

Centering Therapy Registration Forms

Client's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Age: _____ DOB: ____ / ____ / ____ Gender: _____

Marital Status: _____ Occupation: _____

Phone: () _____

E-mail Address: _____

Calls or emails will be discreet, but please indicate any restrictions:

Medical Care

Name of PCP: _____

Phone: _____ Date of Last Physical: _____

In case of an emergency, please identify a person to be contacted:

Emergency Contact: _____ Relationship: _____

Phone #: _____

Insurance

If the therapist you are seeing takes insurance and you are planning to use insurance coverage, please complete the information below.

Name of Insured: _____

Insured's DOB: ____ / ____ / ____ Relationship: _____

Home Address (If different from above): _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Employer Phone: _____

Primary Insurance: _____

Policy #: _____ Group #: _____

Secondary Insurance: _____

Policy #: _____ Group #: _____

I authorize the release of information to my insurance company, the use of this form for all of my insurance submissions, and direct payment to my service provider. I authorize that a copy of this form can be used in place of the original.

Signature of Client

Printed Name of Client

Date

Informed Consent Client Service Agreement

This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is important that you understand them. We can discuss any questions you have at the time you sign them or any time in the future.

Counseling Services

As a client in therapy, you have rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you need to be aware of. As your counselor, I also have responsibilities toward you.

There are both risks and benefits to counseling. It is important that you consider the risks and benefits when making any treatment decisions. For example, there are times in therapy that you may experience uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness because the process of therapy often involves discussing unpleasant aspects of your life. You may recall unpleasant memories. Therapy may disrupt relationships. Sometimes, problems may worsen temporarily before beginning treatment. However, therapy has shown significant benefits as well. It leads to decreased feelings of distress, increased satisfaction in relationships, personal goals and values may become clearer. The therapeutic relationship requires active effort on your part. In order to be most successful, it is important you feel comfortable with your therapist. There may also be things you work on outside of session to assist you in making progress in therapy.

Appointments and Cancellations

Appointments will be 55 minutes in duration, once a week or bi-weekly as needed at an agreed upon time. Some sessions may be more or less frequent as needed.

I will do my best to be punctual for your appointment and ask that you be punctual as well. Even if you are late, I will have to end the appointment at the scheduled time. This is in order to respect the schedules of the other waiting clients and of your therapist.

If you need to cancel or reschedule an appointment, please contact me at least 24 business hours in advance (by Friday for a Monday appointment) so that time may be made available to someone else. **Failure to give 24 business hours notification will result in a charge of \$75.** If you are using insurance, it is important to be aware that insurance companies do not provide reimbursement for canceled sessions and you will be responsible for the fee described above.

Fees and Payment

The fee for the initial 70-minute intake session is \$150.00. All subsequent 55-minute sessions are at a cost of \$150.00 for individual therapy. The fee for the initial 90-minute intake session is \$200.00 for couples therapy. All subsequent 90-minute sessions are at a cost of \$200.00 for couples therapy. Payment is the responsibility of the client and is due at the time of service. If the client is a minor, then the parent, legal guardian, or responsible party in a shared custody arrangement is responsible for payment. Payment may be made by check, credit card or cash. Please prepare your payment prior to your appointment. For an out-of-network provider, I can provide you with a receipt that you can submit to your insurance carrier for reimbursement of services.

Group therapy and other group services are billed per session. Phone consultation and other services are billed on the basis of time and materials involved, consistent with the clinical hourly rate. There is no charge for a brief phone call under ten minutes in duration.

There will be a \$30.00 charge for payment returned as non-sufficient or non-payable.

Contacting Me Outside of Session

I am typically unavailable by phone, unless scheduled outside of session. You can leave a message on my confidential voicemail and your call will be returned as soon as possible. For non-urgent matters, it may take 24-48 hours. You can also reach me via email. If it is an emergency and you feel unable to keep yourself safe, please call 911 and ask to speak to the mental health worker on call or go to the nearest emergency room for immediate attention.

Release/Duplication of Records

Charges for copying records are \$30.00, which includes postage and handling. A charge for releasing records, under 20 pages by fax is \$10.00.

In the case of my incapacitation or my death, your file will be managed by the therapist covering my cases.

Confidentiality

Confidentiality is maintained in accordance with generally accepted ethical standards. To comply with state and federal laws regarding client confidentiality, your records will not be released without written consent. However, there are some limits to confidentiality which include:

- The client's insurance company, regarding diagnosis and dates of service for billing purposes
- The client indicates the intention to harm him or herself (suicidal) or someone else (homicidal)
- Mandated reporting of physical or sexual abuse.
- The therapist reasonably suspects a client, who is a minor, is a victim of child abuse, or the client is over the age of 65 and the therapist suspects he or she is a victim of physical or emotional abuse
- The client reports to his or her therapist that a family member or friend has stated the intent to harm self or another
- Information is necessary for supervision or consultation with other professionals. These professionals are bound by the same code of ethics I am and will maintain your confidentiality.
- The client seeks treatment to avoid detection or apprehension or to enable anyone to commit a crime.
- Information released as outlined in the HIPAA Notice of Privacy Practice
- Court-ordered subpoenas

If you choose to have a 3rd party informed of your treatment progress, it will be necessary to complete a release form that will be kept on file.

Consent to Counseling

Your signature below indicates that you have read this agreement and the notice of privacy practices and agree to their terms.

Signature of Client

Printed Name

Date