



# Connection Codes



**DR. GLENN HILL**

Glenn Hill, PhD, ABS #2950, CST,  
MMFT #1073  
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employment: \_\_\_\_\_

Marital status: \_\_\_\_ Years married: \_\_\_\_ Children & ages: \_\_\_\_\_

Primary physician's name: \_\_\_\_\_

Have you previously seen a professional counselor? yes no Counselor's name: \_\_\_\_\_

Why were you seeking help? \_\_\_\_\_

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

Have you had suicidal thoughts? yes no (If yes, when?) \_\_\_\_\_

Physical or medical problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Have you been prescribed medication to help with sleeping? yes no or depression? yes no

Do you drink alcohol? yes no (If yes, how much?) \_\_\_\_\_

Do you smoke? yes no (If yes, how much?) \_\_\_\_\_

Have you used illicit drugs? yes no (If yes, which ones?) \_\_\_\_\_

How would you rate your overall health? (10=best) 1 2 3 4 5 6 7 8 9 10

How did you hear about us? \_\_\_\_\_

Fee Policy: Session fees are \$150 for intake/initial session and \$125 for subsequent sessions. Sessions typically are forty-five (45) minutes; double sessions (90 minutes) may be scheduled for \$195. Payment is due at time of service. Cash, check and major credit cards are accepted. We currently do not accept insurance; you may file with your insurance provider. Cancellations should be made at least 24 hours in advance.

Confidentiality: Law and professional ethics state that the client controls information, with three (3) possible exceptions: 1) If the counselor believes the client is at risk of harming self or another, confidentiality may be breached. Children and elders are protected classes, and suspected abuse of such an individual will be reported. 2) A court order may require disclosure of some confidential information. 3) Extreme cases may be staffed with other counselors- this is done for the benefit of the client, with no identifying characteristics.

Professional Services: If unable to contact your counselor during an emergency, you may obtain assistance by calling the Crisis Help Line at (615) 244-7444, by calling 911 or by going to a hospital emergency room.

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 and may make changes in relationships. While assistance in effecting change is provided, specific outcomes cannot be guaranteed. Clients are ultimately responsible for their own growth and life situations.

Professional Boundaries and Social Media: Relationship with the client will be recognized only at the client's initiation, including social media, so as to protect confidentiality.

Credentials: I hold a Masters degree in Marriage and Family Therapy, am pursuing licensure (#1073) by the state of Tennessee, and am under the supervision of Alissa Anderson. I am an ABS certified Clinical Sexologist (#2950), holding a PhD in Sexology, under the tutelage of Dr. William Granzig. For individuals residing outside the state of Tennessee, I will be serving as a relationship consultant.

Email and Text Message Confidentiality: When communicating via email or text message, confidentiality could be compromised. By signing below, you agree to be responsible for keeping emails and texts private to the extent you desire. I, \_\_\_\_\_, allow Glenn Hill to email me at this address: \_\_\_\_\_ and to text me at this phone number \_\_\_\_\_.

Do you have questions about the Practice Policies stated above? yes no

Do you agree with the Practice Policies stated above? yes no

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_