

CLIENT INFORMATION

Client's Name: _____ DOB: _____ Date: _____

Address: _____

Street Address & Apt. #

City

State

Zip

Cell Phone: _____ Work Phone: _____

Email Address: _____

Spouse's Name: _____ Phone: _____ DOB: _____

Parent/Guardian's Name: _____ Phone: _____ DOB: _____

Insurance Carrier: _____ Subscriber: _____ DOB: _____

Insurance ID#: _____ Group#: _____ Phone #: _____

Insured's Employer: _____ Secondary Insurance: _____

Secondary ID#: _____ Group#: _____ Phone: _____

Names, ages & relationships of family members living at home: _____

Is client presently taking medication? If so, name and dosage: _____

Has client been in counseling before? Yes _____ No _____

Client presently suicidal or homicidal? _____

May we have permission to speak with and/or obtain records from past counselor? Yes _____ No _____

What is your goal for counseling and/or the reason you called? (Use back if needed): _____

I understand and agree to the terms stated in the DIL, Inc. mission statement. I will in no way hold D. Israel Lewis, Inc. responsible for any misfortune or accident, be it emotional or physical, as a result of the counseling process. I am aware of HIPPA policies regarding the health insurance privacy act. I am aware that counseling may be terminated at any time by the counselor if the session becomes unproductive or inappropriate.

Signature of Client(s): _____

Signature on file for Insurance Claims

Date

Signature of Parent/Guardian (if needed) & Date: _____

Date

D. Israel Lewis, Inc.
Mission Statement & Counseling Agreement
PO Box 1591
Sulphur Springs, TX 75483
903-885-2273 (Care)

Our mission is clear: To provide comfort for those who grieve, healing for those who are wounded and freedom for sin's captives (Is. 61:1-5). Israel is all about Christ and His redemptive and healing work in our world. We pray every day that the Lord will work through our hands and hearts. We are confident that every problem that brings you here has its ultimate solution in God. He is the Creator of all things and there is no human creation for which our Lord does not have an answer or solution. For this reason, embraced with scripture and prayer, the strongest theoretical approach will be Solution-Focused Family Therapy.

Everything that is said in this office is protected by the confidentiality statutes of the state of Texas. That means that DIL, Inc., will in no way disclose any information without your written consent, except as it is required by law. A copy of our Privacy Policy & Client Rights is given to you at your first visit. Records are kept for minimum of 5 years from last date of service (if a minor, records are kept for 5 years after he/she turns 18) in accordance with Texas statutes. If counselor closes the practice, every attempt will be made to contact you through the information we have on file.

Counseling sessions usually last between 45–55 minutes. For counseling to be effective several things are required: commitment to the process; completing homework assignments in-between sessions; establishing clearly defined goals (Therapist will help you with this in your first session) Being committed to counseling also involves faithfully attending appointments. DIL, Inc., must coordinate appointments that work for both the therapist and the client; therefore, it is required that at least a *24-hour* notice be given to cancel or re-schedule an appointment. *You will be billed for the entire session if this notice is not given.* If your treatment has been ordered by the Courts or CPS, the Judge, Case Worker and/or Probation Officer will be notified of missed appointments. This may adversely affect the outcome of your case. If more than two sessions in a row are cancelled by the client, you will be referred to another Professional Counselor or Agency. Counseling is a joint effort and requires your participation. If the counselor has reasonable belief that you or your child is no longer benefiting from counseling, services will be terminated, and you will be given an appropriate referral. We welcome parental conferences regarding your child being seen, however, please schedule a separate appointment so we will not be taking time away from your child's session.

Our office policy regarding communication is: if you need to contact or update Mr. Lewis before your next session then you may leave a message with the office manager or email her at cindi@israellewis.com. Please understand that due to time constraints and high volume of calls and emails that Mr. Lewis may not reply before the appointment, however, he will be happy to discuss it with you during your next session. You may also request to be placed on our waiting list for the next available appointment. If you cannot reach the office manager and you have a mental health emergency you should call 911, go to Glen Oaks Hospital in Greenville, or go to the nearest emergency room for immediate care.

Payment is due at the time of service unless prior arrangements have been made with our office. If we bill your insurance company for you, the co-pay, coinsurance or deductible amount is due at the time of service. If you become insured or give us your insurance information after your treatment begins, we will be happy to file your insurance for covered and authorized sessions beginning on the date we receive your insurance information. You are responsible for sessions that are not authorized or covered under your insurance plan. We will make every effort to work with you if unforeseen circumstances arise. If you make payment arrangements and default or have an unpaid balance over 90 days, your account will be turned over to our collection agency.

Counseling fees are as follows:

- Standard Counseling Fee - \$150.00 per session
- All Consults/Communications with client or third party are subject to standard counseling fees
- Court Retainer Fee - \$750.00
- Court appearance and testimony - \$750.00 for half day/\$1500.00 for full day
- Case note duplication - \$25.00
- Home Study - \$1500

Your presence today is a sign of your confidence and trust in us; a gift we do not take lightly. Today, we begin traveling the road to recovery. This journey leads toward help, hope and healing. Our prayer is that you will stay the course and finish strong.

I have read and accept the DIL, Inc., Mission Statement and Counseling Agreement, agree to treatment, and acknowledge I have received privacy notice. Fees are subject to change.

Signature of Client/Parent or Guardian

Date

D. Israel Lewis, LPC, LMFT
Director

Rev. 12/2024

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

HIPAA Notice of Privacy Practices for D. Israel Lewis, Inc. (DIL, Inc.)

Effective 07/01/2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact our office at 903-885-2273.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

***For Treatment.** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

***For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

***For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

***Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

***Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

SPECIAL SITUATIONS:

***As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

***Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

***Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

***Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

***Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

***Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

***Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

***Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

***Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

***National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

*Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

*Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

*Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

*Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

*Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to D. Israel Lewis, Inc., PO Box 1591, Sulphur Springs, TX 75483. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

*Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

*Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

*Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to D. Israel Lewis, Inc., PO Box 1591, Sulphur Springs, TX 75483.

*Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to D. Israel Lewis, Inc., PO Box 1591, Sulphur Springs, TX 75483.

*Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to D. Israel Lewis, Inc., PO Box 1591, Sulphur Springs, TX 75483. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

*Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

*Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to D. Israel Lewis, Inc., PO Box 1591, Sulphur Springs, TX 75483. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

*Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.israellewis.com. To obtain a paper copy of this notice, D. Israel Lewis, Inc., PO Box 1591, Sulphur Springs, TX 75483.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact D. Israel Lewis, Inc., PO Box 1591, Sulphur Springs, TX 75483. All complaints must be made in writing. You will not be penalized for filing a complaint.