

Stephen M. Moyer, Ph.D.

Revised 07/01/2017

**116 South Main Street, Suite 305
Mooresville, N.C. 28115
Telephone 704-663-3600**

Keep this Copy

Comprehensive Client Information

Welcome to my practice. I appreciate your giving me the opportunity to be of help and service to you.

This brochure answers some questions clients often ask about any therapy practice. ***Read it completely and carefully.*** It is important to me that you are fully informed of how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This brochure addresses in some detail the following topics:

What the risks and benefits of therapy are.

What the goals of therapy are, and what my methods of treatment are like.

How long therapy might take.

How much my services cost, and how I handle money matters.

Other important areas of our relationship.

After you read this brochure we can discuss, in person, how these issues apply to your own situation. This brochure is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

About Psychotherapy

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful to you.

At the risk of oversimplification, it can be said that a person generally seeks professional psychological services because that individual (or others with whom the help-seeker associates) is uncomfortable with perceived excesses or deficiencies in the way he or she thinks, feels, or behaves. Psychotherapy is the process through which needed/desired changes in one's feelings, thoughts, or behavior pattern are brought about. The person seeking corrective change in his/ her life enlists the help of a qualified professional (in your case, a clinical psychologist) to clearly identify what needs changing. The two parties then work a collaborative manner to design intervention strategies having a reasonable hope of bringing about the desired changes in the help-seeker's feelings, thoughts, or behavior patterns. Psychotherapy is *not* a passive process. *You* are the one who ultimately defines and chooses the problem areas in your life to be worked on. I use a pool of specialized knowledge, based on my professional training and experience, to give you the opportunity to make the changes you want to make. In this sense, psychotherapy is probably very unlike visits to your medical doctor. It requires your very active involvement and its success depends a lot on you. It requires your best efforts to change thoughts, feelings, and behaviors. Among other things, I will need you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active participant and partner in your therapy and one of the ways you will help increase the probability that you will get what you want from our joint efforts. I think of my approach to helping people with their problems as an educational one. I am responsible for providing sound information and specialized knowledge relevant to my clients' therapy needs. I provide guidance in ways to apply that knowledge to their benefit. In the end, it is the individual client (you) who must use the

knowledge as a tool to make the desired differences in your life.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you *can* learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for 3 to 4 months. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” more helpful than it may be otherwise.

At some point after our last session, I may send you a list of follow-up questions. These questions will ask you to look back at our work together, and sending them to you is part of my duty as a therapist. I ask that you agree, as part of entering therapy with me, to return this follow-up form and to be very honest about what you tell me then.

The Benefits and Risks of Therapy

As with any treatment capable of producing significant changes in your life, there are some risks as well as many benefits associated with psychotherapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

Page Three

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations, Coordination with and Referral to Other Professionals

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor as your treatment needs dictate.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have *any other role* in your life. I cannot socialize with a client. I cannot be a therapist to someone who is already a social friend. I cannot have a business relationship with any of my clients, other than the therapy relationship (e.g., I could not buy real estate from a realtor client).

Even though you may invite me, I cannot attend your family gatherings, such as parties or weddings.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

Page Four

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable telling me.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.
5. In the rare event that there is a willful failure to pay a past due account for psychological services after repeated billings and attempts to collect, the confidential nature of our business relationship will be compromised if your account must be turned over to a collection agency and/or your outstanding account is reported to a credit reporting agency.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes communicate or consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. If electronic (e-mail) communications occur with a referring professional, the message will be encrypted or you will be identified in a way which is meaningful only to the referring professional (e.g., Steve M. or Steve M**er). Your name will never be given to a non-referring professional, and they will be told only as much as they need to know to understand your situation.

Except for the situations described above, I, and anyone else affiliated with my practice, will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

I make every effort to keep the names and records of my clients private. I will try never to use your name on the telephone such that people in proximity to my office can overhear it. All professionals affiliated with my practice (e.g. my insurance benefits and billing contractor) have been trained in how to keep patient information confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients’ records 7 years after the end of our therapy. Until then, I will keep your case records in a safe place and they are accessible to you or to persons you release them to in writing.

Page Five

A copy and transmittal/ postage fee will be charged for your record release commensurate with the rates allowed by NC Statute 90-4011. In the event of my death, extended illness, disability, or retirement from practice, or presently unforeseen circumstances, or non-response to a record request after 90 days, a record release form can be sent to The Insurance Center, 116 South Main Street, P.O. Box 969, Mooresville, N.C. Employees of the insurance center will be able to help you obtain your medical records information.

If we do family or couple's therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them. You can have copies of them yourself for a copy fee, or can sign a release and can have them sent to another professional. I ask you to understand and agree that you *may not* examine records created by anyone else and sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

My Background

I am a psychologist with over 40 years of experience. For the past 16 years, I have had my own office for the general practice of clinical psychology. I am trained and experienced in doing one-on-one and couple's therapy with adults (18 years and over). Earlier in my career, I worked in public mental health clinics and group private practice settings. I hold these qualifications:

I have a doctoral degree in clinical psychology from the University of North Carolina at Greensboro, a training program approved by the American Psychological Association (APA).

I completed a required internship in clinical psychology 1975 (Guilford County Mental Health Center, Greensboro, N.C.)

I am a fully licensed Practicing Psychologist in the State of North Carolina.

I am a member of the APA.

I have met the qualifications for and am listed in the National Register of Health Service Providers in Psychology

About Our Appointments

Appointments are available during regular work hours between 9 A.M. and 5 P.M. A limited number of appointments are scheduled after normal work hours, but payment for these appointments will be expected in cash at the regular fee schedule specified below.

The very first time I meet with you, we will need to give each other much basic information. For this reason, I may schedule up to 90 minutes for this first meeting. Following this, we will usually meet for a 50-minute session once or twice a week, then less often. We can schedule meetings for both your and my convenience. I will give you as much advance notice as I can of my vacations or any other times we cannot meet.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding, but I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least 48 hours notice if at all possible. I need to have a fair opportunity to offer your appointment time to someone else who may be in need of my services.

In most circumstances I will reserve a regular appointment day and time for you. I also do this for other patients. Therefore, I am rarely able to fill a cancelled session unless I have at least two days notice. I understand that “to error is human” (e.g. you may honestly forget an appointment and not show up), and things do happen at times which are beyond anyone’s control and may prevent you from being present at a scheduled appointment. Therefore, ***I will make no charge for the first missed appointment or late cancellation. Thereafter, you will be charged \$75 for any subsequent “No Show” or “Late Cancellation” with less than two days notice unless there are reasons we mutually agree are most serious and warrant a charge waiver (e.g. medical emergencies, weather, etc).*** **YOU WILL BE BILLED DIRECTLY FOR ANY “NO SHOW” OR “LATE CANCELLATION” FEE..** *The charge cannot be billed to your insurance company.* Insurance companies do not pay for services not rendered.

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy since an important part of treatment is to make interpersonal relationships and the duties and obligations entailed in those relationships clear. ***You are responsible for seeing that psychotherapy services are paid for .*** Meeting this responsibility shows your maturity and serious commitment to your treatment.

My current regular fees are as follows. You will be given advance notice if my fees should change. **ACCEPTABLE METHODS OF PAYMENT ARE BY CASH OR CHECK ONLY. I DO NOT ACCEPT PAYMENT BY CREDIT OR DEBIT CARDS.**

Regular therapy services: For the initial session of up to 90 minutes, the fee is \$165. Subsequent regular therapy sessions of 50 minutes are \$100. Please pay for each session at its end (i.e. insurance co-pay or non-insurance self-pay). I have found that this arrangement works best. It also allows me to keep my fees as low as possible, because it cuts down on my billing and collections costs. I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting.

Telephone consultations: I believe that telephone consultations may be suitable or even needed at times in our therapy. If so, I will charge you my regular \$100 per session fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Psychological testing services: \$125 per hour plus the cost of testing materials. Psychological testing fees include the time spent with you, the time needed for scoring and studying the test results, and the time needed to write a report on the findings. The amount of time involved depends on the tests used and the questions the testing is intended to answer. **INSURANCE IS NOT ACCEPTED FOR PSYCHOLOGICAL TESTING SERVICES.**

Reports: I will not charge you for my time spent making routine reports to your insurance company. However, I will have to bill you for any extra-long or complex reports the company might require. The company will not cover this fee.

Other services: Charges for other services, such as hospital visits, consultations with other therapists, home visits, etc, will be according to the actual time spent in providing the service at my regular fee schedule.

However, ANY court- related services (such as consultations with attorneys, depositions, or attendance at courtroom proceedings will be charged at \$300 per hour and a minimum retainer fee of \$1200 must be received from you or your attorney in advance of ANY interchange with your attorney, except for acknowledging receipt of a subpoena should I receive one. This fee will cover the initial costs of reviewing your records (2 hours minimum), initial phone contacts and preliminary consultation with your attorney, and the blocking of my schedule for anticipated appearances on your behalf. Additional charges beyond the retainer fee will likely accrue. Charges begin at the time of departure from my office for legal/attorney- related matters and end when I arrive back at my office. Mileage expenses will be billed at the prevailing IRS allowable rate per mile. As actual court appearances will require that I clear my clinical schedule and be fully available to your legal representative (s) and to the Court, it would be a good idea to get an estimate from your attorney about how much of my time he/she will need so that I can adjust my clinical schedule accordingly and you can plan for the advance fees you will need to pay. Unearned fees from any advance payment are subject to refund at the time of final accounting and billing

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 5 days of its receipt.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches \$ 400, I will notify you by mail. If it remains unpaid 30 days after you are sent a written notification of the outstanding balance I must stop therapy with you. Fees that continue unpaid after termination of treatment are subject to being turned over to small-claims court or a collection service.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Have Traditional (or "Indemnity") Health Insurance Coverage

Because I am a licensed clinical psychologist, many health insurance plans will help you pay for therapy and other services I offer. I am a provider on most Major Medical insurance plans. However, the details of coverage for mental health services varies from one health insurer to another, and I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions." Your employer's benefits office can often tell you what you need to know. *It is essential that you confirm that I am a provider for you healthcare plan.* If your health insurance will pay for my services, **I will file the appropriate insurance claim form on your behalf. However, please keep two things in mind:** 1.) **You are responsible for knowing & providing the details of your insurance coverage.** You will need to know the effective date of your insurance coverage, the insurance ID number and social security number of the policy holder (you are not the policy holder),

pre-certification/ pre-authorization requirements, the authorization number and number of visits authorized by your insurance company at the time of our first visit, deductibles (if any) and the amount already credited toward your deductible, co-payment amounts, the claims address for filing mental health benefits, and the timetable and address for sending any required treatment plans to assure continued care and payment for services. Your insurance contract is between you and your company; it is not between me and the insurance company (except as I may have agreed to certain conditions to become a provider on your insurance plan). It may take you some time on the phone calling the customer service number listed on the back of your insurance card to obtain the information required to fill out the Client Information Form I will send you to bring to our initial appointment. If the information is not fully complete at the time of our first session, you will need to pay cash for that session or spend part of your appointment time on the phone obtaining the information required to file your insurance.

1. ***Ultimately, I hold YOU, not your insurance company or any other person or company, responsible for paying your therapy fees.*** In a few circumstances, I may be prohibited from holding you responsible for a portion of my fees by a provider contract with your insurer. However, I have opted out of and do not intend to renew insurance contracts which exempt any recipient of my services from ultimate responsibility for payment. *No insurer will provide you health coverage unless a premium payment has been paid in advance.* Health service providers have an equal interest in assuring that we are paid for services performed. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not or, for some reason, cannot receive payment from the party I billed for your care, I will then expect payment from you. **I have no staff hired to resolve non-payment for service issues with insurance companies. If there is a payment problem, I will expect you to resolve the issue with your insurer. Be assured that I will do everything necessary to comply with the requirements of your insurance company if I have a contract with them. Treatment may be suspended temporarily if four or more consecutive treatment sessions have payments outstanding. The intent is to prevent the accrual of a sizeable therapy debt for which you are held ultimately responsible.**

If You Have a Managed Care Contract

If you belong to a health maintenance organization (HMO) or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance plan's description of services to one of our early meetings, so that we can talk about it and decide what to do.

I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail or by fax. My office will try its best to maintain the privacy of your records, but I ask you not to hold me responsible for accidents or for anything that happens as a result.

If You Need to Contact Me

I cannot promise that I will be available at all times. Although I am normally present in my Mooresville office Monday, Tuesday, and Wednesday from 8:30 A.M. to 5 P.M., I usually do not take phone calls when I am with a client. You can always leave a message on my answering machine, and I will return your call as soon as I can. Generally, I will respond to all messages daily except on weekends and holidays.

If you have an emergency or crisis you can attempt to reach me on my cell phone at **704 502-8660**. If you have a life endangering behavioral or emotional crisis and cannot reach me, you or your family members should call **911** or go to the nearest Hospital emergency room.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided on the Client Information Form (page 11).

Other Points

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on the following: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

If, as part of our therapy, you create and provide to me records, notes, artwork, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have (or any other therapist has) treated you unfairly or has broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the North Carolina Psychology Board, the organization that licenses those of us in the independent practice of psychology. Additionally, you may contact the Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street S.W., Atlanta, Georgia, 30303-8909 (Tel. 404 562-7786).

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Patient Contract and Psychological Services Agreement

I, the client (or his/her legal representative), understand I have the right not to sign this form. My signature below indicates that I have read fully (or have had read to me) the Comprehensive Patient Information brochure provided to me. It does not indicate that I am waiving any of my rights. I understand I can choose to discuss any of my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned in the Comprehensive Patient Information brochure can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in the brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have discussed those points I did not understand in the Comprehensive Patient Information brochure, and have had my questions, if any, fully answered. I agree to act according to the information provided in the Comprehensive Client Information document.

I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

| | |
|---|------|
| Signature of client (or person acting for client) | Date |
|---|------|

Printed name _____

Relationship to client:
 Self Legal guardian
 Other person authorized to act on behalf of the client

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

| | |
|------------------------|------|
| Signature of therapist | Date |
|------------------------|------|

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy filed in client record

Client Information

*Please Fill Out This Form **Completely** and Submit it at the Initial Appointment. Incomplete Insurance Information Will Require Cash Payment In Full Until Insurance Can Be Properly Billed. Treatment Sessions Are Not Billed To Insurance Companies Retroactively.*

Date: _____

Client: _____
First Name Middle Name/Initial Last Name

Street Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Sex: _____ Last 4 Digits of Social Security # _____

Marital Status: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone/Pager# In the Event of a Cancellation: _____

Referred By: _____ Primary Care Physician: _____ Address: _____

Emergency Contact Name: _____ **Phone:** _____
Relationship to you: _____

Required Insurance Benefit Information

Name of Insurer: _____ Policy # _____ Effective Date: _____

Client's Insurance ID No.: _____ Policy Holder's ID No.: _____

Policy Holder's Birthdate: _____ Last 4 Digits of Policy Holders's Social Security Number: _____

Insured's Employer: _____ Insured's Employer Group # _____

Pre-Authorization Number (*if required*): _____

No. Sessions Authorized: _____

Maximum Number of Sessions Allowed Per Year: _____

Deductible Amount (*if any*): _____ Deductible Amount Met to Date: _____

Co- Payment Amount/ Percentage: _____

Insurance Claims Address: _____

(Over)

CLIENT'S RIGHTS AND RESPONSIBILITIES

KEEP THIS COPY

As a client of this office you have the right to:

- Be treated with dignity and respect
- Receive fair treatment regardless of race, religion, gender, age, disability, or payment source.

Have all of your treatment information kept private. Only where permitted by law may records be released without your written permission.

Know about your treatment choices, regardless of cost or insurance coverage status.

- Share in developing your plan of care.
- Receive information in a language you can understand.
- Receive a clear explanation of your condition and treatment options.
- Receive information about clinical guidelines used in providing and managing your care.
- Ask this provider about his work history and training.
- Give input on the Client's Rights and Responsibilities Policy.
- Know about advocacy community groups and prevention services.
- Freely file a complaint or appeal and to learn how to do so.
- Know of your rights and responsibilities in the treatment process.
- Receive services that will not jeopardize your employment.
- Request certain preferences in a provider.
- Have provider decisions about your care made without regard to financial incentives

You have the responsibility to:

- Treat those giving you care with dignity and respect.
- Give providers the information they need so they can deliver the best possible care to you.
- Ask questions about your care.
- Follow the treatment plan
- If applicable follow the agreed upon medication plan.
- Tell your provider about all medications you are taking and any changes in medications you are taking while you are in treatment**
- Keep your appointments or call as soon as you know you need to cancel. *et the provider know when the treatment plan is not working for you.***
- Let your provider know about problems with paying fees
- Report abuse and fraud
- Openly report concerns about the quality of care you receive

My signature below indicates that I have been informed of my rights and responsibilities, and that I understand this information.

Therapist Signature

Date

The signature above shows that I have explained this statement to the client. I have offered the client a copy of this form.

Page Fourteen

Blank Page

Important Points to Remember:

Payment for Services:

- 1) **ACCEPTABLE METHODS OF PAYMENT ARE BY CASH OR CHECK ONLY. I REGRET I AM NOT EQUIPPED TO ACCEPT PAYMENT BY CREDIT OR DEBIT CARDS.**
- 2) ***Ultimately, I hold YOU, not your insurance company or any other person or company, responsible for paying your therapy fees.***

Insurance:

It is essential that you confirm that I am a provider for your healthcare plan. If your health insurance will pay for my services, ***I will file the appropriate insurance claim form on your behalf.*** ***However, please keep two things in mind:*** 1.) **You are responsible for knowing & providing the details of your insurance coverage.** You will need to know the effective date of your insurance coverage, the insurance ID number and social security number of the policy holder (if you are not the policy holder), pre-certification/ pre-authorization requirements, the authorization number and number of visits authorized by your insurance company at the time of our first visit, deductibles (if any) and the amount already credited toward your deductible, co-payment amounts, the claims address for filing mental health benefits, and the timetable and address for sending any required treatment plans to assure continued care and payment for services. Your insurance contract is between you and your company; it is not between me and the insurance company (except as I may have agreed to certain conditions to become a provider on your insurance plan). It may take you some time on the phone calling the customer service number listed on the back of your insurance card to obtain the information required to fill out the Client Information Form I will send you to bring to our initial appointment. If the information is not fully complete at the time of our first session, you will need to pay cash for that session or spend part of your appointment time on the phone obtaining the information required to file your insurance.

I have no staff hired to resolve non-payment for service issues with insurance companies. If there is a payment problem, I will expect you to resolve the issue with your insurer. I will do everything necessary to comply with the requirements of your insurance company if I have a contract with them.

(OVER)

Missed Appointments:

*I will make no charge for the first missed appointment or late cancellation. Thereafter, you will be charged \$75 for any subsequent “No Show” or “Late Cancellation” with less than two days notice unless there are reasons we mutually agree are most serious and warrant a charge waiver (e.g. medical emergencies, weather, etc). **YOU WILL BE BILLED DIRECTLY FOR ANY “NO SHOW” OR “LATE CANCELLATION” FEE.** The charge cannot be billed to your insurance company. Insurance companies do not pay for services not rendered.*