

## NEW CLIENT BASIC INFORMATION

Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

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

Do we have your permission to send you mail for administrative purposes only, which may include Protected Health Information (PHI), such as your name or your receipts for therapy sessions? Yes / No

Primary Phone Number: \_\_\_\_\_

(circle one): Home Cell Work Other: \_\_\_\_\_

Can we call you, and receive calls from you, at this number? Yes / No

Do we have your permission to leave you a message to schedule an appointment that may include PHI, such as your name, our name/practice, and reason for the call? Yes / No

Alternate Phone Number: \_\_\_\_\_

(circle one): Home Cell Work Other: \_\_\_\_\_

Can we call you, and receive calls from you, at this number? Yes / No

Do we have your permission to leave you a message to schedule an appointment that may include PHI, such as your name, our name/practice, and reason for the call? Yes / No

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

Do we have your permission to send you emails, or respond to emails from you, for the purpose of scheduling appointments, which may include PHI such as your name, our name, or therapy session dates? Yes / No

Emergency Contact Information:

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **INFORMED CONSENT FORM FOR OUTPATIENT SERVICES**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you have so we can discuss them at our next meeting. When you sign this document, it will represent a mutual agreement between us.

### **MENTAL HEALTH AND BEHAVIORAL MEDICINE SERVICES**

There are different methods I may use to deal with the problems you wish to address. In order for therapy to be most successful, you will be expected to work on things discussed during our sessions while you are at home, including homework assignments. Because therapy often involves discussing unpleasant aspects of your life, you may experience feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy often leads to improved relationships, problem-solving, and significant reduction in distress.

Our first few sessions will involve a comprehensive evaluation of your needs. I will be able to offer you some suggestions of what our work will include and a treatment plan, if you decide to continue with therapy. You should consider this information, along with your comfort level of working with me. If either of us feels that I am not the right therapist for you, I will provide referrals to other practitioners perhaps better suited to help you.

Therapy involves a commitment of time, money, and energy, so it is important to find the right fit. If you have questions about my therapeutic style, I encourage you to discuss them whenever they arise.

### **MEETINGS**

I normally conduct a comprehensive evaluation that will last from 1 to 4 sessions. During this time, we can decide together if I am the best person to provide the services you need in order to meet your treatment goals. If we agree to begin therapy, I usually schedule one [45/50-minute] session per week, at a time we will agree on together, although some sessions may be more frequent.

Once an appointment hour is scheduled, you will be expected to pay a \$50.00 fee should you fail to keep your appointment with less than 24 hours notice. Unfortunately, we cannot determine what is or is not a valid circumstances to miss a scheduled appointment with less than 24 hours notice, so you will be required to pay this fee anytime this situation occurs.

## **PROFESSIONAL FEES**

My hourly fee is [\$150.00], and, if we meet more than the usual time, I will charge accordingly. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I routinely prorate the hourly cost if I work for periods of less than one hour. Other professional services may include report writing, filling out forms, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have requested or authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge [\$500] per half-day [4 hours] for professional services that I am asked or required to perform related to your legal matter. I also charge a minimal copying fee per page for personal record requests.

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have health insurance coverage that requires another arrangement. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

## **INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide at least some coverage for mental health treatment. I will complete forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are, ultimately, responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy will or will not cover.

If you have questions about your insurance coverage for mental health services, call your plan administrator. Of course, I will be happy to help you understand the information you receive from your insurance company and, if necessary, my Practice Manager can contact the insurance company on your behalf to obtain clarification.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans often require authorization before they provide reimbursement for mental health services.

These plans are frequently limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some clients feel that they need more services after their insurance benefits end. Please note, some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will try to assist you in finding another local provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have absolutely no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I submit, if you request it. You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.

Once we have all of the information about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available, and what will happen if your benefits run out before you feel ready to end our sessions.

## **CONTACTING ME**

I am often not immediately available by telephone. Though I am usually in my office between [8:00 AM and 6:00 PM] Monday through Thursday, I will not answer the phone when I am with another patient. When I am unavailable, my telephone is answered by my practice answering machine that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays when I may be out of town.

If you are difficult to reach because of your schedule, please inform me of times you will be available. **If you are unable to reach me and feel that it is an emergency, call 9-1-1 or go to the nearest hospital emergency room.** If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence, if necessary.

## CONFIDENTIALITY

In general, the privacy of all communications between a patient and treating clinician is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. A judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person or disabled person is being abused or has been abused, I am required by law to make a report to the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice that I am unable to provide, formal legal advice may be needed. The laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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

Client Printed Name: \_\_\_\_\_