



Novus Vos Skills LLC
Sprouting Noticeable Changes
24044 CINCO VILLAGE CENTER BLVD #100, KATY, TX 77494
PHONE & FAX: (713)744-1243

Thank you for choosing Novus Vos Skills to attend to your mental health care needs. Please review and acknowledge our policies before your visit.

It is highly encouraged to complete all documents before your appointment.

If you have any questions, please give us a call at **713-744-1243** or email: info@novusvosskills.com

Please complete the intake forms online to save time.

If you received prior mental health treatment, please be prepared to discuss this information and bring any discharge paperwork with you.

If you are more than 15 minutes late, we will have to reschedule your appointment.

Our team is committed to providing you with quality care. We provide information regarding our policies to provide you with the highest quality of care. Don't hesitate to contact us anytime during business hours if you have any questions, concerns, or suggestions.

Business Hours

Monday	8:00AM*-8:00PM*
Tuesday	8:00AM*-5:00PM*
Wednesday	8:00AM*-8:00PM*
Thursday	8:00AM*-8:00PM*
Friday	8:00AM*-5:00PM*
Saturday	BY APPOINTMENT ONLY
Sunday	BY APPOINTMENT ONLY

***HOURS ARE SUBJECT TO CHANGE BASED ON THERAPIST'S AVAILABILITY & WEATHER CONDITIONS**

Holidays

New Year's Day January 1
Martin Luther King's Birthday 3rd Monday in January
Memorial Day last Monday in May
Juneteenth National Independence Day June 19
Independence Day July 4
Labor Day 1st Monday in September
Veterans' Day November 11
Thanksgiving Day 4th Thursday in November
Christmas Eve December 24
Christmas Day December 25
New Year's Eve December 31



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GENERAL CONSENT FOR EVALUATION AND TREATMENT

This consent form allows us to evaluate, diagnose and treat mental health problems. You have the right to be informed about services and treatment options.

This consent provides Novus Vos Skills LLC with your permission to treat any identified problems. By signing below, you acknowledge that Novus Vos Skills LLC will evaluate and treat based on clinical expertise and competency, whether in person or virtually.

Virtual

Novus Vos Skills LLC adheres to Personal Health Information Privacy Act (PHIPA), but we cannot guarantee the security of electronic communication outside of the clinical office. All individuals who wish to receive virtual services:

- ☐ Agree that electronic communication may be used to send personal health information to me
- ☐ Agree that electronic communication may be used to communicate for a booked appointment.
- ☐ Acknowledge that I can request to stop the meeting at any time
- ☐ Acknowledge the possibility of risks with electronic communication such as:
 - ☐ Disruption in audio and/or video
 - ☐ Poor connection that may not capture accurate information.

CONSENT TO SHARING INFORMATION

Novus Vos Skills LLC does not sell, rent or lease its customer lists to third parties. As we are a mental healthcare agency and we take necessary steps to abide by governing standards as outlined by 45 CFR.

Novus Vos Skills LLC does utilize health care clearinghouses to identify errors and aid with insurance processing.

If you would like to pay for services using your insurance benefits, Novus Vos Skills LLC requests consent to share your PHI information with these agencies to ensure payment reimbursement from insurance companies.

Novus Vos Skills LLC will share requested information to your insurance company which includes, but not limited to diagnosis and treatment options.

Novus Vos Skills LLC works collectively as a team to provide the best treatment. Non-treating team members will be consulted to deliver best care and best practices.

The consent will remain fully effective until it is revoked in writing. You have the right at any time to ask additional questions or to discontinue or decline services.

I hereby sign my name indicating that I read and understand the above content of this document.

Patient Name or Legal Guardian if a Minor	Date



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Payment Responsibility

Patient First Name:	Patient Last Name:
Preferred Name:	Pronouns:
Address:	
Phone #:	Email Address:
Preferred Method of Communication: Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/>	
Name of Person completing form (if other than patient):	
Date Completed:	Patient Date of Birth:
Primary Care Physician:	Physician Phone:
Emergency Contact:	Phone #:
Financial Responsibility Self-pay <input type="checkbox"/> Insurance <input type="checkbox"/> EAP <input type="checkbox"/> Other <input type="checkbox"/>	
EAP Authorizer:	EAP Authorization Code:
EAP # of Authorized Session:	EAP Effective Date:
Name of Insurance Company:	
Member ID #:	Group #:
Guarantor Date of Birth:	Guarantor Employer:
Guarantor Address:	Guarantor SSN#:

Novus Vos Skills LLC participates with behavioral health insurance plans, and as a courtesy, we file claims with these companies for payment. If these claims are denied, you will be responsible for the total payment amount.

Novus Vos Skills LLC will attempt to verify insurance benefits before your appointment, but the total payment amount is due if we are unsuccessful. The verification of your insurance provides us with an estimation of the amount that is covered. This estimate is not a guarantee and may change your financial responsibility. You are responsible for deductibles, copayments, coinsurance, and any balances. To provide convenience for making payments, we accept cash, PayPal, most major credit cards, and debit cards.

Non-Sufficient Funds/Denied Credit Card Payments

You will be charged a \$25.00 fee should a payment be returned for insufficient funds. The fee applies to payments made in office, mailed into our office, electronically via the Internet, or payments made by phone.

Past Due Amounts

In the event your account becomes past due, and all efforts to collect payment have failed, your account may be referred to a collection agency.

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Account Balances

Individuals can only carry a balance equal to two 60-minute sessions, at most \$300. If a client balance exceeds the amount of two sessions, we may require payment before the next booking. If you experience difficulty with payment, please contact a member of our billing department to assist with a payment plan.

Appointment Scheduling

Please be advised, as a courtesy, you will receive a reminder either by text, call or email to remind you of your appointment date and time.

You must notify the office within **24 hours** of your scheduled appointment if you are unable to keep your appointment. If you are over 15 minutes late to your scheduled appointment without proper communication, your appointment may be cancelled, and a \$25.00 fee may be added to your account.

Repeated failure to call and cancel your scheduled appointment without the proper 24-hour notice, could result in your discharge as a patient from the Novus Vos Skills LLC.

We ask as a courtesy to our team, that you communicate in advance if you know that you will be late.

Check-In

Please input insurance information into the patient portal or contact our clinical team to provide your ID and insurance card before your visit. Please let us know of changes promptly, such as an address, phone number, etc.

In Person Sessions

Upon entering the building, please check in with the receptionist. If your appointment is scheduled outside of the building hours of Monday through Friday from 9:00 AM to 5:00 PM, please call or text 713-744-1243 to be let into the building. Your therapist will meet you in the lobby and walk you back for your scheduled appointment. Individuals under 16 years of age will need supervision while waiting for their appointments.

Virtual

Before meeting for virtual sessions, you must consent to receive electronic treatment. Novus Vos Skills LLC adheres to Personal Health Information Privacy Act (PHIPA), but we cannot guarantee the security of electronic communication outside of the clinical office.

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Patient Rights and Responsibilities Policy

As a patient of Novus Vos Skills LLC, you have the right to:

- ◆ Informed consent for treatment
- ◆ Participation in treatment planning/ goal setting
- ◆ Receive appropriate treatment based on clinical assessments
- ◆ Be treated fairly with respect and dignity
- ◆ Self-determination and the right to discontinue treatment
- ◆ A copy of these rights and responsibilities
- ◆ Right to privacy
- ◆ Right to file a complaint
 - Novus Vos Skills LLC welcomes all feedback. For assistance with complaints or grievances, please notify Novus Vos Skills LLC by Email Address: info@novusvoskills.com or Telephone: (713)744-1243

HIPAA

Novus Vos Skills adheres to the guidance set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this Act (HIPAA) I understand:

- ◆ I have a right to request access to my personal health information.
 - I understand that there may be limitations to therapy notes in accordance to 45 CFR 164.524(a)
- ◆ Novus Vos Skills LLC will take measures to safeguard and protect my information.

Minors/Guardians Roles in Treatment

- ◆ Minors will not be treated unless parent or legal guardian consents for treatment as outlined by state and federal regulations. Children under 16 are not allowed in the lobby unattended. Parents and/or legal guardians need to be present.

Release of Confidentiality

- ◆ Novus Vos Skills LLC will maintain confidentiality. However, confidentiality will break if there is any indication of harm to self or others. Novus Vos Skills LLC abides by all state and federal laws which provide guidelines for instances in which we must share information.

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Discharge/Termination Policy

- ☐ I acknowledge that I will be discharged/terminated from treatment, if I am unable to follow the recommended treatment plan.
- ☐ I acknowledge that I can terminate services or discharge at any time.
- ☐ I acknowledge that I will not physically harm any of Novus Vos Skills LLC team members as this is immediate grounds for discharge/termination from services.
- ☐ I acknowledge that I must comply to office rules when on the premises and agree to do nothing disruptive, objectionable, illegal or hazardous in the business center.
- ☐ I acknowledge that there is no smoking and/or vaping permitted anywhere in the business center.
- ☐ I acknowledge that if a higher level of care is needed, I will be discharged from services, and I can be reassessed for services.
- ☐ I acknowledge that if Novus Vos Skills LLC is unsuccessful in reaching me after multiple attempts, this is immediate grounds for discharge/termination from services.
- ☐ I acknowledge that I will not attend sessions intoxicated and if I present to 3 or more sessions intoxicated, I will be discharged/ terminated from services.

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