



## New Leaf Counseling, PLLC

### New Client Intake Form

**Please answer the following questions to the best of your ability. This will help me get a better understanding of your background and the concerns you have.**

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

***If the client is a minor child, parent's name:*** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email address: \_\_\_\_\_

*\*Whom may we thank for your referral to New Leaf Counseling?* \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Have you previously been in therapy? (circle) YES  NO

If yes, how old were you? \_\_\_\_\_

How long were you in therapy? \_\_\_\_\_

What issue(s) were you addressing?

\_\_\_\_\_

Do you currently see a psychiatrist? (circle) YES  NO

Medications you are taking: \_\_\_\_\_

Who is your personal doctor? \_\_\_\_\_

Do you have any health issues? \_\_\_\_\_

**What are you hoping to accomplish in our counseling work together?**

\_\_\_\_\_

\_\_\_\_\_



**New Leaf Counseling, PLLC**  
Informed Consent for Psychotherapy

Client: \_\_\_\_\_

Risks and Benefits of Therapy

**By signing below, I understand that** psychotherapy involves identifying goals for change in individuals, a couple, or a family system and working toward those goals through a therapeutic relationship. I understand that we will review goals about every ten sessions. I agree to communicate with my therapist about my progress and concerns. I know that with therapy, I may have thoughts or feelings that are uncomfortable and/or negative. I voluntarily enter into this agreement for therapy with New Leaf Counseling, PLLC and my assigned therapist. I agree to accept psychotherapy and counseling services from the assigned provider. I understand that no promises have been made to me in connection with therapy services. My questions about therapy have been answered satisfactorily. I understand that I may stop my treatment with this therapist at any time. I will, however, be responsible for paying for services I have already received.

Our therapists' work is to provide *effective* and *ethical* mental health treatment. To be ethical, therapists must avoid situations where we serve in any other role to the client (e.g. acting as a witness for a parent while also serving as a therapist to a child client or acting as a witness for an adult while also serving as the adult's therapist). **Our therapists do not participate in legal matters related to clients.** If our therapists are asked to provide relevant information via phone calls, emails or letters supporting a client's legal issues, we will charge an hourly rate of \$150 for these services, and those cannot be billed to insurance. If our therapists are required by subpoena to attend court proceedings, the same rate applies. Driving time to and from court as well as any therapist preparation work is also billed to the client at the above rate.

Confidentiality

**By signing below, I understand that** all communication between the client and therapist will be held in confidence and will not be revealed to anyone outside of this office unless I give written authorization to release the information. I understand that my therapist may seek professional consultation about my case and that in doing so, my therapist will make every effort to consult in a way that protects my identity from being revealed. There are legal and ethical exceptions to confidentiality, however, which require that the therapist take responsible action. These limits apply:

1. When there is a clear and present danger of harm to yourself or another person.
2. In the case of apparent child abuse or abuse of a disabled or dependent adult.
3. In the event of a court order for information.

Insurance companies and other third party payers may also access information they request regarding therapy services for a covered individual.

**\*\*By signing below, I acknowledge that I have read and understand the above information.**

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

Relationship to Client: \_\_\_\_\_



## New Leaf Counseling, PLLC

### Patient Rights and HIPAA Privacy Information

**Client's Name:** \_\_\_\_\_

#### Client's Rights

New Leaf Counseling is legally required by HIPAA to maintain the privacy of your protected health information. You have the right to ask for a copy of information that is transmitted about your care as authorized by your signed release of information. You have the right to cancel a release of information by writing to New Counseling, 910 23<sup>rd</sup> Ave, Suite 100, Coralville, IA 52241. You have the right to request treatment note summaries. You have a right to notice of any privacy breaches, and a right to restrict disclosures of protected health information if you are self-paying. You have a right to opt out of any fundraising communications (*not applicable at this office*). You have the right to address a complaint about New Leaf's HIPAA privacy policies by writing to New Leaf Counseling. You may address written requests, inquiries, or complaints to Annika Ross, LISW. More information about HIPAA can be found online at [www.hhs.gov](http://www.hhs.gov). You have a right to a copy of this notice if you wish. **Please note that for telehealth sessions, my website is <https://doxy.me/annikaross>. This is a HIPAA-compliant website.**

#### Care of Children

If you are the parent or guardian of a child who is a therapy client here, New Leaf Counseling requests that you do not ask to see notes about your child's care. This is to ensure the success of therapeutic relationship and to ensure the child's trust. If you consult with the assigned therapist about your child's progress, please know that your therapist may share that information with the child as a part of treatment. If a minor reveals to us that he/she is thinking seriously about killing or seriously injuring himself/herself, we will discuss this with the parents/guardians.

#### Use and Disclosure of Protected Health Information

We keep your protected health information confidential unless you have authorized disclosure through a signed release of information or disclosure is required by law. Protected health information is disclosed for purposes of filing claims for your health insurance. **If we learn of suspected or alleged abuse of a child, dependent, or disabled adult disclosure to the appropriate state agency is required.** If we believe a client is threatening serious bodily harm to another individual, we must disclose information to protect the individual from harm. If we suspect a client is at serious risk of harming himself or herself, we may advise hospitalization of him or her and/or contact family members or listed emergency contacts. We may occasionally seek the consultation of a professional about a case. If consultation is done, every effort is made to protect the client's identity. We may have to violate confidentiality in the event of non-payment, in the use of collections procedures.

*By signing, I acknowledge that I understand and agree to the HIPAA policies of New Leaf Counseling, PLLC.*

**Client/Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Indicate your billing preference by checking one:**

I would like to pay out-of-pocket

I would like to use my insurance to pay

**Insurance Information (complete if using insurance)**

Primary Insured's name (who is listed on the card):

\_\_\_\_\_

*\*If someone other than the client is the primary insured, please indicate the following:*

Primary insured's birthdate: \_\_\_\_\_

Primary insured's address: \_\_\_\_\_

Primary insured's place of employment: \_\_\_\_\_

Primary insured's phone: \_\_\_\_\_

**Insurance Clients: Read and Sign Here**

**Acknowledgement of New Leaf Counseling's Insurance Policy**

*\*By signing below, I show that I understand the following and agree to abide by the payment and billing policies of New Leaf Counseling:*

- New Leaf Counseling, PLLC is an in-network provider for my insurance policy.
- Mental health benefits that are billed as an office visit are approved.
- The credentials LISW is reimbursable.
- I know the **limited number of sessions** authorized per year as well as my co-insurance and deductible.
- **If my insurance is rejected for any reason, I am ultimately responsible for payment and will pay the full-fee amount, or will pay remaining costs not covered by insurance.**
- **I agree to notify New Leaf Counseling immediately of any changes to my insurance.**
- I authorize billing and limited release of protected health information to my insurance company and their payment to New Leaf Counseling, PLLC.
- I agree to provide payment at the time of service. If I do not provide payment at the time of service, my treatment may be suspended.

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

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



## **Full-Fee Clients (complete if paying out-of-pocket)**

**Fees charged at New Leaf vary according to services.** If you are paying out of pocket, we will give you a fee sheet showing our charges, and a Good Faith Estimate of Services, as required by the No Surprises Act.

### **Acknowledgement of New Leaf Counseling's Private Pay Policy**

*\*By signing below, I show that I understand the following and agree to abide by the payment and billing policies of New Leaf Counseling:*

- I agree to pay privately for counseling services.
- I understand that, should I start to use my insurance policy, that no previous sessions can be billed to my insurance. Our office can provide a detailed receipt upon request for your own submission to insurance.
- I agree to provide payment at the time of service. If I do not provide payment at the time of service, my treatment may be suspended.

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

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

### **No-show/late cancellation policies:**

- **24-hour notice is required to cancel an appointment.**
- **We do not charge if you cancel for an emergency such as illness, your car breaking down, or inclement weather.**
- **We charge for appointments that are not attended/no-showed, and for appointments that are canceled within 24 hours of the appointment for non-emergency reasons (e.g. you forgot you had to work, realized you needed to study for a test, etc.).**
- **If a client does not show up by 20 minutes into his or her appointment and does not call to let the office know he/she is running late, this is considered a no-showed appointment.**
- **No-show fees and late cancellation cannot be billed to insurance.**



- **If an appointment is not kept and appropriate notice is not given, the client will be charged a fee at a graduated rate (1<sup>st</sup> no-show is \$50, 2<sup>nd</sup> is \$70, and no-shows beyond that are billed \$100).**
- Failure to attend appointments and/or to pay fees for services, including no-show fees, may prohibit continued scheduling of services at New Leaf Counseling.

## Payment & Billing Policies

- **We will bill your insurance company per your request for services received at our office. Most insurance plans take 3-4 weeks to process claims.**
- We accept cash, check, or debit/credit card charges as payment. **A valid debit or credit card must be placed on file for any charges incurred at our office that insurance doesn't cover.**

- **We offer 3 ways to pay for services:**

- 1- We can charge your card on file for your amount due **as your insurance plan processes claims (or as you complete sessions, if paying out-of-pocket).**
- 2- We can charge your card on file for your amount due **on the same date of your choosing each month.**
- 3- We can charge your card on file for your amount due once a month, **on or about the 1<sup>st</sup> of each month.**

### **\*\*Billing Preference\*\***

#### **I prefer to (initial one):**

\_\_\_\_\_ Have my debit or credit card on file charged as my insurance plan processes claims.

\_\_\_\_\_ Have my debit or credit card on file charged on a date of my choosing each month. That date each month is the \_\_\_\_\_.

\_\_\_\_\_ Have my debit or credit card on file charged once a month on or about the 1<sup>st</sup>.

#### **Please indicate if you would like:**

\_\_\_\_\_ receipt mailed    \_\_\_\_\_ receipt emailed    \_\_\_\_\_ no receipt



New Leaf Counseling, PLLC  
910 23<sup>rd</sup> Ave Suite 100  
Coralville, IA 52241

**IVY PAY PAYMENT CONSENT**  
**(Required for treatment)**

New Leaf Counseling has switched to Ivy Pay, a credit card processing service that is secure, HIPAA-compliant, and used by many therapists. **The Terms of Use for using Ivy Pay** can be found here: <https://www.talktoivy.com/ivy-pay-payor-terms-of-use>

**Ivy Pay has a few benefits:**

- We can charge you for your portion of sessions without swiping a card at each appointment
- The service is secure and compliant with HIPAA standards for client confidentiality
- Your credit card information is stored with Ivy Pay, not in our files or other records. We do not have access to your stored credit card information.

**The service works simply:**

1. You simply provide a phone number, which our office manager enters into our Ivy Pay app along with a charge for the session fee
2. Ivy Pay texts you a secure link leading to a page where you enter your credit card information and approve the first charge
3. After the first charge goes through, we use Ivy Pay to charge the stored card. The app sends both you and our office a receipt

**You will only be asked to enter your credit card information once (unless you need or wish to change the card), and you do not need to download an app or regularly interact with Ivy Pay. We will charge your card using the frequency you selected on your billing intake forms.**

**\*\*\*REQUIRED\*\*\*** *By signing above, I authorize New Leaf Counseling, PLLC to initiate payment requests through Ivy Pay, a HIPAA-compliant credit card processing service. I agree to respond to requests for payment in a timely manner and to communicate about any issues or delays I have with this (brent@newleafic.com). Charges I may incur would include co-payments, co-insurance, no-show or late cancellation fees, letter/report-writing, and session charges not covered by my insurance plan.*

Client's signature: \_\_\_\_\_

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

## Appointment Reminders

You can receive an appointment reminder to your email address, your cell phone (via a text message), or your home phone (via a computer generated voice message) the day before your scheduled appointments.

Your name: \_\_\_\_\_

Where would you like to receive appointment reminders? (check one)

Via a text message on my cell phone (normal text message rates will apply)

Via an email message to the address listed above

Via an automated telephone message to my home phone

None of the above. I'll remember my appointments on my own.  
(Missed appointment fees will still apply)

Your email address: \_\_\_\_\_

Your cell phone number: \_\_\_\_\_

Appointment information is considered to be "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and requesting that it be handled as I have noted above.

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Signature

-----  
Date

**\*\*PLEASE DO NOT RELY ON AUTOMATED REMINDERS ALONE TO REMEMBER YOUR APPOINTMENT TIMES—YOU ARE STILL RESPONSIBLE FOR NO-SHOWS EVEN IF YOU DO NOT RECEIVE THESE.**



# What to Expect from Therapy

## What is the first appointment like?

After you have your intake paperwork completed, we will meet for about an hour to discuss the concerns that have brought you to schedule. We'll also talk about your background, and what you are wanting to accomplish in our work together. Typically, in the first few sessions, we spend the time getting to know each other, discussing what you've been through in your life (family history, medical history, etc.) and then we'll work together to develop goals for counseling.

## What about appointments after the first one? What are those like?

I ask that clients pay attention to their thoughts, feelings and behaviors between appointments, particularly those that relate to your goals for therapy work. You are invited to come to therapy with an agenda, or what you want to talk about, even if you don't know what you want to do with that information. I will always have a "back up agenda" if you come in without a plan for the session. I may ask you to do between-session tasks to support your goals.

## How long are appointments?

Typically, I block off an hour for appointments, and most people find that a full hour is an appropriate length for sessions. Sometimes we'll need less time, but planning on 45-60 minutes is good.

## How should I expect to feel starting therapy?

It is normal to be nervous when you are starting therapy, even if you've been to therapy before. Opening up to a stranger about your concerns is daunting, and I'll do my best to make you feel comfortable and to answer any questions you have. **Ironically some people find that they can feel worse a few sessions into therapy, rather than better.** This is because by coming to therapy, you are paying attention to problems that for a long time you may not have thought about. This can bring up surprisingly painful emotions but don't worry, it's normal, and it typically gets better. Always share with me if you have concerns.

## Can I email or call you between appointments?

**You are welcome to call or email with updates, but please know that I don't do therapy over email or phone (unless we have a scheduled phone appointment).**

I try to limit the time I spend on email and phone calls so I can concentrate on clinical work and professional development. I treat incoming emails and voice messages as information to assist with treatment, and make a note of it so we can talk about it at the next session. **If you would like to talk about something at length outside of sessions and want feedback, it is best to call our office and schedule an additional appointment from 30-60 minutes in length.**

### How can I reach you?

You can text or call me at my business cell, 319-855-7949. I can assist with scheduling.

You can call or text, Brent, my office assistant at 319-208-2023. Brent can also assist with scheduling but has another job outside of New Leaf, so he may be slower to respond.

\*These are the fastest ways to get a hold of us. We do have a land line (319) 351-9731 but it is not checked as frequently.

### Do you offer report-writing?

Yes. I can prepare treatment summaries, complete paperwork, and offer letters related to a client's treatment as needed. I charge out of pocket for this, as it is not covered by insurance. **The charge for this is pro-rated at \$100 per hour.** I limit letter writing to that which is related to and benefits a client's mental health treatment.

### Do you offer phone calls?

Yes. I can provide in-state phone consultations to clients and families, where appropriate and permitted, to support a client's work with me. These are typically not covered by insurance, and I charge \$100 per hour (pro-rated) for these.

## THERAPY WITH MINORS

### Is therapy with kids different than therapy with adults?

Yes! Therapy looks different with clients of different ages. If you are bringing a minor to therapy, please know that **I do not disclose details about therapy to the parent without the child's consent.** The therapist-client relationship needs to be strong for kids and adults alike, and confidentiality helps build and maintain that trust so a client can feel open to talk about anything he or she wants. **I can offer general details about client's progress** (e.g. the client seems to be making progress in X area). I also sometimes ask minor clients' permission to share with parents or guardians if I think that poses a benefit to the client's treatment. Clients often say yes to this, but again, respecting the confidential relationship is crucial. It's best not to ask your child about the specifics of what they discuss in therapy.

**Parent participation** looks different for every child coming to therapy. A parent's participation depends on the age of the child. I typically do less consultation with those 15 and older and a little more with those younger than 15. Parent participation also depends

on the concerns bringing the child to therapy, and the child's desire to have the parent participate.

No matter the child's age, I typically like to get the parents' perspective on the child in the first session, either at the beginning or end of the appointment, depending on the client's age.

**Parents/guardians are invited to share information with me via email or phone (I have confidential voice mail), but please know that I may share your concerns with the child as a part of the therapy conversation.**

**Additionally, it is important to remember that I work with clients (both adults and kids) on goals that they feel invested in and cannot force them to engage with goals they do not hold for themselves. That said, if I think of a goal that may be beneficial to a child client, I may suggest it to them.**