**Barbara Wyer, LMFT**

barbara@barbarawyer.com

615-241-0234

**Practice Policies**

**Office Location: 109 Holiday Court, Suite D6, Franklin TN 37067**

Take exit 65 (TN-96/Murfreesboro Road) off Interstate 65; right on Royal Oaks and right on Holiday Court. There are two designated parking spots for Suite D6; if both are filled you may park near the rear of Building C, just a few steps away. My office is up one flight of stairs (note: there is no elevator). **Please have a seat in the waiting area and I’ll come greet you when it is time.**

**Practice Policies**

Please read the following practice policies regarding confidentiality and services, and let me know if you have any questions. I value you as a client and am pleased to have the opportunity to serve you.

**Fee Policy**

*Payment is due at the beginning of the session so that we can fully focus on you.* My fee is $130 per 55-minute session ($195 for 90 minutes). You may remit by cash, check, or credit/debit card. (Credit card payments, add $5 for processing fees). I do not take insurance but am happy to provide a receipt with codes for service(s) provided; as an out-of-network provider please note I cannot guarantee that your insurance company will accept it for reimbursement. There is a $25 charge on returned checks.

**Cancellation Policy**

I appreciate as much notice as possible if you need to cancel or reschedule. No shows and/or less than 24-hour cancellations will be charged the full session fee, payable at the start of our next appointment. Emergencies and special circumstances could result in waiving of cancellation charges.

**Professional Services**

I am available for appointments at selected times throughout the week. I check messages during the day and typically return calls within 24–48 hours. If we need to consult by phone, my fee is pro-rated in increments of 15 minutes. If for some reason you are unable to contact me during an emergency, you may obtain assistance by calling Crisis Help Line at (615) 244-7444 or by going to your local hospital ER.

**Confidentiality**

Professional ethics and Tennessee State law indicate the client controls confidential information. This means that, as a general rule, information shared in session with a counselor will be held in confidence. There are three exceptions. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Also, Tennessee state law requires that child or elder abuse in any form be reported to the Department of Human Services or another authority, such as a juvenile judge. Finally, if ordered by the court I may be required to disclose some confidential information.

**Benefits and Risks of Counseling**

Persons contemplating counseling should realize they might make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as parents, friends, children, relatives, etc. While I will support clients in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

**Termination**

Termination of counseling may occur at any time and may be initiated by either the client or the therapist. I request that if a decision to terminate is being made, you give a seven-day notice in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself may be a constructive and useful process.

**Credentials**

I am a Licensed Marriage and Family Therapist (Tennessee #1287) and hold a Masters of Marriage and Family Therapy. I have advanced training in Emotionally Focused Therapy, and I am a Level I & II, Certified Therapist in Eye Movement Desensitization and Reprocessing therapy (EMDR). I am certified to administer the Prepare-Enrich Inventory for premarital counseling.

**Clients Who Are Dependents**

While I typically do not see minor clients, there are special cases where the following information may apply. If you are requesting therapeutic services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practices outlined above apply. As your child’s counselor, it is important that your child be able to completely trust me. As the parent or guardian, you have the right and responsibility to question and understand the nature of my activities and progress with your child, and I must use my discretion as to what is appropriate disclosure. In general, I will not release specific information that your child provides to me, unless the information falls within the bounds of confidentiality outlined above. However, I do feel it is appropriate to discuss your child’s progress in broader terms and value your participation in their counseling experience.

**Professional Boundaries**

If we happen to see each other outside of therapy, I will not acknowledge the existence of our relationship unless you initiate it. The therapeutic relationship is a professional relationship and therefore will not be a social or business relationship at any time. Such a relationship, in my view, would be detrimental to our purposes of therapy. If you need to contact me between sessions, the best way to do so is by text (if the message is brief) or email.

**Social Media**

I do not accept friend requests from current or former clients on social media sites. I believe that adding clients as friends on these sites can compromise confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I maintain a public Twitter account and professional LinkedIn and Facebook pages, and while you may visit those sites, keep in mind that “liking” or connecting with them may compromise the confidentiality of our relationship since your name will be viewable by others. My primary concern is your privacy. For that reason I request that clients do not communicate with me via online messaging or social networking websites. Also, please note that I do not follow clients on blogs or Twitter, and so if there are things from your online life that you wish to share with me, please bring them into our sessions where we can explore them together during the therapy hour.

*Please complete the Intake Form prior to our first session as this will save valuable time as we begin. I look forward to meeting you in person and beginning our journey together!*

**Barbara Wyer, LMFT**

**Confidential Intake Form - Individual**

Please complete, sign, and bring to your first appointment. Couples– each partner should fill out individually.

*This confidential information is for the sole use of the above named provider unless you sign a release permitting sharing with other, specifically named entities. Please mark N/A if not applicable.*

**PERSONAL INFORMATION**

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗆 *Check if cell* Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Messages may be left? YES NO Private email? YES NO***

Age: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status *(circle):* Married Single Partnered Cohabitating Divorced Dating Engaged Widowed Separated Remarried

Years Married: \_\_\_\_\_\_\_ Age when married: \_\_\_\_\_\_\_ Previously married (If so, how long?):\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names, ages of children – (Note: Mine; Spouse’s; Ours) Live with you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious affiliation ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe the nature of your spirituality *(active, searching, does not exist, corporate, private, progressive)*

**Health Information**

Rate your current physical health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (poor, good, excellent, other)

Primary physician & date of last appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medical issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications/vitamins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you seen a counselor before? Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for visit/Length of time in therapy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was counseling beneficial? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ever hospitalized for mental health condition? When \_\_\_\_\_\_\_\_\_\_\_ Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous medication for depression, anxiety, other mental health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any family (parents, siblings, children) ever diagnosed with mental health conditions? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now, or have you ever had, suicidal thoughts?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Initial* \_\_\_

Do you drink alcohol on a regular basis? \_\_\_\_\_\_\_\_\_\_ Drinks per week \_\_\_\_\_\_\_\_\_\_\_\_\_  Smoke?\_\_\_\_\_\_\_\_
Have you ever taken/used illegal drugs? *(If yes, indicate)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Issues**

Is your job or school situation unusually stressful? Yes No

Circle any significant stressors in your life, occurring in past 5 years.
Indicate person(s) involved such as spouse, child, father, mother, sibling, self, etc.

|  |  |  |
| --- | --- | --- |
| Death in the family | Miscarriage | Divorce |
| Trouble with the law | Financial trouble | Job/School problems |
| Serious illness | Sexual concerns | Abortion |
| Mental illness | Alcohol or drug problems | Anger management |
| Unresolved conflict | Sexual abuse | Depression |
| Physical abuse | Suicidal thoughts/attempts | Spiritual problems |

Please state the main concern(s) bringing you to therapy, and when distress began:

How distressing is your concern: 1 2 3 4 5 6 7 8 9 10

 Mild Distress Moderate Distress Very Upsetting Extremely Upsetting

How have you tried to resolve this concern?

**Childhood and Family of Origin**

Circle any that applied during your childhood/adolescence to you or your family (indicate who):

|  |  |  |  |
| --- | --- | --- | --- |
| happy | unhappy | emotional issues | eating disorder |
| family problems | physical abuse | alcohol abuse | sexual abuse |
| verbal abuse | legal problems | drug abuse | school problems |
| medical problems | financial problems | abortion | death in family |

What was your childhood like?

Describe your relationship with your father (or father substitute). How did he show affection? Discipline?

Describe your relationship with your mother (or mother substitute). How did she show affection? Discipline?

Have your relationships changed over time?

What was the overall emotional dynamic in your family? What was it like when you were upset or fearful?

How have those early experiences impacted your development as an adult and/or as a parent?

What are your goals for therapy?

How do you think a therapist should interact with clients? How long do you think therapy should last?

How did you hear about me? (referral source):

**Please use this area to describe anything else you think I should know, that has not already been addressed.**

**Emergency contact information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗆 Cell number?

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

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Text Messaging and EMAIL Confidentiality Agreement**

At times, I text or email message my clients to inform them of upcoming appointments, to change appointment times, or to reschedule appointments. By signing below, you are saying that you have considered and understand the limitations of confidentiality and agree that you are responsible for keeping your text messages private to the extent that you desire for them to be private.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, allow Barbara Wyer to email and/or text me regarding logistical manners (e.g., appointment times, dates) at the number/email address on page 1 of this form.

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

**Informed Consent**Do you have any questions about fees, confidentiality, or other matters? Yes \_\_\_\_ No \_\_\_

Have you read and do you agree with the conditions and provisions of Practice Policies? Yes \_\_\_\_ No \_\_\_

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

Parent/Guardian Signature if Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_