Welcome and client information

Part 1 of 2: Clinical intake

Please complete this packet before your first appointment. Use the secure submission method provided by the practice. Do not send completed forms through ordinary email.

Full legal name

Name you would like me to use

Date of birth

Pronouns, if you wish to share

Current street address

City, state, ZIP

County

Mobile phone

Email address

Preferred routine contact method

- [ ] Phone call
- [ ] Text message
- [ ] Email
- [ ] Secure portal/message

Contact permissions

- [ ] May leave a voicemail
- [ ] May send appointment texts
- [ ] May send scheduling email
- [ ] Do not include clinical details in messages

Emergency contact name and relationship

Emergency contact phone

Usual location during telehealth sessions

How did you hear about Inspirethought Counseling?

What brings you to counseling

Clinical intake

What concerns or experiences bring you to counseling now?

When did these concerns begin, and how have they changed over time?

How are they affecting daily life, relationships, work, sleep, or well-being?

What would you like to understand, change, or move toward in counseling?

What strengths, relationships, values, or resources help you cope?

Health and treatment history

Clinical intake

Have you previously received counseling or mental health treatment?

☐ No ☐ Yes

If yes, describe what was helpful or unhelpful, and include dates if known

Current medical conditions, injuries, chronic pain, allergies, or major health concerns

Current medications and prescribing clinician, including psychiatric medications

Prior psychiatric hospitalization, intensive treatment, or emergency mental health care

Current physician, psychiatrist, or other behavioral health providers

Listing another provider does not authorize release of information. A separate written authorization is required before records are requested or shared, unless disclosure is otherwise permitted or required by law.

Current well-being and safety

Clinical intake

Current experiences (check any that apply)

- ☐ Anxiety or panic
- ☐ Depressed mood
- ☐ Trauma reactions
- ☐ Grief or loss
- ☐ Sleep difficulty
- ☐ Eating or appetite changes
- ☐ Concentration difficulty
- ☐ Relationship stress
- ☐ Work or school stress
- ☐ Substance concerns
- ☐ Chronic pain
- ☐ Other

Please describe intensity, frequency, duration, and anything that makes symptoms better or worse

In the past month, have you had thoughts of harming yourself or not wanting to live?

- ☐ No
- ☐ Yes
- ☐ Prefer to discuss live

In the past month, have you had thoughts of harming someone else?

- ☐ No
- ☐ Yes
- ☐ Prefer to discuss live

Have you ever attempted suicide or intentionally injured yourself?

- ☐ No
- ☐ Yes
- ☐ Prefer to discuss live

If you answered yes, describe current safety, plan, intent, access to means, protective factors, and prior care

This form is not monitored continuously and is not an emergency service. If you may act on thoughts of harming yourself or another person, call 911, call or text 988, or go to the nearest emergency department now.

Life context

Clinical intake

Important relationships, household members, children, and current sources of support

Relevant family mental health, substance use, medical, trauma, or suicide history

Work, school, caregiving, military service, financial, or legal stressors

Cultural identity, race or ethnicity, spirituality, sexuality, gender, disability, or other lived experiences you want considered

Alcohol, cannabis, nicotine, prescriptions used differently than directed, or other substance use: type, frequency, amount, and concerns

Anything else you would like Dr. Luster to know before meeting

Professional relationship and services

PROVIDER AND PRACTICE

Rodney Luster, Ph.D., LPC, Texas LPC #77975, provides services to adults age 18 and older through Inspirethought Counseling LLC. Routine contact: 512-423-6684 and mytherapy.247@gmail.com. The practice website is inspirethought.org. Dr. Luster is independently licensed and is not practicing under clinical supervision. Any restriction placed on the license by the Council will be disclosed in writing before services begin or before a change takes effect.

NATURE OF COUNSELING

Counseling is collaborative and may include assessment, treatment planning, psychoeducation, supportive counseling, insight-oriented work, cognitive and behavioral strategies, trauma-informed interventions, clinical hypnotherapy when separately discussed and clinically appropriate, and referrals. Goals, methods, frequency, and expected duration are individualized and reviewed together.

Counseling may bring benefits such as greater understanding, improved coping, symptom relief, and more intentional choices. It can also involve discomfort, strong emotion, unexpected memories, temporary distress, or changes in relationships. Results cannot be guaranteed. Alternatives may include another clinician, group care, medication evaluation, medical care, community services, higher levels of care, or choosing not to begin treatment.

CLIENT CHOICE AND FIT

You may ask questions, decline a technique, request a referral, or end counseling at any time. Dr. Luster may recommend a different provider or level of care when telehealth or this practice is not clinically appropriate. Reasonable transition support and emergency recommendations will be provided when needed.

OTHER PEOPLE IN TREATMENT

No student, associate, observer, consultant, or other person will provide treatment intervention without prior disclosure and appropriate consent. If consultation is used, identifying information will be limited when feasible. Recording a session is prohibited unless everyone gives prior written consent.

Telehealth consent

HOW TELEHEALTH WORKS

Services are provided online to clients who are physically located in Texas at the time of the session. At each visit, you may be asked to confirm your identity, physical location, a call-back number, privacy, and emergency contact. VSee Clinic is the primary video and waiting-room service. LatePoint is used for scheduling, PayPal for private-pay transactions, and Headway may be used for insurance-related scheduling, billing, and records when you choose that pathway.

BENEFITS AND RISKS

Telehealth can improve access and convenience. Risks include internet interruption, device failure, misdirected messages, unauthorized access, reduced ability to observe nonverbal information, and privacy loss when another person can hear or see a session. Although reasonable safeguards are used, no technology can be guaranteed completely secure.

YOUR PRIVACY RESPONSIBILITIES

- Use a private location, headphones when useful, and a device and network you reasonably trust.
- Do not drive or operate machinery during a session. Tell Dr. Luster if another person is present.
- Protect passwords and downloaded records. Avoid public Wi-Fi when possible.

TECHNOLOGY FAILURE AND BACKUP PLAN

If video disconnects, attempt to reconnect through the same VSee link. If reconnection is not possible, Dr. Luster may call the number provided in this packet to assess next steps. The session may continue by telephone only when clinically appropriate and mutually agreed, or it may be rescheduled. If immediate safety is a concern and contact is lost, emergency services or your emergency contact may be contacted using your last confirmed location.

SUITABILITY AND CROSS-BORDER LIMITS

Dr. Luster will continue to assess whether telehealth is appropriate. Tell the practice before a session if you will be outside Texas. Services may need to be postponed unless Dr. Luster is legally permitted to practice where you are physically located.

Confidentiality, records, and communication

CONFIDENTIALITY AND ITS LIMITS

Mental health information is confidential and will not ordinarily be disclosed without written authorization. Confidentiality is not absolute. Disclosure may be required or permitted by law, including suspected abuse or neglect of a child, older adult, or person with a disability; a serious and imminent safety concern; a valid court order; health oversight or licensing activity; certain emergencies; or other circumstances authorized by law. Only information reasonably necessary for the purpose will be disclosed when feasible. Legal demands are evaluated rather than treated as automatic authorization.

INSURANCE, PAYMENT, AND OPERATIONS

Information may be shared with payment processors, health plans, Headway, VSee, scheduling vendors, or other business associates as needed for treatment, payment, and health care operations and as permitted by applicable privacy law. Insurance claims may require a diagnosis and information about services. Private-pay clients may ask about limiting disclosures, but the practice may not be able to agree when disclosure is legally or operationally required.

ELECTRONIC COMMUNICATION

Ordinary email and SMS are used only for scheduling and administrative communication and should not contain detailed clinical information. They may not be encrypted and cannot be guaranteed confidential. Clinical documents should be exchanged only through the secure method designated by the practice. Social media is not used for clinical communication. Messages are not monitored continuously.

RECORDS AND ACCESS

Records are maintained electronically with access controls and encryption appropriate to the selected systems. Records are retained for at least seven years after services end, or for a minor until at least age 23, whichever period is longer, unless another law requires longer. You may request access or amendment as provided by law; reasonable fees and lawful limitations may apply.

PRACTICE INTERRUPTION AND RECORDS CUSTODY

Interim succession plan: If Dr. Luster dies, becomes incapacitated, or closes the practice before a successor records custodian has been designated, access to practice records will be restricted and the practice's legally authorized representative will secure the records and arrange for a qualified custodian to manage lawful access, retention, transfer, or confidential destruction. Available clients will be notified through practice contact information or inspirethought.org. This interim procedure will be replaced by written notice when a specific records custodian is designated.

Appointments, fees, and emergencies

CURRENT PRIVATE-PAY FEES

- Initial Counseling Assessment: 75 minutes, $195
- Individual Counseling: 60 minutes, $165
- Initial Clinical Hypnotherapy: 120 minutes, $275
- Clinical Hypnotherapy Follow-Up: 90 minutes, $225

Private-pay appointments are paid at booking through PayPal. Insurance clients use Headway and are responsible for amounts shown by Headway and their health plan. Fees or payment arrangements may change only after written notice as required by applicable rules.

CANCELLATION AND ATTENDANCE

Private-pay appointments canceled at least 24 hours before the scheduled start time may be rescheduled or refunded in full to the original payment method. For a cancellation with less than 24 hours' notice or a missed appointment, $75 of the prepaid amount will be retained as the late-cancellation or no-show fee and the remaining balance will be refunded. The fee may be waived for an emergency or exceptional circumstance at Dr. Luster's discretion. Headway appointments follow the cancellation and refund terms presented through Headway.

EMERGENCIES AND URGENT NEEDS

Inspirethought Counseling is not a crisis service. Messages may not be read promptly. If you face immediate danger or may harm yourself or another person, call 911 or go to the nearest emergency department. Call or text 988 for the Suicide & Crisis Lifeline. For non-immediate urgent needs, use local crisis services or your established emergency resources. At the start of telehealth, keep your current location and an emergency contact available.

BETWEEN-SESSION CONTACT

Routine messages may be left at 512-423-6684. Administrative email is mytherapy.247@gmail.com. Do not use voicemail, email, website forms, or scheduling messages for emergencies. Response times and after-hours coverage are not guaranteed.

Complaints, rights, and acknowledgements

QUESTIONS AND COMPLAINTS

You are encouraged to discuss questions or concerns directly with Dr. Luster. You may also report a possible violation to the Texas Behavioral Health Executive Council, 1801 Congress Avenue, Suite 7.300, Austin, Texas 78701; 512-305-7700; complaints toll-free 800-821-3205; bhec.texas.gov. Using the complaint process will not affect your right to receive respectful care.

ACKNOWLEDGEMENTS

- [ ] I received and had the opportunity to review this intake and informed-consent packet.
- [ ] I understand the nature, potential benefits, risks, and alternatives of counseling and telehealth.
- [ ] I understand the limits of confidentiality and the emergency procedures.
- [ ] I understand the fees and payment arrangements that apply to the service I select.
- [ ] I consent to technology-assisted counseling while I am physically located in Texas.
- [ ] I understand that I may ask questions, decline a technique, request a referral, or withdraw consent.
- [ ] I understand that typing my full legal name below is intended as my electronic signature.

Questions, exceptions, or items discussed with Dr. Luster

Client full legal name / electronic signature

Date and time signed

Parent or legal representative, if applicable

Relationship / authority

Therapist acknowledgement

Date

By signing, you acknowledge that you had an opportunity to ask questions and received a copy of this agreement or access to download it.