

**KATHY BORCHARDT, PSY.D., P.C.**  
**CLINICAL PSYCHOLOGIST**

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1212 S. NAPER BLVD., #119  
NAPERVILLE, IL 60540  
PHONE: 630-680-5494  
WWW.KATHYBORCHARDT.COM

**New Patient Intake Packet**

*(Please complete these forms for your  
first appointment, along with your insurance card.)*

***Office Location:***

5007 Lincoln Ave (Rt. 53)  
Suite 205  
Lisle, IL 60532

- Page 2** Patient Billing Information Sheet
- Page 3** Financial Agreement
- Page 4** HIPAA-Compliant Patient Contact Info
- Page 5** HIPAA Receipt Document
- Page 6-10** HIPAA Document (for your personal reference, you do not need to bring this with you to your appointment)

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**PATIENT BILLING INFORMATION**

*(Parents – please be sure to list the child's name, date of birth, etc., not yours.)*

Patient's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Phone#: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F Referred by: \_\_\_\_\_

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Parent's/Spouse's Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's/Spouse's Employer's Address \_\_\_\_\_

**Bill to (if other than patient\*):** Name: \_\_\_\_\_

**\*(Parent's Name if Patient** Address: \_\_\_\_\_

**is a Minor)** \_\_\_\_\_

**Primary Insurance Company (Name):** \_\_\_\_\_

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Ins. Phone #: \_\_\_\_\_

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

ID No. \_\_\_\_\_ Group No. \_\_\_\_\_

**Secondary Insurance Company (Name):** \_\_\_\_\_

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Ins. Phone #: \_\_\_\_\_

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

ID No. \_\_\_\_\_ Group No. \_\_\_\_\_

I hereby assign all medical benefits, to include major medical benefits to which I am entitled, including Medicare and other government sponsored programs, private insurance, and any other health plans to Kathy Borchartd, Psy.D., P.C. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges, whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

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

**Katherine Borhardt, Psy.D., P.C.**  
**Financial Agreement**

Thank you for choosing us as your health care provider. The following is a statement of the financial policies of Katherine Borhardt, Psy.D., P.C. The term "patient" is defined as the named patient or the patient's parent or legal guardian who has the legal authority to assume financial responsibility for the charges assessed to the patient by Katherine Borhardt, Psy.D., P.C. Prior to our provision of services to the patient, we require the signature of the patient to indicate agreement with these stated financial policies.

**PAYMENT:**

Co-pays, deductibles, and coinsurance amounts are due at the time of service, unless the collection of fees at the time of service is an excluded provision within the patient's insurance policy with whom Katherine Borhardt, Psy.D., P.C. or its employees has a managed care contract. Fee for service patients must make payment in full at the time of service. We accept payment by cash, check, or credit card. Failure to pay for services will result in termination of services.

**INSURANCE PLANS:**

As a courtesy to our patients, we will bill the patient's insurance company under the following guidelines. We cannot bill the patient's insurance company unless we are provided with the patient's insurance card at the first appointment with Katherine Borhardt, Psy.D., P.C. If the insurance card is not provided to us, payment in full for services must be made to us at the time of the scheduled appointment. Please remember that an insurance policy is a contract between the patient and his/her insurance company. The patient is ultimately responsible for the entire cost of the services provided by Katherine Borhardt, Psy.D., P.C.'s employees and independent contractors, whether or not insurance benefits are available or provided.

Please be aware that benefit information supplied by the patient's insurance company to Katherine Borhardt, Psy.D., P.C. preceding the provision of services is only an estimate and not a guarantee of payment. Benefit determination is ultimately made by insurance companies upon receipt of submitted claims, which we will file on a timely basis. Once the patient's insurance company processes the submitted claims, the patient becomes immediately responsible for his/her remaining balance with Katherine Borhardt, Psy.D., P.C. If, after 30 days following our submission of the patient's claim to his or her insurance company, we do not receive payment on the claim, the patient will become immediately responsible for the balance due on the account. Katherine Borhardt, Psy.D., P.C. retains the right to pursue legal remedies through the DuPage County Courts towards obtaining from the patient full payment for services rendered should the balance on the patient account remain unpaid after 90 days. The patient is responsible for any collection and attorney fees, as well as court costs, that Katherine Borhardt, Psy.D., P.C. incurs in the pursuit of payment from the patient for services that Katherine Borhardt, Psy.D., P.C. rendered to the patient.

Some insurance companies require prior authorization for health care services. On the patients behalf, we will seek to obtain the prior authorization, if needed, for services provided by Katherine Borhardt, Psy.D., P.C., unless a patient's insurance company specifically requires the patient to make the preauthorization phone call. A patient's insurance company may allow or authorize only a specific number of sessions. It is the patient's responsibility to keep track of how many authorized sessions the patient has used, and to remind his/her treatment provider of the need to authorize more sessions should the patient decide to continue with treatment. A patient's failure to obtain necessary patient preauthorizations, or a patient's insurance company's failure to pay for pre-authorized services shall result in the patient's responsibility to immediately pay for the balance due on account with Katherine Borhardt, Psy.D., P.C. for all claims for services processed by the patient's insurance company.

**USUAL AND CUSTOMARY RATES:**

Our practice is committed to providing the best treatment for our patients while charging the usual and customary fees for services within our geographical area. The patient is responsible for payment of our fees regardless of any his/her insurance company's determination of usual and customary rates.

**SECONDARY INSURANCE:**

Katherine Borhardt, Psy.D. typically does not bill secondary insurance companies. However, if the patient's primary insurance is Medicare, upon processing the insurance claim Medicare typically automatically sends the claim to the secondary insurance plan for further processing of the claim. Should Medicare neglect to do so, we will submit a claim to the secondary insurance on behalf of the patient. For all other insurance secondary claims, we will, upon request, provide the patient with his/her billing statement, so that the patient can file for claim reimbursement with their supplemental insurance company.

**MISSED APPOINTMENTS:**

Scheduled appointments have been reserved for the patient. Patients will be charged the full session charge for any missed appointments unless the scheduled appointment is cancelled before 24 hours in advance of the scheduled time. The patient may cancel or reschedule appointments by calling 630-680-5494 (our 24-hour voicemail system).

**AGREEMENT:**

I agree to and understand the financial policies of Katherine Borhardt Psy.D., P.C. as explained within this Financial Agreement document:

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Print Patient's Name

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Signature of Patient or Responsible Party

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Date of Signature

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**HIPAA-COMPLIANT PATIENT CONTACT INFORMATION**

Our general policy is to leave only our name and phone number when we attempt to reach you by phone and you are not available. Please indicate your consent for our office to leave treatment information (such as appointment changes, account information, etc.)--please check all preferred methods of communication:

\_\_\_ Via the telephone only:

\_\_\_ I authorize Dr. Kathy Borchardt or her office staff to leave treatment information on my answering machine and voice mail.

\_\_\_ I do not authorize Dr. Kathy Borchardt or her office staff to leave treatment information on my answering machine and voice mail.

\_\_\_ When making phone calls to my home, I authorize Dr. Kathy Borchardt or her office staff to leave treatment information with the following individuals:

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\_\_\_ Via e-mail:

\_\_\_ I authorize Dr. Kathy Borchardt or her office staff to send treatment information to the following email address:

| Email address: | Name | Business/<br>Personal |
|----------------|------|-----------------------|
|----------------|------|-----------------------|

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All reasonable requests to receive copies of your protected health information, Psychotherapy Notes, or evaluation results via your preferred means will be granted. Please indicate the means by which you prefer to receive your requested health information:

\_\_\_ US Mail, to the address indicated on your Patient Billing Information Form

\_\_\_ E-mail (preferred address): \_\_\_\_\_

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

If you are not the patient, please specify your relationship to the patient: \_\_\_\_\_

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**Informed Consent Addendum**  
**For Video Chat Sessions**

This informed consent agreement is only "temporary" at this time through the Coronavirus crisis, and depends on your insurance carrier's provisions. I do not do therapy over text or email. When you sign this document, it will represent an agreement between us.

1. Confidentiality issues
  - a. If you have Siri, Google Now, Alexa or any other digital assistant app on your phone, be sure they are off before your session and unplug any smart speakers in the room before your session. If they are on, they are always listening, violating your confidentiality.
  - b. No method of technological communication can completely be guaranteed confidential. With any technology, there is always a small risk of hacking and therefore loss of confidentiality. However, be assured that I have taken all efforts to keep my technology secure. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a small risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).
  - c. I will not record your session and I ask that you agree not to either. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.
  - d. You agree to maintain confidentiality on your end of the session by using secure WiFi (not public) and having updated virus protection on any computer used.
  - e. At the time of your phone or video session, please be in a quiet place where you will not be distracted or interrupted, and your session will not be overheard.
  - f. If you live with others, find a quiet room and close the door. Consider using another device to play white/fan noise just inside the door for increased privacy.
2. Potential benefits to phone or video chat sessions
  - a. We may be able to meet at times when meeting in person may not be practical, such as if you or I or any of our family members have been exposed to the Coronavirus, if you are considered high risk of complications from the virus, or if our government enforces a quarantine.
  - b. I may be able to be more accessible to you in case of emergency.
3. Potential risks and costs to phone or video chat sessions
  - a. There may be less nonverbal communication than for an in-person session.
  - b. With any technology, there is always the risk of being inadvertently disconnected. If our call or chat session is disrupted at any time, I will call you back. If the calling technology appears to be dysfunctional, we can email each other about another time to call.
  - c. As with any psychotherapy/behavioral medicine session, you are ultimately responsible for payment. The same fees as for in-person psychotherapy/behavioral medicine services will apply.
4. If you are having an urgent concern, reach out to me by email or phone. Do not use the video chat platform.
5. For neuropsychological or personality evaluations, telehealth testing must be done utilizing a laptop, desktop computer, or if either of those 2 devices are not available, a larger-screen iPad. Testing will not be performed via telehealth utilizing a telephone.

I understand the above information and consent to using phone or video chat for psychotherapy and/or testing. I understand that I can withdraw my consent to phone or video chat sessions at any time. If you have any questions, please let me know.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Printed Name Date

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I have received a copy of Kathy Borchardt, Psy.D., P.C.'s "Notice of Privacy Practices."

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

Signature: \_\_\_\_\_

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

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## **Notice of Privacy Practices**

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**THIS NOTICE DESCRIBES HOW HEALTH (MENTAL HEALTH AND MEDICAL) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO YOUR HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### **Our Legal Duty**

Katherine Borchardt, Psy.D., P.C. (KB) and its employees and business associations are required by federal and state law to maintain the privacy of your protected health information (PHI). *PHI* refers to information in your health record that could identify you. KB is also required to provide you with this Notice of Privacy Practices (Notice) about KB's privacy practices, as well as KB's legal duties and your rights concerning your PHI.

This Notice takes effect September 23, 2013 and will remain in effect until it is revised and/or updated.

KB reserves the right to change KB's privacy practices and the terms of this Notice at any time, provided such changes are permitted under law. Revisions are applicable to all health information that KB

maintains, including health information KB created or received before the changes. Revisions to this Notice will be made available to current and returning patients at their next scheduled appointment, or upon request.

KB makes its Notice available to every patient with whom it has a direct treatment relationship. The current Notice, dated September 23, 2013, will be provided to all new patients on or after September 23, 2013, but no later than on the date of their first appointment with KB. When a direct treatment patient receives the Notice, KB asks the patient to sign its "Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices" forms. You may request a copy of these signed forms.

### **Using and Disclosing Your Mental Health and Medical Information**

KB reasonably ensures that the protected health information (PHI) it requests, uses, and discloses for any purpose is the minimum amount necessary for that purpose.

KB makes reasonable efforts to ensure that PHI is only used by and disclosed to individuals that have a right to the PHI. Toward that end, KB makes reasonable efforts to verify the identity of those using or receiving PHI.

KB may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. KB may also disclose PHI for payment purposes with your general consent. To help clarify these terms, here are some definitions:

- “*Treatment, Payment, and Health Care Operations*”
  - *Treatment* is when KB provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when KB consults with another health care provider, such as your family physician or another psychologist.
  - *Payment* is the process of obtaining reimbursement for your healthcare. Examples of payment are when KB discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of KB’s practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, and participating in licensing or credentialing activities.
- “*Use*” applies to activities within KB’s practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of KB’s practice such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission and consent to disclose PHI and/or Psychotherapy Notes. All authorizations to disclose must be on a specific, legally-required form.
- “*Revocations*” of given authorization or consent must be provided to KB in writing on a specific, legally-required form. You may not revoke an authorization to the extent that (1) KB has relied on that authorization to provide treatment to you; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy; or (3) the revocation is not permitted by law.

### **Other Uses and Disclosures Requiring Authorization**

KB may use or disclose PHI for purposes outside of treatment, payment, or health care operations after your appropriate authorization is obtained. You cannot be required to authorize the release of your health records in order to obtain health-insurance benefits for your treatment, or to enroll in a health plan, except under applicable laws. You also have the right to inspect and copy any records that are disclosed with your release of information authorization.

### **Psychotherapy Notes**

“*Psychotherapy Notes*” (aka “*records*”) may be disclosed by your psychologist and/or therapist only after you have given written authorization to do so. Psychotherapy Notes are records KB has made about you during conversations held privately, or within group, joint, or family counseling sessions. These are different from “*Personal Notes*” about you and your health kept by KB, which are not subject to subpoena. Psychotherapy Notes are given a greater degree of protection than PHI. .



Limited exceptions exist to the need for your authorization of Psychotherapy Notes disclosure, e.g. to prevent you from harming yourself or others, or to report abuse/neglect. You do not have the right to review or receive a copy of the Psychotherapy Notes without the consent of the provider.

*Personal Notes* are the therapist notes about information disclosed to the therapist in confidence on condition that such information would never be disclosed under any circumstances; or information disclosed to the therapist by you that may be injurious to your relationships to other persons; and may include the therapist's speculations, impressions, hunches, and reminders. Personal notes are not subject to subpoena.

### **Uses or Disclosures KB May Make Without Your Authorization**

KB uses and discloses PHI without your consent or authorization to appropriate individuals as required by law. KB may also use and disclose health information in the following manner:

- *Abuse of a minor, disabled adult, nursing home resident, or person over the age of 60:* KB discloses information about a minor, disabled adult, nursing home resident, or person over 60 years of age whom KB reasonably believes to be a victim of abuse or neglect. The disclosure is made to the appropriate authorities as required by law.

KB will inform you of the reporting, unless KB, in the exercise of professional judgment, believes informing you would place you or another person at risk of serious harm; or the practice would be informing your personal representative, and the practice believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in your best interests.

- *Referring health provider:* KB may disclose records to the referring health provider as stipulated by applicable law.
- *Judicial and administrative proceedings:* If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis, and treatment and the records thereof, such information is privileged under state law, and KB must not release such information without a court order. Subpoena for these records are not sufficient and must be accompanied by a court order. KB can release the information directly to you upon your request.

This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered; in these cases your records can be released without a subpoena or court order, and you must be informed in advance.

- *Health oversight activities:* KB may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure, disciplinary, or agency accreditation activities.
- *Serious threat to health or safety:* If you communicate to KB a specific threat of imminent harm against yourself or another individual, or if KB believes that there is clear, imminent

risk of physical or mental injury against yourself or another individual, KB may make disclosures that KB believes are necessary to protect you or that other individual from harm.

- *Worker's Compensation:* KB may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law, that provide benefits for work-related injuries or illness without regard to fault.
- *Deceased:* KB may use or disclose mental health or medical information of a deceased person when relevant to a proceeding regarding the patient, as stipulated by law.
- *As directed by specific laws:* KB may use or disclose your mental health or medical information when required to do so by federal, state, or other applicable law. These laws include The Sexually Violent Persons Commitment Act, The Guardian and Advocacy Act, The Children and Family Services Act, The Probate Act, and The Juvenile Court Act.
- *Government activities:* KB may disclose protected health information for military and veterans activities, national security and intelligence activities, firearms owner identification laws, and other activities as required by law.

KB will not use or disclose your mental health or medical information if it is prohibited or materially limited by other applicable laws including, but not limited to, the Illinois Nursing Home Care Act; Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment, and Rehabilitation Acts.

### **Patient's Rights**

You may request to review or receive a copy of your PHI, with limited exceptions. If KB is unable to satisfy your request, KB will provide you with a written reason for the denial, as well as with an written explanation of your right to request a review of the decision.

There may be a charge for KB to make copies of your health records. KB limits charges for records to the amounts allowed under Illinois law.

You have the right to receive a list of instances in which KB or KB's business associates disclosed your PHI for purposes other than treatment, payment, and health care operations, as well as certain other activities since April 14, 2003.

You have the right to request that KB place restrictions on KB's use or disclosure of your PHI or Psychotherapy Notes. KB is not required to agree to these additional restrictions. Any agreement made to a request for additional restrictions must be in writing, signed by a person authorized to make such an agreements.

You have the right to request that KB communicate with you about your health information via alternative means or to alternative locations. You must make your request in writing. KB will accommodate your request if it is reasonable, specifies the alternative means or location, and

provides satisfactory explanation how payments will be handled under the alternative means or location you request.

You have the right to request an amendment of your PHI held by KB for as long as the PHI is maintained in the record. KB may deny your request. Upon your request, KB will discuss with you the details of the amendment process.

You have the right to restrict certain disclosures of your PHI to a health plan if you are paying out-of-pocket in full for your health care service.

You have the right to be notified if there is a breach of your unsecured PHI by KB or KB's business associates.

You have a right to obtain a paper copy of the Privacy Notice from KB, even if you have agreed to receive the notice electronically.

The practice never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowable under the law.

### **Complaints**

If you are concerned that KB may have violated your privacy rights, or you disagree with a decision KB made about access to your records, you may complain to KB using the following contact information:

**Privacy Officer for KB:** Kathy Borchardt, Psy.D.  
1212 S. Naper Blvd., Suite 119  
Naperville, IL 60540  
Phone: 630-680-5494

You may also send a written complaint to the secretary of the U.S. Department of Health and Human Services. Dr. Kathy Borchardt can provide you with the appropriate address upon request.

We support your right to protect the privacy of your PHI. KB will not take any adverse action against you if you choose to file a complaint with KB or with the U.S. Department of Health and Human Services.