



## **Jordana Nolan Psychotherapy**

**617-637-0616**

**344 Harvard Street, Suite 200**

**Brookline, MA 02210**

**jordananolantherapy@gmail.com**

### **New Client Intake Form**

Date:

Full Legal Name:

Date of Birth:

Preferred Name:

Social Security #:

Pronouns:

Mailing Address:

Cell Phone:

May I leave a voicemail at this number? May I text this number?

Work Phone:

May I leave a voicemail at this number? May I text this number?

Home Phone:

May I leave a voicemail at this number?

Email:

What is the best way to reach you?

### **Health Insurance (if applicable)**

**Please attach a scan or photo of the front and back of your insurance card as well as your driver's license or state ID.**

Insurance Carrier: Pre-authorization Required?

Policy #:

Benefit Verification Phone #:

Group #:

Pre-authorization Phone #:

Policyholder Name:

Number of Sessions Authorized:

Policyholder DOB:

Re-authorization date:

Policyholder Employer:

Policy Holder Address and Phone #:

Secondary Insurance Policy # (if applicable): Secondary Insurance Policy Benefit Verification Phone # (if applicable)



## TREATMENT REQUEST AND CONSENT

I give Jordana Nolan Psychotherapy authorization to provide mental health care to: \_\_\_\_\_, date of birth: \_\_\_\_\_.

If applicable: I am the guardian of \_\_\_\_\_, date of birth: \_\_\_\_\_.

I give Jordana Nolan Psychotherapy authorization to provide mental health care to: \_\_\_\_\_.

Mental health care may include but is not limited to individual psychotherapy, group psychotherapy, family therapy, couples therapy, and skills training. This care may take place in-person, by virtual means, or over the telephone.

I also give Jordana Nolan Psychotherapy authorization to release all necessary information regarding my treatment to third party payors or others for billing purposes, or as required to comply with federal or state statutes or regulations.

Mental health treatments, care, and services are confidential EXCEPT when:

- You are in danger of harming yourself or someone else
- There is suspicion that a child has been harmed or neglected
- There is suspicion that a person age 60 or older has been harmed or neglected
- There is suspicion that a disabled person age 18-59 has been harmed or neglected
- A court issues an order to obtain mental health records

Please initial  
on each line  
below:

\_\_\_\_ I authorize/do not authorize (circle one) Jordana Nolan Psychotherapy to release my mental health information to \_\_\_\_\_ for treatment purposes. If applicable, please provide the contact information for the individual named above.

Name: Phone:

Mailing Address:

I have read this complete consent form and understand that this consent will remain in effect as long as I or my child or adult or minor for whom I am the guardian is a client of Jordana Nolan Psychotherapy I may revoke this authorization at any given time in writing.

I have read and understand the contents of this "Treatment & Authorization Form."

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial

## TREATMENT AGREEMENT

\_\_ I agree to attend each scheduled appointment and to give **at least 48 hours notice** in advance if I must cancel.

\_\_ I agree to pay the full rate of **\$225** if I do not give 48 hours notice prior to cancelling an appointment.

\_\_ I understand and agree that if **I miss three (3)** appointments and have not called 48 hours ahead to say that I must cancel those appointments, I will be discharged from treatment.

\_\_ I understand Jordana Nolan Psychotherapy has a fee schedule as follows: **\$225** per 45 minute *individual* sessions & initial 15 minute consultations are free; initial treatment interviews are **\$400.00**.

\_\_ I understand that on an urgent, as-needed basis phone appointments may be available upon request on a sliding scale at premium to the normal hourly rate. This optional service will be personalized as appropriate to treatment with limitations and fees stated.

\_\_ Jordana Nolan Psychotherapy participates in **Tufts Commercial** and **Harvard Pilgrim** insurance and does not participate with other insurance plans. As such, **payments, including copays, are due at the time services are rendered**. A monthly statement will be provided for you at the end of the calendar month. You may, if you so choose, submit the statement to your insurance carrier to apply for reimbursement as applicable to your specific policy. It is solely your responsibility without limitation to submit statements to your insurance carrier in a timely manner, to understand your policy coverages and limitations as well as proper protocol for reimbursement including the possibility that reimbursement may not be available. For questions pertaining to insurance please refer to your insurance administrator.

\_\_ The regular session fee (\$225.00) will be charged for every hour dedicated to case consultation, case discussion, court attendance, legal briefings, or other services performed (e.g., letters).

\_\_ As a client, I have the right to inspect and receive a copy of certain areas of my behavioral health care information. I understand there is a \$15.00 charge for the first 15 pages and \$0.25 for each additional page. An additional fee will be charged to cover the cost of postage, other priority mailing and preparation of an explanation or summary of healthcare information if requested. Jordana Nolan Psychotherapy will begin to prepare

my documents in a timely manner (usually two business days) after receiving a written request.

\_\_I have the right to request a summary of treatment. There is a charge of **\$100.00** per summary.

\_\_I authorize my insurance carrier to pay Jordana Nolan Psychotherapy directly according to my policy benefits if applicable. I understand this is a rare instance such as a flexible spending account. I understand that I will still be responsible to pay in full as services are rendered. Once insurance payment has been received I will receive credit towards my future account balances. Time invested by my provider for this process will be charged at the normal hourly rate of \$225.00.

\_\_I understand it is my responsibility to obtain an authorization and/or referral for treatment from my insurance and/or primary care physician (as required by my health insurance carrier) and have these referrals/authorizations renewed as needed, and if I do not obtain and/or renew these, I am responsible for any loss of benefits.

\_\_I authorize the release of medical information necessary to process health insurance claims.

\_\_I understand that if the need arises to share information with other professional(s) or to request information from another professional that is part of my treatment team, I will be asked to sign a release of information form.

\_\_I have received and been given the opportunity to read a copy of Jordana Nolan Psychotherapy Notice of Privacy Practices. If I have questions, I understand and agree it is my responsibility to contact Jordana Nolan Psychotherapy.

\_\_I have received and been given the opportunity to read a list of my Rights and Responsibilities as a person served by Jordana Nolan Psychotherapy. If I have questions, I understand and agree it is my responsibility to contact Jordana Nolan Psychotherapy.

\_\_I permit a copy of this authorization to be used in place of the original.

\_\_I may revoke any part of this authorization at any time in writing. I understand that a revocation is not valid to the extent that Jordana Nolan Psychotherapy has acted in reliance on such authorization.

Other:

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Jordana Nolan Psychotherapy: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Contact Information**

Person served legal name:

DOB:

**An emergency contact is required. You must list at least one emergency contact below.**

### **Who may I contact in case of an emergency?**

Name:

Phone:

Address:

Relationship:

Name:

Phone:

Address:

Relationship:

I agree for Jordana A. Nolan(LMHC) to call the contact person/s in case of any emergency.

Client/Guardian Signature: \_\_\_\_\_ Date:

## NOTICE OF RECEIPT OF PRIVACY PRACTICES

- ❖ I (or parent/guardian of: ) acknowledge that I have been informed about Jordana Nolan Psychotherapy Notice of Privacy Practices.
- ❖ I understand that the Notice of Privacy Practices discusses how my personal health care information may be used and/or disclosed and explains my rights with respect to health care information; including how and where I may file a privacy-related complaint.
- ❖ I may review a copy of this Notice in the office.
- ❖ I may obtain another copy of this Notice by requesting one from Jordana Nolan Psychotherapy.
- ❖ I understand that the terms of this Notice may be changed in the future, I agree that this office has the right to make future changes, and that any changes will be posted in the agency. I may also request a copy of the new Notice by contacting Jordana Nolan Psychotherapy.

Client/Guardian Signature: \_\_\_\_\_ Date:

## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

### **Jordana Nolan Psychotherapy Responsibilities**

Jordana Nolan Psychotherapy is required by law to protect certain aspects of your health care information known as **Protected Health Information (PHI)** and to provide you with this notice describing the Privacy Practices and your rights concerning your health information. Jordana Nolan Psychotherapy is required to follow the privacy practices described in this Notice, though she reserves the right to change the privacy practices and the terms of this document. If she does so, she will post a new notice. You may request a copy of the Privacy Practices Notice at any time.

### **Uses and Disclosures of Health Information**

Jordana Nolan Psychotherapy has the legal right to use and disclose information in order to provide mental health services, obtain payment for those services, and to manage the business. The following examples demonstrate how your information may be used:

- **Treatment**

Jordana Nolan Psychotherapy may disclose information contained in your record to a physician or healthcare provider outside of her practice in order to help provide you with the care you need. She will only disclose this information with your specific authorization.

- **Payment**

Your health information will be used for payment/billing purposes. If more information is needed to process your health care claim, a biller may contact you at one of the numbers you have provided. If this is a problem, please notify this office of alternate contact numbers. If needed, a bill may be sent to you. An attorney or collection agency could be used to collect on balances that are aged more than 90 days without payment or without payment in full and you would be required to pay reasonable attorneys fees, costs, and interest at eighteen (18%) percent per annum. In this case, you agree that only information such as your complete name, social security, date of birth, phone number, complete address, date of service, and balance due will be provided.

- **Healthcare operations**

Jordana Nolan Psychotherapy may disclose your protected health information for what are called health care operations. For example, your protected health information could be used to explore how and where improvements could be made in the care and services that are provided. Jordana Nolan Psychotherapy may also be required to supply information to some government health agencies so they can study disorders and treatments and make some plans for services that are needed. In this case, your name and personal information will be removed from the information provided.

- **Jordana Nolan Psychotherapy and her staff may also use your information to:**

- Remind you of your appointments
- Explain and recommend treatment options or health related benefits that may interest you.

#### Other Permitted Disclosures

- **Your authorization**

In addition to the above mentioned uses and disclosures of your health information, you may sign a document authorizing the use of your health information or the release of this information to anyone with any other purposes. You may give or revoke this authorization at any time.

- **To your family and friends**

We may disclose information on your health care to a family member, friend, and/or another person, if needed, in order to have them collaborate with your treatment. **This will be done only in emergencies OR if you agree.**

- **Persons involved in your care**

Jordana Nolan Psychotherapy may disclose your information to a person that is directly involved in your care with your verbal permission, unless you ask her not to.

Jordana Nolan Psychotherapy may also give information to the person who helps pay for your care.

- **Disaster relief**

Jordana Nolan Psychotherapy may disclose your health information to an entity authorized to assist in disaster relief effort, unless you request her not to do so. If you cannot agree or object, Jordana Nolan Psychotherapy will use her clinical and professional judgment for what is in your best interest or to respond to an emergency.

- Jordana Nolan Psychotherapy **will not use your health information for marketing communications**

#### **Uses and disclosures not requiring consent or authorization**

Jordana Nolan Psychotherapy is committed to maintaining your privacy and confidentiality. The information provided by you and contained in your record will not be disclosed without your consent and

authorization, unless required or permitted by law. The following is a list of examples of circumstances in which Jordana Nolan Psychotherapy might have to share your information. Please note that the ability to disclose your information may not be limited to the examples below.

- **Emergencies/safety risk**

- To prevent or lessen a serious or imminent threat to the health or safety of you or others.
- If you are in danger of harming yourself or someone else.
- If there is suspicion that a child has been harmed or neglected.
- If there is suspicion that a person age 60 or older has been harmed or neglected.
- If there is suspicion that a disabled person ages 18-59 has been harmed or neglected.

- **Legal proceeding**

- As required by federal, state or local laws.
- Judicial or administrative proceedings.
- In response to a subpoena, legal order or other legal related process.
- To a correctional institution if you are an inmate.
- When required to do so by any other law not already referred to in this document.
- **Public health authority/Health oversight** To help them monitor and control disease, injury or disability.



- To report rape or sexual assault (to those government authorities that are authorized by law to obtain these reports).
- To protect victims of abuse, neglect, or domestic violence.
- **Food and Drug Administration (FDA) (or other related agencies)**
- Information on adverse reactions to products under their jurisdiction.

### **Research**

- If an Institutional Review Board/Privacy Board approves a waiver or authorization for such use or disclosure.
- **Governmental purposes**
- If you are a member of the armed forces, medical information about you may be released as required by military command authorities.
- For national security

### **Others**

- Reports to your insurer and/or the Massachusetts Industrial Accident Board as required by work-related illnesses or injuries or workplace medical surveillance laws.
- Information could be provided to those agencies in charge of overseeing the health care system, government programs and civil rights laws, when they have the responsibility of overseeing inspections, audits, investigations, among other activities.

### **Keeping your medical records confidential**

By law Jordana Nolan Psychotherapy is required to maintain a copy of your complete record for at least 7 years from the date of the last encounter. This is done in a safe and secure manner to protect your privacy and confidentiality.

### **Your rights**

- You have the right to have a copy of this notice. If you want a copy of this notice, please ask Jordana Nolan Psychotherapy for it.
- You have the right to inspect and copy your health care information.
- In most cases you will have access (to review and receive a copy) to your health care information.
- You must request access in writing.
- Jordana Nolan Psychotherapy must act on this request not more than 30 days after having received the request.
- This request could be denied. If you are denied, you will receive a written notification explaining the reason for the denial. You have the right to request a review of the denial.
- If it is believed that providing the entire record would adversely affect your well-being, Jordana Nolan Psychotherapy shall make a summary of the record available to you. If you request the entire record, notwithstanding a determination that providing said record is deemed to adversely affect your well-being, then Jordana Nolan Psychotherapy shall make the entire record available to either your attorney, with your consent, or to such other psychotherapist as designated by you.
- Jordana Nolan Psychotherapy might charge you a fee to cover the cost of copying, mailing, and supply.
- You have the right to request that your health care information be corrected when you feel information is not correct or is incomplete.
- Your request must be made in writing.
- Jordana Nolan Psychotherapy must act on this request no later than 60 days after receipt of the request.

- We might deny your request if the information was not created by this office (Jordana Nolan Psychotherapy) or if we believe the information is accurate. If this happens, you will receive a written notification.
- You can file a statement of disagreement that will be included in any future disclosures if you request it.
- You have the right to request an accounting of certain disclosures of your protected health information.
- Your request must be made in writing.
- Jordana Nolan Psychotherapy must act on this request no later than 60 days after receipt of the request.

• The accounting will exclude the followings:

- Disclosures regarding treatment, payment, and health care operations
- Disclosures allowed by certain laws and information we were required to release

□ Disclosures authorized by you

□ Information that we shared with you or your family

• Charges might apply to cover the cost of copying, mailing, and supply.

• You have the right to request how we (Jordana Nolan Psychotherapy and staff) contact you. It is our normal practice to communicate with you at your home address and cell phone or home phone number you gave us when you scheduled your appointment, about health matters, such as appointment reminders etc. Sometimes we may leave messages on your voicemail. You have the right to request that our office communicate with you in a different way.

### **Questions and complaints**

If you believe that we have violated your privacy rights or if you are not satisfied with Jordana Nolan Psychotherapy privacy policies or procedures, you may file a complaint with her or with the federal government. We will provide you with the address upon request. We will not retaliate; neither the quality of your care will be affected if you decide to file a complaint.

**If you have a question or concerns about the keeping of your record or about the privacy practices please notify Jordana Nolan Psychotherapy. You can talk with Jordana Nolan Psychotherapy about any of these issues in the office, by phone by calling 617-637-0616 or via mail at 344 Harvard Street, Suite 200, Brookline, MA 02210**

**Compliance with Laws.** If more than one law applies to this Notice we will follow the more stringent law.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLIENT'S RIGHTS AND RESPONSIBILITIES

The treatment and service philosophy of Jordana Nolan Psychotherapy is based on respect for the individual. Jordana Nolan Psychotherapy is dedicated to the protection of the rights of individuals and families using her services.

### **Client's rights**

- ❖ You have the right to receive care indicated for your problem, regardless of your sex, age, race, color, sexual orientation, religion, national origin, or the source of payment for your care.
- ❖ You have the right to participate in the development of your treatment plan or and to be fully informed as to the nature of that plan (i.e., purpose, risks, and benefits).
- ❖ You have the right to refuse and/or discontinue services at any time.
- ❖ You have the right to be treated honestly, courteously, and fairly by Jordana Nolan Psychotherapy and her staff.
- ❖ You have the right to (for more information refer to the Notice of Privacy Practices):
  - Have your information kept in a private and confidential manner protected by safeguards as required by law.
  - Inspect and copy your health care information.
  - Request that your health care information be corrected when you feel information is not correct or is incomplete.
  - Request an accounting of certain disclosures of your protected health information.
  - Request how we (**Jordana Nolan Psychotherapy and staff**) contact you.
- ❖ You have the right to a copy of this notice. If you want a copy of this notice, please make a request to this office.

### **Client's responsibilities**

- ❖ You are responsible for providing, to the best of your knowledge, accurate and complete information about your symptoms, medications, hospitalizations, past symptoms, and other matters relating to your mental health.
- ❖ You are responsible for following your treatment plan and of indicating if you don't understand it or cannot follow it for any reason.
- ❖ You have the responsibility to keep all scheduled appointments.
- ❖ If it is absolutely necessary to cancel an appointment, you are expected to notify at least 24 hours in advance.
- ❖ You are financially responsible for all charges regardless as to whether you are covered by insurance of any type.
- ❖ You must abstain from the use of drugs or alcohol in order to be seen for an appointment. If in the opinion of Jordana Nolan Psychotherapy you are intoxicated, you will be asked to reschedule your appointment.
- ❖ Drugs, alcohol, weapons, and threatening or violent behavior are absolutely forbidden within Jordana Nolan Psychotherapy's practice.

If you feel that any of the above mentioned rights have been violated or if you have any questions about the keeping of your record or about the privacy practices, you are urged to notify Jordana Nolan Psychotherapy at the above mentioned contact information. If you believe that your privacy rights have been violated or if you are not satisfied with Jordana Nolan Psychotherapy privacy policies or procedures, you may also file a complaint with the federal government. You will be provided with their address upon request. Jordana Nolan Psychotherapy will not retaliate; neither the quality of your care will be affected if you decide to file a complaint.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Agreement for the Use of the Phone, Text and Email during and after the Psychotherapy Process**

During the psychotherapy process you will be able to contact Jordana Nolan Psychotherapy via email

(jordananolantherapy@gmail.com) or phone (617-637-0616) by calling or leaving a voice message. The use of the email and phone is limited to the following circumstances:

- To schedule, reschedule, and cancel an appointment
- To verify the day and time of an appointment
- To verify the location of an appointment
- To request copies of your chart
- To ask questions about homework assigned during the psychotherapy process
- To send a homework requested during the psychotherapy process
- Other:
- 

During the psychotherapy sessions we will discuss any issues presented and will develop a plan to make sure that you have the tools to manage those issues and that you are able to prevent suicidal and homicidal ideation and behaviors.

I understand that if I use email or phone to communicate to Jordana Nolan Psychotherapy that I am experiencing suicidal or homicidal ideation Jordana Nolan Psychotherapy may not receive this communication right away. For this reason, instead, if I am feeling the urge to hurt myself or others I will contact 911 or the nearest crisis center to request assistance.

**Crisis Center  
Beth Israel Hospital  
148 Chestnut Street  
Needham, MA 02492  
781-453-3000**

Once Jordana Nolan Psychotherapy has received a voice message or email she will do her best to respond in the next 24 to 48 hours. In case of an emergency (client reporting homicidal or suicidal ideation) she will try to respond as soon as she gets the communication and will contact 911 or the crisis center to inform them of the emergency and request their assistance.

**Client/Guardian's initials\_\_\_\_\_**

I give Jordana Nolan Psychotherapy permission to communicate with me at the following number(s) and email:

Home phone: Can I leave a message?  
Cell phone: Can I leave a message?  
Work phone: Can I leave a message?  
Other phone: Can I leave a message?  
Email address:

***\*\*I understand that email correspondence, text and voice message are not considered to be confidential mediums of communication. \*\****

Jordana Nolan Psychotherapy has provided me with the number of the nearest crisis center. See above.

I understand that if I feel the urge to hurt myself (i.e. suicidal ideation or a plan to kill myself) or hurt others (i.e. homicidal ideation), I will contact 911 or the crisis center to request help. This form has been read to me (if requested) and I understand its contents. I have received a copy of this form.

Client/Guardian Signature: \_\_\_\_\_ Date:

Jordana Nolan, Jordana Nolan Psychotherapy: \_\_\_\_\_ Date:

## **Patient Information (Brief)**

### **Prior Psychotherapists, Counselors, and Treatment Providers Contact Information:**

Please list the name, telephone number, email address, and physical address for your prior providers here:

### **Current Medications**

Please list your **current medications** here:

| Name: | Dose: | Frequency: |
|-------|-------|------------|
|-------|-------|------------|

- 1.
- 2.
- 3.
- 4.
- 5.

### **Current Conditions, Issues, Concerns:**

- 1.
- 2.
- 3.
- 4.
- 5.

### **Goals for the Psychotherapy:**

- 1.
- 2.
- 3.
- 4.
- 5.