**. Our office is in Suite #8. There is a big sign that says, Erik Bohlin, New Hope Counseling on the building, 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 North from Snohomish, Woodinville**

- Take a **LEFT** onto Market Place. (Big Target Sign will be on your right)
- Then take a **RIGHT** onto 91<sup>st</sup> Ave NE. (Albertson's will be on your right)
- On the **LEFT** 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. Instead, look for my name on the window and you will have found us.

**From Hwy 9 going South from Marysville, Arlington**

- Go south on Hwy 9 till you come to the Frontier Village. This intersection is WA-204.
- Turn **RIGHT** at the Burger King.
- Then take a **LEFT** onto 91<sup>st</sup> Ave NE. (7-11).
- 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. Instead, look for my name on the window and you will have found us.