

CRT COUNSELING—Change, Renewal, Transition, PA
10405 E. NORTHWEST HIGHWAY, SUITE 203
DALLAS, TEXAS 75238

GENERAL POLICIES

Fees: Counseling sessions typically last about 45-50 minutes. Fees are paid at the time of session unless other arrangements have been made. A monthly statement will be provided if requested, showing dates of service, charges, fees, etc. Accounts delinquent over three months *will be* sent to collections.

APPOINTMENT: Appointments are usually scheduled on first-come, first-serve basis, however, standing appointments can be arranged. It is requested that changes and cancellations be made at least 24 hours in advance, so that time may be made for someone else. **PLEASE BE ADVISED YOU ARE FINANCIALLY RESPONSIBLE FOR ALL SCHEDULED APPOINTMENTS UNLESS A 24- HOUR CANCELLATION NOTICE IS GIVEN (PLEASE NOTE THAT INSURANCE COMPANIES DO NOT PAY FOR MISSED APPOINTMENTS). YOU ARE RESPONSIBLE FOR ALL INSURANCE CLAIMS THAT HAVE BEEN DENIED BY YOUR INSURANCE COMPANY OR REMAIN UNPAID FOR A 45-DAY PERIOD.** If it is possible to reschedule your cancelled appointment within the same week, there will be no charge for late cancellations.

CONFIDENTIALITY: I am required by ethics to safeguard your privacy. All conversations and written material regarding clients remains confidential. Current written permission from you will be necessary for any records to be released. Only under very serious and specific circumstances or legal situations will exceptions to this rule be taken. Exceptions to confidentiality may include but are not limited to: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; child custody cases; or court order. Should you choose to utilize insurance benefits or a plan whose benefits are managed, please be advised that we may be required to release clinical information to personnel involved in managing your care for you in order for you to receive maximum benefits. If this is the case, your confidentiality may be affected. If you have any concerns about this, please talk to your therapist.

Providers at CRT Counseling are Masters Level clinicians. This includes Licensed Professional Counselor, Licensed Marriage Family Therapists, and Licensed Chemical Dependency Counselors.

I certify that I have read and understand the General Policies:

Signature

Date

Consent to treat minor:

Parent/Guardian signature

Date

INSURANCE ASSIGNMENT: I authorize the release of any medical or other information necessary to process insurance claims. I authorize payment of medical benefits to CRT Counseling.

Signature

Date

***CRT COUNSELING-Change Renewal Transion, PA
Client Information Sheet***

CLIENT NAME

Last : _____ First _____ MI _____ DOB _____ SEX: M ___ F ___

ADDRESS: _____ CITY _____ ZIP _____

INSURANCE: _____ Member ID _____ SS#: _____

PHONE (H) _____ MESSAGES O.K.? _____

(W) _____ MESSAGES O.K.? _____

(C) _____ MESSAGES O.K.? _____

SUBSCRIBER'S NAME: _____ SS# _____

HOUSEHOLD MEMBERS

NAME: _____ AGE _____ RELATIONSHIP _____

NAME: _____ AGE _____ RELATIONSHIP _____

NAME: _____ AGE _____ RELATIONSHIP _____

NAME: _____ AGE _____ RELATIONSHIP _____

EMPLOYER: _____ YEARS EMPLOYED _____ TITLE _____

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE? _____ REASON: _____

NAME OF PHYSICIAN: _____ PHONE #: _____

CURRENT MEDICATIONS: _____ PRESCRIBED FOR: _____

HAVE YOU EVER SOUGHT TREATMENT FOR SUBSTANCE ABUSE OR PERSONAL ISSUES BEFORE? _____ IF SO, PLEASE EXPLAIN: _____

DO YOU CURRENTLY HAVE ANY LEGAL ACTION PENDING? _____ IF SO, PLEASE EXPLAIN: _____

ARE YOU ON PROBATION/PAROLE? _____ IF SO, PLEASE EXPLAIN: _____

WHAT CHANGES DO YOU EXPECT FROM COUNSELING? _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____ PHONE #: _____

**YOU ARE FINANCIALLY RESPONSIBLE FOR ALL SCHEDULED
APPOINTMENTS UNLESS A 24 HOUR CANCELLATION NOTICE IS GIVEN**

CRT COUNSELING
CANCELLATION POLICY

When you set an appointment with a therapist, that time is reserved just for you. If you are unable to attend your appointment, CRT requires clients to provide 24-hour notice. The notice offers the therapist time to give the appointment to another client. The cost for a missed appointment is \$50.00. Insurance cannot be billed for missed appointments and you are fully responsible for this charge.

I understand the cancellation policy and agree to give 24-hour notice for any cancellations. I further give CRT Counseling authorization to bill my credit card \$50.00 for any appointments that I miss, or that I fail to cancel according to CRT policy.

Name _____

Signature _____

Date _____

Credit Card (Circle One)

VISA MASTERCARD AMEX DISCOVER

Card Number _____

Expiration date _____

Zip Code _____

This is being sent to you as a courtesy, to inform you that the above named patient is participating in outpatient psychotherapy for _____

If you would like to discuss this further, please feel free to contact me.

Sincerely,

CRT COUNSELING

CHANGE, RENEWAL, TRANSITION
10405 E. Northwest Highway #203
Dallas, Texas 75238

(214)-340-0208
FAX: (214)-340-7092
www.crtcounseling.net

At CRT Counseling, we believe that coordination of care is very important. We would like to be able to do this with your Primary Care Physician or your Psychiatrist. In order to do so, we need your permission. By signing below, you authorize CRT Counseling to release any relevant clinical information to the Doctor listed below.

Client Name (please print)

Client signature

Date

Name of Physician/Psychiatrist

Address

Phone Number

Fax Number

Dear Doctor _____

This is being sent to you as a courtesy, to inform you that the above named patient is participating in outpatient psychotherapy for _____

If you would like to discuss this further, please feel free to contact me.

Sincerely,

CRT COUNSELING--Change, Renewal, Transition, PA

NAME _____ *DATE* _____

PRESENTING PROBLEM AS STATED BY CLIENT: _____

HISTORY OF PRESENTING PROBLEM (ONSET OF PROBLEMS, SYMPTOMS, BEHAVIORS, INCLUDING PSYCHOLOGICAL AND SOCIAL STRESSORS):

PAST PSYCHIATRIC HISTORY (INCLUDING MEDICINES, ALLERGIES, PAST TREATMENTS, PROVIDER, INTERVENTIONS, RESPONSES):

CONTINUE ON BACK IF NEEDED
