

# ***Follman Agency***

A treatment and assessment agency, certified by the State of Washington,  
will prepare an Anger Management Assessment.

## **Anger Management Evaluation**

1. I have had NO prior Assessment for this offense except as noted below:  
\_\_\_\_\_
2. I understand that failure to reveal prior evaluations and/or to give permission for exchange of information among evaluation agencies will prohibit the current agency from providing evaluative services necessary to prepare the Alcohol/Drug Assessment.
3. I voluntarily consent to receive services for treatment and I agree to fulfill my financial obligations.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Initials of evaluating counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you hear about our agency?** \_\_\_\_\_

<b>Name</b>		<b>Date</b>	
<b>Street Address</b>		<b>Suite/Apt #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Phone</b>	<b>Email address</b>	<b>Age</b>	<b>Date of birth (m/d/y)</b>
<b>Occupation/Job:</b>			
<b>Name of person with whom you live</b>			<b>Relationship</b>
<b>Name of person to call in an emergency</b>		<b>Phone</b>	<b>Relationship</b>
<b>Name of person completing this form (if not client)</b>			
<b>Name of referring or responsible physician/clinician</b>			
<b>Street Address</b>		<b>Suite/Apt #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Phone</b>			

Check or circle those that apply

Race		
<input type="checkbox"/> <i>Caucasian</i>	<input type="checkbox"/> <i>African American</i>	<input type="checkbox"/> <i>Asian American</i>
<input type="checkbox"/> <i>Hispanic</i>	<input type="checkbox"/> <i>Native American</i>	<input type="checkbox"/> <i>Other</i>

Religion		
<input type="checkbox"/> <i>Protestant</i>	<input type="checkbox"/> <i>Catholic</i>	<input type="checkbox"/> <i>Jewish</i>
<input type="checkbox"/> <i>Muslim</i>	<input type="checkbox"/> <i>Hindu</i>	<input type="checkbox"/> <i>Other</i>

Residence		
<input type="checkbox"/> <i>House</i>	<input type="checkbox"/> <i>Apartment</i>	<input type="checkbox"/> <i>Room</i>
<input type="checkbox"/> <i>Dormitory</i>	<input type="checkbox"/> <i>Hotel</i>	<input type="checkbox"/> <i>Hospital</i>
<input type="checkbox"/> <i>Homeless</i>	<input type="checkbox"/> <i>Transitional Housing</i>	<input type="checkbox"/> <i>Other</i>

Marital Status		
<input type="checkbox"/> <i>Never Married</i>	<input type="checkbox"/> <i>Living Cooperatively</i>	<input type="checkbox"/> <i>Other</i>
<input type="checkbox"/> <i>Divorced</i> <i>How many times 1 2 3 Other</i>	<input type="checkbox"/> <i>Separated</i>	<input type="checkbox"/> <i>Widow/Widower</i>
<input type="checkbox"/> <i>Marriage Annulled</i>	<input type="checkbox"/> <i>Married, How many times 1 2 3 Other</i>	

Gender		
<input type="checkbox"/> <i>Male</i>	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Other</i>
<input type="checkbox"/> <i>Transgender</i>	<input type="checkbox"/> <i>Prefer not to say</i>	<input type="checkbox"/> <i>Non-conforming</i>

Education		
<input type="checkbox"/> <i>High School Diploma</i>	<input type="checkbox"/> <i>College/University</i>	<input type="checkbox"/> <i>Graduate School</i>
<i>Years completed</i> <b>1 2 3 4</b>	<i>Years completed</i> <b>1 2 3 4</b>	<i>Years completed</i> <b>1 2 3 4</b>
<input type="checkbox"/> <i>6<sup>th</sup> Grade or Earlier</i>	<i>BA BS MA</i>	<input type="checkbox"/> <i>Other</i>
<input type="checkbox"/> <i>7<sup>th</sup> Grade</i>	<i>MS MBA PhD</i>	
<input type="checkbox"/> <i>8<sup>th</sup> Grade</i>		

# FOLLMAN AGENCY

## RECORD OF AFFIRMATION OF ASSESSMENT INFORMATION VERACITY

I hereby affirm that the information I give, in both written and verbal forms, during this anger management evaluation is the full and complete truth to the best of my knowledge. I understand that if any information given by me is later found to be intentionally misleading or untrue, this evaluation and resulting recommendations and/or treatment plan are rendered invalid and the evaluation and/or treatment may be re-done.

This affirmation of veracity applies especially to information relating to my criminal, domestic abuse, and substance abuse histories.

Signed: \_\_\_\_\_  
Client date  
\_\_\_\_\_  
Evaluating Counselor date

\*\*\*\*\*  
\*\*\*\*

### Financial Obligation

I, \_\_\_\_\_, hereby voluntarily consent to receive services for treatment as the Follman Agency, 910 S. Anacortes Street, Burlington, Washington. I agree to fulfill my financial obligations to the Follman Agency for the services based upon agreement between the Follman Agency and myself.

Signed: \_\_\_\_\_  
Client date  
\_\_\_\_\_  
Evaluating Counselor date

**Legal**

It this assessment suggested by anyone connected to the legal system: Yes No

If yes, Whom

Court ordered Mental Health or Chemical Dependency treatment: Yes No

Currently under supervision of the Department of Corrections: Yes No

If yes, CCO Name:

There is a court order exempting the individual participant from reporting requirements: Yes No

If yes, a copy of the court order must be included in the record if the participant claims exemption from reporting requirements.

**Legal**

**Current Legal Charge:**

Court:		Case #
BAC:	Offense:	Date of Offense:
Probation Officer:		Contact:
Outstanding Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what and when:		
Past Convictions: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Charge	Date of Charge	Court	Final Outcome

<b>Name of Attorney:</b>	<b>Attorney's Contact:</b>
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**Attorney's Address:**

## Self and Family Illness History

Indicate S=self, F=family, or B=both if there is any history in your family of:

Diabetes		Obesity		Allergies	
Gout		High blood fats		Stroke	
Cancer of _____		Heart trouble		Alcoholism	
Sleep disorder		Fatty liver		Anemia	
Chronic depression		Ulcers		Recurrent trauma	
Digestive illness		Peripheral neuropathy		Seizures	
Esophageal reflux		cirrhosis		Fainting	
Headache or Migraine		Heartburn or gastritis		Hepatitis	
Night sweats		Numbness in fingers or toes		Recurrent diarrhea	
Shaking		Weight loss or gain		TB	

## Statement of Present Health

Your statement of present health: Please explain: _____	<b>Excellent</b>	<b>Good</b>	<b>Fair/Poor (explain)</b>
Are you experiencing any sleep difficulties? Please explain: _____	<b>No</b>	<b>Yes (specify)</b>	Mild Moderate Severe
Do you take nonprescription drugs routinely? Please specify: _____	<b>No</b>	<b>Yes (specify)</b>	
Do you take prescription drugs routinely? Please specify: _____	<b>No</b>	<b>Yes (specify)</b>	
Do you exercise regularly?	<b>No</b>	<b>Yes</b>	If so, how often?
When was the last time you visited a physician?	<b>Date</b>		
Is there any likelihood of a current pregnancy?	<b>No</b>	<b>Yes</b>	
Are you under the care of a physician now? Please specify: _____	<b>No</b>	<b>Yes (specify)</b>	
What is your: Height _____ Weight _____ Usual blood pressure high low normal (circle one)			
History of surgery: Type(s) _____ Date(s) _____			

Name \_\_\_\_\_

Date \_\_\_\_\_

revised 3-17-21

## MENTAL HEALTH

Are you currently receiving services as a mental health center or seeing a private practitioner? If Yes, where and when? _____	Y	N
Have you ever received mental health counseling or psychiatric treatment? If yes, where and when? _____	Y	N
Are you currently using medications for mental health reasons? If yes, What? _____	Y	N
Is there a family history of mental illness? If yes, Please explain: _____	Y	N

Have you had a significant period (not the direct result of alcohol/drug use) where you experienced any of the following? (check all boxes that apply)						
	Anxiousness		Sleep Disturbances		Phobias/Paranoia/ delusions	Anorexia
	Bulimia		Hallucinations		Serious Depression	Hostility/Violence
	Referral to Mental Health		Grief and Loss Issues		Inability to Comprehend	Loss of Appetite
	Hopelessness		Moodiness		Feeling Withdrawn	Decreased Energy
	Self-destructive Thoughts/or Self Harm		Giving Away Valuable Possessions		Sleeplessness	Taking Unnecessary Risks
Have you ever attempted suicide?    Y    N If yes, when and where? _____						
Do you have suicidal thoughts?    Y    N If yes, explain most recent thoughts. _____						
Is there any kind of physical, emotional, or sexual abuse where you live?    Y    N If yes, please explain. _____						
Are you at risk of being abused?    Y    N If yes, please explain. _____						
Have you ever been abused physically, emotionally, or sexually?    Y    N If yes, please explain. _____						
Do you have a history of violence toward others?    Y    N If yes, please explain. _____						

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

revised 3-20-21

## ALCOHOL AND DRUG USE HISTORY

Check All Drugs Used	Age at First Use	Age When Regular Use Began	Average Number of Times Used Each Week	Average Amount Used Each Time	Usual Way Used (Oral, Smoked, IV, Snorted or IM)	Date of Last Use	Period of Heaviest Use
Caffeine							
Nicotine							
Beer							
Wine							
Liquor							
Marijuana							
Cocaine							
Amphetamines							
Tranquilizers							
Opiates							
Hallucinogens							
Inhalants							
Steroids							
OTC							
Other Substances							

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

revised 9-7-20

**PROFILE:**

Do you know how to use guns? \_\_\_\_\_

Do you currently possess any weapons? No Yes

If so describe: \_\_\_\_\_

Have you ever thought about killing someone? No Yes

If so describe: \_\_\_\_\_

Have you ever been a victim of physical or sexual abuse or neglect? No Yes

If *yes*, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever feared for your life? No Yes

If *yes*, please describe: \_\_\_\_\_

\_\_\_\_\_

How did your parents discipline you as a child? \_\_\_\_\_

\_\_\_\_\_

Did any of your parents have problems with alcohol or illegal drugs? \_\_\_\_\_

\_\_\_\_\_

How did you parents deal with conflict with each other when you were a child? \_\_\_\_\_

\_\_\_\_\_

What would you want to work on if you were in counseling right now? \_\_\_\_\_

\_\_\_\_\_

Were you ever exposed to domestic violence as a child? Yes or No

Did your father shame you? Yes or No

How would you describe your relationship with your mother? \_\_\_\_\_



What was the role of alcohol or other drugs in the incident? **Check those that apply:**

- Caused incident       Both parties under the influence       I was under the influence
- Victim was under the influence       Not a factor

Are you more likely to be involved in an abusive situation when you drink? Yes  No

Please check those kinds of abuse you have engaged in the last 2 years with your partner and/or children?

- a) physical      c) destruction/property/pets
- b) sexual      d) psychological abuse
- e) none of the above

How often are you physically abusive with your primary relationship? **Please choose one:**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Never Once		a few times per year	monthly	weekly	2-3 times weekly	4-5 times per week	daily

Have you ever been evaluated or treated for alcohol/drug use?  No  Yes

If **yes**, where and when? \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to totally abstain from alcohol and illegal drugs if you do treatment/counseling here?  No  Yes

If **NO**, Please explain: \_\_\_\_\_

Check the box on the left for each behavior that happened to you in the relationship that this incident happened in. Check box on the right for each behavior you did to your partner during the relationship.

<b>Example:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Left Box: Other person did to you during relationship</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Right Box: You did to other person during relationship.</b>
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PHYSICAL ABUSE

PSYCHOLOGICAL ABUSE

SEXUAL ABUSE

- Scratch
- Pinch
- Pull Hair
- Deny Physical Needs
- Grab
- Push/Shove
  
- Slap
  
- Bite
- Twist Limbs
- Bruise
  
- Punch
  
- Throw Objects
- Used as a Target
- Kick
- Thrown
- Forced Ingestion of Alcohol/Drugs
- Deny Medical Attention
- Choke
  
- Beating
- Poison
- Use Weapons

- Demeaning Jokes
- Silent Treatment
- Put Downs
- Insults
- Ignore Feelings
- Yelling/Screaming
  
- Invasion of Partner's Privacy
  
- Breaking Objects, Punching Walls
- Blaming
- Monitoring Activities
  
- Jealousy
  
- Threats
- Isolation
- Sleep Deprivation
- Humiliation
- Affairs
  
- Label Crazy/"Sick"
  
- Harming Pets, Prized Possessions
- Threaten Homicide, Suicide

- Crude Sexual Jokes
- Demeaning Comments
- Treat Like Sex Objects
- Unwanted Touching
- Requiring Sex as Duty
- Withhold Sex as Punishment
- Promiscuous in Front of Partner
- Control Contraceptives
  
- Forcing Sex during Illness
- Forcing Partner to Have Sex with Others
- Sex After Violence-"Please Forgive Me"
- Rape
- Beat After Sexual Intimacy
- Using Sex to Injure



**FOLLMAN AGENCY**  
910 S ANACORTES ST, WA 98233  
(360) 755-1125 FAX (360)757-1125

***MISSION STATEMENT***

**Follman Agency's** mission is to work cooperatively to end violence in Skagit County through education, empowerment, advocacy, counseling, and support.

***PHILOSOPHY STATEMENT***

We are dedicated to the belief that no one deserves to be abused. All people have the right to live a life **FREE** from violence -- either physical, emotional, mental, or sexual. We believe violence is a community problem with a community solution. We are committed to work together with **ALL** services, systems, and individuals to **STOP** violence and create a climate of accountability.

***Services are provided to all people regardless of gender, sexual orientation, ethnic heritage, physical/development or cognitive disabilities.***

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**STATEMENT OF CONFIDENTIALITY**

*As a participant in the Anger Management Accountability Program, I understand and agree that:*

1. The staff of the Follman Agency and Anger Management Accountability Program will keep confidential any and all information concerning my participation in the program, and that confidentiality will be broken only if:
  - A. Reason to reasonably suspect physical, sexual or other child abuse is taking place, in which case Child Protective Services (CPS) will be notified.
  - B. Reason to suspect imminent danger to others or myself is present, in which case appropriate sources of help will be notified.
  - C. Staff members of the Follman Agency are required to appear in court and are ordered by the presiding judge to answer questions directed to them, in which case they will answer the questions.
  - D. Reason to believe an unreported crime has been committed especially violation of a No Contact Order, Protection Order, or Restraining Order.
2. I will keep confidential any and all personal information, including names of the class and group members, revealed in the class or group, subject to the same exceptions listed above.
3. Safety checks will be made when appropriate with my spouse or other significant persons in my life, and that any and all personal information gathered during the safety checks will be held confidential, subject to the same exception listed above. A phone call and/or letter about our services may be used to contact to your partner or spouse. Further, no confidential personal information about me will be passed to my spouse or significant other people during the safety checks.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **WITNESS:** \_\_\_\_\_

# Hostility Inventory

By Arnold H. Buss and Ann Durkee

Use the answer sheet for recording your answers to the sixty-six statements listed below and on the next page. Decide if each of the statements is true (T) or false (F) as it pertains to you and record your response on the appropriate line on the answer sheet.

1. Unless somebody asks me in a nice way, I won't do what they want.
2. I don't seem to get what I deserve.
3. I sometimes spread gossip about people I don't like.
4. Once in a while I cannot control my urge to harm others.
5. I know that people tend to talk about me behind my back.
6. I lose my temper easily but get over it quickly.
7. When I disapprove of my friends' behavior, I let them know it.
8. When someone makes a rule I don't like, I am tempted to break it.
9. Other people always seem to get what they want without even trying.
10. I never get mad enough to throw things.
11. I can think of no good reason for ever hitting anyone.
12. I tend to be on my guard with people who are somewhat friendlier than I expected.
13. I am always patient with others.
14. I often find myself disagreeing with people.
15. When someone is bossy, I do the opposite of what he asks.
16. When I look back on what's happened to me, I can't help feeling mildly resentful.
17. When I am mad, I sometimes slam doors.
18. If somebody hits me first, I hit them back.
19. There are a number of people who seem to dislike me very much.
20. I am irritated a great deal more than people are aware of.
21. I can't help getting into arguments with people when they disagree with me.
22. When people are bossy, I refuse to cooperate.
23. Almost every week I see someone I dislike.
24. I never play practical jokes.
25. Whoever insults me or my family is asking for a fight.
26. There are a number of people who seem to be jealous of me.
27. It makes my blood boil to have somebody make fun of me.
28. I demand that people respect my rights.
29. Occasionally when I am mad at someone I will give him the "silent treatment."
30. Although I don't show it, I am sometimes overcome with jealousy.
31. When I am angry, I sometimes sulk.
32. People who continually annoy me are asking for a punch.
33. I sometimes have the feeling that others are laughing at me.
34. If someone doesn't treat me right, I don't let it annoy me.
35. Even when I'm angry, I don't use obscenities.
36. I don't know any people that I downright hate.

37. I sometimes sulk when I don't get my own way.
38. I rarely strike back, even if someone hits me first.
39. My motto is "Never trust strangers."
40. Sometimes people bother me by just being around.
41. If somebody annoys me, I am likely to tell him what I think of him.
42. If I let people see the way I feel, I'd be considered a hard person to get along with.
43. Since the age of ten, I have never had a temper tantrum.
44. When I really lose my temper, I am capable of hitting someone.
45. I commonly wonder what hidden reason another person may have for doing something nice for me.
46. I often feel like a powder keg ready to explode.
47. When people yell at me, I yell back.
48. At times I feel like life has treated me unfairly.
49. I can remember being so angry that I picked up the nearest thing and broke it.
50. I get into fights about as often as the next person.
51. I used to think that most people told the truth but now I know otherwise.
52. I sometimes carry a chip on my shoulder (to carry a chip on one's shoulder is to feel so inferior or badly treated that one acts in an oversensitive and resentful manner).
53. When I get mad, I say nasty things.
54. I sometimes act out when I am angry.
55. If I have to resort to physical violence to defend my rights, I will.
56. I have no enemies who really wish to harm me.
57. I can't help being a little rude to people I don't like.
58. I could not tell someone off even if he deserved it.
59. I have known people who pushed me so far that we got into a physical fight.
60. I rarely feel that people are trying to anger or insult me.
61. I don't let a lot of unimportant things irritate me.
62. I often make threats I don't really mean to carry out.
63. Lately, I have been kind of grouchy.
64. When arguing, I tend to raise my voice.
65. I generally cover up my poor opinion of others.
66. I would rather give in than get into an argument about something.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

HOSTILITY INVENTORY

ANSWER SHEET



OVERALL  
TOTAL  
SCORE

NE	RE	IN	AS	SU	IR	VE
1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____
8. _____	9. _____	10. _____	11. _____	12. _____	13. _____	14. _____
15. _____	16. _____	17. _____	18. _____	19. _____	20. _____	21. _____
22. _____	23. _____	24. _____	25. _____	26. _____	27. _____	28. _____
29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	35. _____
	36. _____	37. _____	38. _____	39. _____	40. _____	41. _____
	42. _____	43. _____	44. _____	45. _____	46. _____	47. _____
	48. _____	49. _____	50. _____	51. _____	52. _____	53. _____
		54. _____	55. _____	56. _____	57. _____	58. _____
			59. _____	60. _____	61. _____	62. _____
					63. _____	64. _____
						65. _____
						66. _____



## NOTICE OF PRIVACY PRACTICES

FOLLMAN AGENCY 910 S. ANACORTES STREET, BURLINGTON, WA, 98233

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

As part of our professional practice, we maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. **Protected Health Information (PHI)** is information about you, including demographic information, that may identify you or be used to identify you. PHI relates to your past, present, and future physical, mental or health or conditions, the provision of health care, services, or the past, present and future payment for the provision of health care.

### Your Rights Regarding Your PHI

The following are your rights regarding PHI we maintain about you:

- **Right to Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restricting or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests and will not as why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with us or with the Secretary of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

### Our Use and Disclosures of PHI for Treatment, Payment and Health Care Operations

- **Treatment.** We may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, we may disclose your PHI to other current providers, and to the extent you have not raised an objection in writing, to your prior providers or other persons, including family members, involved in your care.
- **Payment.** We may use your PHI in connection with billing statements we send you and our system for tracking charges and credits to your account. In addition, but with your authorization, we may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and to disclose PHI for medical necessity and quality assurance review.
- **Health Care Operations.** We may use and disclose your PHI for the Health Care Operations of our professional practice in support of the functions of treatment and payments. Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal or financial services to assist us in our delivery of your health care.

### Other Uses and Disclosures that Do Not Require Your Authorization or Opportunity to Object Required by Law

We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and

limited to the relevant requirements of the law. Examples are: public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigations of death. We also make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

- **Health Oversight.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as our professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to us (such as third-party payers).
- **Threat to Health or Safety.** We may disclose your PHI when necessary to minimize an imminent danger to health or safety of you or any other individual.
- **Appointment Reminders.** We may disclose your PHI contact you to remind you of your appointment with us.
- **Business Associated.** We may disclose your PHI to Business Associates that are contracted by us to perform health care operations or payment activities on our behalf which may involve their collection, and use or disclosure of your PHI. Our contact with them must require them to safeguard the privacy of your PHI.

#### **Compulsory Process**

We will disclose your PHI if a court of competent jurisdiction issues an appropriate order. We will also disclose your PHI if:

- We and you have each been notified in writing at least 14 days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid our compliance.
- No qualified judicial or administrative proactive order has been obtained.
- We have received satisfactory assurances that your received notice of an opportunity to have limited or quashed the discovery demand, and such time has elapsed.

#### **Use and Disclosures of PHI with Your Written Authorization**

We will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless we have taken a substantial action in reliance on the authorization such as providing you with health care services for which we must submit subsequent claim(s) for payment.

#### **This Notice**

This notice of Privacy Practices informs you how we may use and disclose your PHI and your rights regarding PHI. We are required by law to maintain the privacy of your PHI and to provide you with notice of your legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of the Notice. We reserve the right to change the terms of our Notice at any time. Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice by providing a copy upon request, or at our next appointment. **If you have questions about this Notice of Privacy Practices, please contact our Privacy Officer. Kathy Follman, Follman Agency, 910 S. Anacortes Street, Burlington, WA 98233 (360) 755-1125.**

#### **Complaints**

If you believe we have violated your privacy rights, you may file a complaint in writing to us, as specified on the first page of this Notice. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

#### **Acknowledgment**

**I hereby acknowledge reviewing and receiving a copy of this notice.**

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

Gambling Supplemental Questions Form

1. In the last twelve months:

Have there been periods when you needed to gamble with increasing amount of money or with larger bets than before to get the same feeling of excitement?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you continued to gamble despite adverse consequences that have affected your finances, family relationships, work, or other parts of your life?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you lied to family members, friends, or others about how much you gamble?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have there been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences or planning future gambling ventures or bets?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you tried but not succeeded in stopping, cutting down, or controlling your gambling behavior?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. In the last twelve months:

Have you contemplated or attempted suicide?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you contemplated or attempted to do physical harm to another person?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. In the past 30 days, how many days have you played (enter quantity):

Bingo _____	Gambling and substance use in the same day _____
Internet gambling _____	Bowl, pool, golf, or other games of skill _____
Card Games (non-Casino) _____	Lottery, numbers, instant tickets (scratch-offs) _____
Casino table games _____	Other forms of gambling _____
Dice games, dominoes _____	Play slots, poker machines, video lottery terminals _____
Horses, dogs _____	Gambling more than you can afford _____
Sports _____	Stock options, commodities _____

4. In the past 30 days:

How much money would you say you spent per week on gambling? \$ \_\_\_\_\_

Number of gambling episodes per week \_\_\_\_\_

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

## Toronto Empathy Questionnaire

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described. Circle your answer on the response form. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can.

		Never	Rarely	Sometimes	Often	Always
1.	When someone else is feeling excited, I tend to get excited too	0	1	2	3	4
2.	Other people's misfortunes do not disturb me a great deal	0	1	2	3	4
3.	It upsets me to see someone being treated disrespectfully	0	1	2	3	4
4.	I remain unaffected when someone close to me is happy	0	1	2	3	4
5.	I enjoy making other people feel better	0	1	2	3	4
6.	I have tender, concerned feelings for people less fortunate than me	0	1	2	3	4
7.	When a friend starts to talk about his\her problems, I try to steer the conversation towards something else	0	1	2	3	4
8.	I can tell when others are sad even when they do not say anything	0	1	2	3	4
9.	I find that I am "in tune" with other people's moods	0	1	2	3	4
10.	I do not feel sympathy for people who cause their own serious illnesses	0	1	2	3	4
11.	I become irritated when someone cries	0	1	2	3	4
12.	I am not really interested in how other people feel	0	1	2	3	4
13.	I get a strong urge to help when I see someone who is upset	0	1	2	3	4
14.	When I see someone being treated unfairly, I do not feel very much pity for them	0	1	2	3	4
15.	I find it silly for people to cry out of happiness	0	1	2	3	4
16.	When I see someone being taken advantage of, I feel kind of protective towards him\her	0	1	2	3	4

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



## Anger Management Questionnaire

Page 1

1. How many times have you been arrested due to your anger? 1 - 2 - 3 - 4- 5 or more
2. Has anger caused problems in your relationships? Yes No
3. Have you ever lost a job because of your anger? Yes No
4. Have you ever been disciplined at work because of your anger? Yes No
5. Were you ever suspended from school for anger related issues? Yes No
6. Who taught you how to express your anger? Mother Father Sibling  
Other \_\_\_\_\_
7. How many times a day do you become angry? 1 2 3 4 5 6 7 8 9 10+
8. How long do you remain angry? Minutes Hours Days Other \_\_\_\_\_
9. How do you restrain your anger?

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10. How do you know when to restrain your anger?

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11. How do you express your anger?

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12. What triggers your anger?

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**Anger Management Questionnaire** Page 2

13. How would you rate the intensity of your anger? Mild Moderate Severe

14. Who do you tend to conflict with? Parent Spouse Supervisor Co-Worker  
Other \_\_\_\_\_

15. What do you tend to conflict over?

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

16. Where do you become angry most often? Home Work  
Other \_\_\_\_\_

17. Is there a particular time of day you tend to become angry?

Morning Afternoon Evening

18. What do you attribute your anger to?

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

19. How do you cope with anger?

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

20. Do you think you have an anger problem? Yes No

21. Do you believe anger management treatment is necessary? Yes No

If additional information arises where this Evaluation changes to a Child Custody Evaluation, additional charges will apply. Follman Agency's private pay rate for a Child Custody Evaluation is \$750.00. Child Custody Evaluations are not billed to an Insurance Company. Payment is expected in full before the Evaluation is sent to the appropriate Courts/Attorney/Probation Officer/ Child Protection Services and/or Guardian Ad Litem. By signing below, I agree I have read this clause and understand payment will be due in full.

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Patient Printed Name

CONSENT FOR RELEASE OF  
CONFIDENTIAL INFORMATION  
CRIMINAL JUSTICE SYSTEM  
REFERRAL

FOLLMAN AGENCY  
910 South Anacortes Street  
Burlington, WA 98233  
(360) 755-1125 ♦ Fax (360) 757-1125

I, \_\_\_\_\_  
(Name of Defendant)

hereby consent to communication between FOLLMAN AGENCY and

\_\_\_\_\_  
Court, Prosecutor, Probation, Parole and/or Other Referring Agency

The purpose of, and need for, this disclosure is to:

**To enable the treatment provider to communicate to the criminal justice system agency listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, continuing care plan referrals, and prognosis.**

I understand that this consent will remain in effect and cannot be revoked by me until:

**There has been a formal and effective termination or revocation of my release from confinement, probation, parole or other proceeding under which I was mandated into treatment.**

The information will be released in the following form(s):

Written  Verbal  Audio  Video  Electronic (including fax)  Other \_\_\_\_\_

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and recipients of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Defendant/Client Signature

\_\_\_\_\_  
Signature of parent, guardian or  
Authorized representative if required

\_\_\_\_\_  
Date



# CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_  
authorize the **FOLLMAN AGENCY**, 910 S. Anacortes Street, Burlington, WA 98233 to receive and/or  
disclose to:

(Name) **NAME OF ATTORNEY** (Address) (Phone/Fax)

For the purpose of: To Enable open communication and exchange of information

I understand that my records are protected under Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160& 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action has been taken in reliance on it (e.g. probation, parole, etc) and that in any event this consent expires automatically as described:

Authorization expires after the following action takes place: 90 Days Post Discharge  
(Specification of the date, event or condition upon which this expires)

I request the following information to be release: (Client's initials required next to check mark )

- \_\_\_\_\_ Knowledge that I am a client at this agency (friends, relatives)
- \_\_\_\_\_ Diagnostic impression, symptomology, evaluation results, and recommendations
- \_\_\_\_\_ Drinking/drug use history and intake information
- \_\_\_\_\_ Copies of Court Ordered Treatment Plan and/or Probation Records
- \_\_\_\_\_ Abstinence status, progress reports, attendance records
- \_\_\_\_\_ Results of Urinalysis or Breathalyzer test(s)
- \_\_\_\_\_ Discharge Summary and Aftercare plans
- \_\_\_\_\_ Compliance with A/DIS requirements
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

The information will be released in the following form(s):

Written  Verbal  Audio  Video  Electronic (including Fax)  Other \_\_\_\_\_

**Notice: Prohibition or Re-Disclosure prohibits you from making further disclosure of information given above (42 CFR Part 2).**

I understand that generally this agency may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances, I may be denied treatment if I do not sign a consent form. I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Staff Signature

Client Signature

## AUTHORIZATION TO RELEASE COURT RECORDS

1. DEFENDANT'S NAME: *(Please Print)*

\_\_\_\_\_

First Name	Middle Name	Last Name
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authorizes

Follman Agency (Requestor) to obtain copies of defendant's court records and files in the state of Washington, whether in paper or electronic format, including any municipal court, district court, superior court and juvenile court records and files, and including a compilation of defendant's records and files, such as the defendant's criminal history record.

2. DEFENDANT'S DATE OF BIRTH: \_\_\_\_\_

3. DEFENDANT'S ADDRESS IS: \_\_\_\_\_

4. DEFENDANT'S DRIVER'S LICENSE # OR STATE ID#: \_\_\_\_\_

5. This authorization shall be valid for one (1) year from the date of the DEFENDANT'S signature herein. A photocopy of this authorization shall be as valid as the original.

6. REQUESTOR acknowledges that the court providing records pursuant to this authorization makes no representations as to the accuracy and completeness of the date except for court purposes.

7. REQUESTOR acknowledges that the court may request payment of costs prior to transmitting the requested records and files.

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED