

Ronda Maass MA, LPC-MH – 4410 S. Tennis Ln, Sioux Falls, SD

CLIENT INFORMATION

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Best Contact Phone (\_\_\_\_) \_\_\_\_\_ Is it ok to leave a message? Yes \_\_\_ No \_\_\_

Would you like to receive text reminders? Yes \_\_\_ No \_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_

Significant others living in the home, names, ages and relationship: \_\_\_\_\_

HEALTH INFORMATION

Do you have current health concerns? \_\_\_\_\_

Prescription medications you are currently taking: \_\_\_\_\_

PAYMENT INFORMATION

For today's session I will be using; Insurance \_\_\_\_\_ EAP \_\_\_\_\_ Private Pay \_\_\_\_\_

Please be prepared to have your insurance card scanned. Copays are due at the time of the session.

Person responsible for services unpaid by insurance

Bill to \_\_\_\_\_ Address \_\_\_\_\_

Insurance policy holder \_\_\_\_\_ Relationship to client \_\_\_\_\_

(Name as it appears on card)

Date of birth \_\_\_\_\_ Policy Holder's Employer \_\_\_\_\_

Primary Insurance company \_\_\_\_\_ Does it cover mental Healthcare Yes \_\_\_ No \_\_\_

Co-Pay Amount \_\_\_\_\_ Do you have a deductible to satisfy? Yes \_\_\_ No \_\_\_

I authorize Ronda Maass to release necessary information to insurance carriers concerning my diagnosis and treatment in order to process claims. I authorize direct payment of medical benefits to Ronda Maass for services rendered. I realize and agree to pay the portion that is not covered by insurance including but not limited to co-insurance, deductible and co-pay.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Consent to Treatment

I \_\_\_\_\_, request the professional counseling services of Ronda J. Maass MA, QMHP, LPC-MH. In requesting these services, I understand that she operates her practice separate and apart from other mental health professionals sharing office space with her; the other mental health professionals have no responsibility or liability for my treatment unless I request their services and sign a client agreement with them.

Psychotherapy has both benefits and risks; you may get worse before you get better. However, the profit can outweigh the costs and psychotherapy has been proven to have significant benefits both physically and mentally. Moreover, you are encouraged to ask questions and offer ideas throughout your treatment.

### Emergencies

I am available by appointment only and I will make every effort to return your call as soon as possible (with the exception of weekends and holidays). If you are receiving care when I am out of town, I will give you the name of a colleague, to contact, if needed. In the case of an emergency and/or I am not available, please call 911, or contact Avera Behavioral or Sanford Hospital.

**My voicemail is for scheduling and administrative purposes.  
It is not a crisis line, in case of emergency hang up and call 911.**

### Confidentiality

In general, the law protects the confidentiality between a client and the therapist.

Exceptions include:

- 1) You authorize the release of information with a signature.
- 2) The therapist is ordered by the court to release information.
- 3) The client presents a physical danger to self or others or has intent to commit a crime.
- 4) There is evidence or reasonable suspicion of child/elder abuse and/or neglect.

In regard to your rights, you as the consumer have the right to fair and professional treatment; all HIPAA requirements apply to this office which you can request at any time.

I have been given the opportunity to ask questions which have been answered to my satisfaction. I have read the above and have had the opportunity to discuss this information and my questions with Ronda Maass. I also confirm that the information I have provided you for my treatment is correct. I completely understand my rights as a client, I understand my consent to treatment and I agree to pay the per hour rate contained in this agreement and I accept my responsibilities as stated above.

Client/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_