**Wes Imayanagita** LCSW
CERTIFIED EMDR THERAPIST

25950 Acero Rd., Suite 360
Mission Viejo, CA 92691
(714) 609-1677

NEW CLIENT INTAKE

# Client Information Form

Today's Date _____

Type directly into this form or print it and fill it in by hand.

## YOUR INFORMATION

Full Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Occupation _____ Employer _____

Insurance Company _____

## RELATIONSHIP

Marital / Relationship Status _____ Spouse / Significant Other _____

Spouse / Significant Other Cell Phone _____

## EMERGENCY CONTACT

Emergency Contact Name _____

Home Phone _____ Cell Phone _____

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PLEASE READ

# General Client Information

Therapy is a healthy way of dealing with your problems with a qualified professional. The benefits of seeing a therapist are numerous. However, it must be stated here that therapy can sometimes make you feel worse before it gets better. Often, people come to therapy hoping that the therapist will give them an immediate solution to their problems. Unfortunately, the process of therapy requires hard work and commitment. If you choose to invest in this process you will begin to see changes in yourself and the way that you perceive things. This insight will help you gain clarity over your situations and to make better choices in the future.

### Psychotherapy Fees

| | |
|---|---|
| Individual Psychotherapy, 60 minutes | **$225.00** |

## Billing and Payment

Clients are expected to pay their fee at the end of each session unless other arrangements have been made.

It is your responsibility to contact your insurance company to determine the benefits of your plan. I will bill your insurance company for payment. However, you are responsible for any fees your insurance company does not pay.

## Missed and Cancelled Appointments

I understand that our lives can be very busy with work and family, but I expect a minimum of 24 hours (1 day) notice for rescheduling of appointments or cancellations. The full fee will be charged for sessions missed without prior notification.

## Contacting Me

There are times when I am not immediately available by phone. I do monitor my voice mail daily. I will make every attempt to return your call by the next business day, with the exceptions of holidays. **If this is a life threatening situation always dial 911.** If for some reason I will be unavailable for an extended period of time, I will provide you with a trusted colleague to contact.

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### Confidentiality

You have the right by law and ethical standards, to have a confidential relationship with me. Permission must be given by you in writing before information will be released. However, there are legal exceptions to this rule:

- If you have intentions of harming yourself or another person.
- If there is suspected child abuse.
- If there is suspected elder abuse (ages 65 or older).
- If there is suspected abuse of a dependent adult between the age of 18 and 64.
- If you are in therapy or being tested by order of Court of law, the results of the treatment or tests ordered must be revealed to that court.
- If a Court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in the subpoena.

If you are under the age of 18 the law may provide your parents the right to examine your treatment records. Generally, it is my policy to have an agreement with your parents that they will not access your records. I will give them only general information about the work we are doing together. However, if there is a risk that you may harm yourself or someone else I will notify your parents of my concerns.

HIPAA

# Notice of Privacy Practices

I have a legal duty to safeguard your protected health information (PHI). I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present or future health or condition; the provision of health care to you; or the payment of this health care. I must provide you with this notice about my privacy practices, and such notice must explain how, when and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply or analyze such information within my practice. PHI is "disclosed" when it is released, transferred, has been given to or is otherwise divulged to a third party outside of my practice. However, I reserve the right to change the terms of this notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this notice and post a new copy of it in my office and on my website. You can also request a copy of this notice from me, view a copy of it in my office or download it from my website, www.wesfreedom4u.com.

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## How will I use and disclose your PHI

I will use and disclose your PHI for many reasons. For some of these uses or disclosures, I will need your prior written authorization. For others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

**A. Uses and disclosures relating to treatment, payment or health care operations do not require your prior written consent. I can use and disclose your PHI without your consent for the following purposes:**

1. **For treatment:** I can use your PHI within my practice to provide you with mental health treatment. I can disclose your PHI to physicians, psychiatrists, psychologists and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care.
2. **To obtain payment for treatment:** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to get paid for the services that I provide to you. I also may give your PHI to my business associates such as billing companies, claims processing companies and others that process my health care claims.
3. **For health care operations:** I can use and disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I also may provide your PHI to my accountant, attorney, consultants or others to further my health care operations.
4. **Patient incapacitation or emergency:** I may disclose your PHI to others without your consent if you are incapacitated or an emergency exists. For example, your consent isn't required if you need emergency treatment (as long as I try to get your consent after treatment is rendered) or if I try to get your consent and you're unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

**B. Certain other uses and disclosures also do not require your consent or authorization. I can use and disclose your PHI without your consent or authorization for the following reasons:**

1. **When federal, state or local laws require disclosure:** For example, I may have to make a disclosure to applicable government officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect.
2. **When judicial or administrative proceedings require disclosure:** For example, if you're involved in a lawsuit or a claim for workers compensation benefits. I may have to use or disclose your PHI in response to a court or administrative order. I also may have to use or

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disclose your PHI in response to a subpoena.

3. **When law enforcement requires disclosure:** For example, I may have to use or disclose your PHI in response to a search warrant.
4. **When public health activities require disclosure:** For example, I may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.
5. **When health oversight activities require disclosure:** For example, I may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.
6. **To avert a serious threat to health or safety:** For example, I may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will be made only to someone able to prevent the threatened harm from occurring.
7. **For specialized government functions:** If you're in the military, I may have to use or disclose your PHI for national security purposes, including protecting the president of the United States or conducting intelligence operations.
8. **To remind you about appointments and to inform you of health-related benefits or services:** For example, I may have to use or disclose your PHI to remind you about your appointments or give you information about treatment alternatives, other health care services or other health care benefits that I offer that may be of interest to you.

**C. You have the opportunity to object to certain uses and disclosures**

**Disclosures to family, friends or others:** I may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**D. Other uses and disclosures require your prior written authorization.**

In any other situation not described above, I will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

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## 4. Your rights regarding your PHI

**A. The right to request restrictions on my uses and disclosures:**

You have the right to request restrictions or limitations on my uses or disclosures of your PHI to carry out my treatment, payment or health care operations. You also have the right to request that I restrict or limit disclosures of your PHI to family members, friends or others involved in your care or who are financially responsible for your care.

Please submit such requests to me in writing. I will consider your requests, but I am not legally required to accept them. If I do accept your requests, I will put them in writing and abide by them except in emergency situations. However, you may not limit the uses and disclosures that I am legally required to make.

**B. The right to choose how I send PHI to you:**

You have the right to request that I send confidential information to you at an alternate address (e.g., your work rather than home address) or by alternate means (e.g., e-mail instead of regular mail).

I must agree to your request so long as it is reasonable; you specify how or where you wish to be contacted; and, when appropriate, you provide me with information about how payment for such alternate communications will be handled. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**C. The right to inspect and receive a copy of your PHI:**

In most cases, you have the right to inspect and receive a copy of the PHI I have on you, but you must make the request to inspect and receive a copy of such information in writing. If I don't have your PHI but I know who does, I will tell you how to get it. I will respond to your request within 30 days of receiving your written request.

In certain situations, I may deny your request. If I do, I will tell you in writing my reasons for the denial and explain your right to have my denial reviewed.

If you request copies of your PHI, I will charge you not more than $.25 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

**D. The right to receive a list of disclosures I've made:**

You have the right to receive a list of instances (i.e., an accounting of disclosures) when I have disclosed your PHI. The list will not include disclosures made for my treatment, payment or health care operations; disclosures made to you; disclosures you authorized; disclosures permitted or required by the federal privacy rule; disclosures made for national security or intelligence; and disclosures made to correctional institutions or law enforcement personnel.

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I will provide the list to you at no charge, but if you make more than one request in the same year, I may charge you a reasonable, cost-based fee for each additional request.

**E. The right to amend your PHI:**

If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing.

I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is correct and complete, not created by me, not allowed to be disclosed or not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file a written statement of disagreement, you have the right to have your initial request and my denial attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it and tell others that need to know about the change to your PHI.

**F. The right to receive a paper copy of this notice:**

You have the right to receive a paper copy of this notice even if you have agreed to receive it via e-mail or download it from my website at www.wesfreedom4u.com.

## 5. How to complain about my private practice

If you think I may have violated your privacy rights or you disagree with a decision I made about access to your PHI, you may file a complaint with me. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

## 6. Person to contact for information about this notice or to complain about my privacy practices

If you have any questions about this notice or any complaints about my privacy practices, or if you would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at my office, telephone (714) 609-1677, or e-mail wesimayanagita@aol.com.

## 7. Effective date of this notice

This notice went into effect on August 1, 2011. It was last updated November 5, 2026.

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## Acknowledgement of Receipt of Notice of Privacy Practices

Your signature below indicates that you acknowledge receipt of the notice of privacy practices, which explains limits on how I may use and disclose your protected health information. I encourage you to read it in full. My notice of privacy practices is subject to change. If I change my notice, you may obtain a copy of the revised notice by contacting me at (714) 609-1677.

**Signature**

_____

**Date**

_____

**Printed Name**

_____

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INSURANCE

# Assignment of Release of Benefits

By signing below, I understand that I am authorizing my insurance benefits to be paid directly to Wes Imayanagita, LCSW, and acknowledge that I am financially responsible for the non-covered services.

You also authorize me to release any medical or other information required to process your claims.

**Signature**

_____

**Date**

_____

**Printed Name**

_____