



Take your life to the next level

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Patient Update Form-2024

Patient Name:	Social Security #:
Street Address:	Date of Birth:
City, State, Zip Code:	Home Phone:
Gender:	Work Phone:
Email Address:	Mobile Phone:
Primary Physician: Allergies	Psychiatrist (if any): Medications
Contact Number:	Contact Number:

Please include dates, locations, frequency, and reason

Recent

Hospitalizations: _____

Legal

Issues: _____

Self-Harm: including cutting, self-mutilation, suicidal thoughts, suicidal attempts: _____

Addictions/Abuse of drugs, alcohol, gambling: _____

School or work disciplinary actions: _____

Responsible Party is the person who will be paying the per-session fee for services (leave blank if same as patient)

Responsible Party:	Home Phone:
Street Address:	Work Phone:
City, State, Zip Code:	Mobile Phone:
Relationship to Patient:	Responsible Party SSN:

Fees for Professional Services:

I (we) agree to pay **Heidi Kiebler-Brogan/IE Counseling** at the time services are provided, a rate of:

\$300 per hour for initial consult and assessment (or prorated calculations of this, depending on the length of meeting)

\$275 per hour, for one (1) hour individual sessions (or prorated calculations of this, depending on the length of meeting)

\$225 per 45 mins individual sessions (or prorated calculations of this, depending on the length of meeting)

\$300 per hour for parent/professional consults, family and/or couples' sessions (or prorated calculations of this, depending on the length of meeting)

Other services (attendance at outside meetings, phone sessions, documentation and travel time for example) will be calculated in the same manner based upon respective consultation work.

Sessions are payable by check, cash, credit card at time of service.

*In accordance with State and Federal law all credit card payments may include a 3.9% plus \$0.30 per transaction fee.

The full fee of a scheduled appointment is charged for missed appointments or cancellations with less than 24 hours' notice.

Returned checks will be charged at \$45.00 per incident.

Late payments will accrue 20% interest charge per month delinquent.

Part Two Release of Information Authorization to Third Party

Heidi Kiebler-Brogan, MA, LPC, NCC will not provide any information to third parties without your written consent which will serve as authorization. Insurance information will be provided to insurance providers by you, the client, at your discretion. You may choose to submit your invoice for reimbursement to your insurance provider as your invoice is your property.

Part Three Legal Procedures

Under no circumstances will **IE Counseling**, or its representative, **Heidi Kiebler-Brogan, MA, LPC, NCC**, testify on behalf of, or against, any party covered under this agreement. The client(s) hereby waive any right to have Heidi Kiebler-Brogan, MA, LPC, NCC testify in any Court of Law. The client(s) agree that he/she/they will not subpoena Heidi Kiebler-Brogan, MA, LPC, NCC to court. None of the work product of this process will be used for litigation.

Part Four Acknowledgement and Acceptance of Agreement

Heidi Kiebler-Brogan, MA, LPC, NCC and the client(s) acknowledge that they have read this agreement, understand all of the terms and conditions and agree to abide by them. The parties understand that by agreeing to participate in services they are accepting and agreeing to all the above terms of provision.

I have read and fully understand and accept the following policy and procedures available for download on the website www.iecounseling.com:

1. Limits of Confidentiality _____ (initial)
2. Consent to Treat a Minor _____ (initial)
3. Professional Practices _____ (initial)
4. Venmo/PayPal Billing Consent _____ (initial)
5. Payment Contract 2023 _____ (initial)
6. HIPPA Privacy Notice 2023 _____ (initials)
7. No Surprises Act 2023 _____ (initials)

Print Name of Patient or Guardian
(if under 18 years of age)

Signature of Patient or Guardian
(if under 18 years of age)

Print Full Name of Patient or Guardian
(if 14 years or older)

Signature of Patient
(if 14 years or older)

Date: _____