

Novo Counseling KC

Last name: _____ First name: _____ Middle: _____

Nickname: _____ Date of birth: _____ Age: _____ Gender: _____

Marital status: _____ Contact number: _____

Social security #: _____ Referred by: _____

Address/City/State/Zip: _____

Individuals living in the home:

Name	Relationship	Age	Health issues
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a minor, legal guardian: _____ Phone# _____

Employer: _____ Occupation/School: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Alternate: _____

Number to reschedule or confirm appointments: _____

May I leave a message on machine: yes or no with a person: yes or no

Restrictions: _____

Please describe the reason for today's appointment: _____

When did this problem begin: _____

Have you been in therapy before if so when and by whom: _____

Reason for treatment: _____

All current medications and doses: _____

Psychiatrically hospitalized (if so when and where): _____

Suicide attempts/gestures (if so please explain): _____

Describe any major illnesses, injuries or surgeries: _____

Any head trauma: _____ Concussion: _____ Seizures: _____

Allergies (please list): _____

Developmental milestones (walking, first word, toilet trained etc.) on time or delayed please circle one?
If delayed please explain: _____

If a minor, do they have a 504 plan or IEP? _____

Feelings over recent loss or death	None 0	1	2	A lot 3
Relationship with friend/family	0	1	2	3
Relationship with romantic partner	0	1	2	3
Sexual concerns	0	1	2	3
Sexual orientation	0	1	2	3
Survivor of abuse	0	1	2	3
Racial/ethnic issues	0	1	2	3
Low self-esteem	0	1	2	3
Loneliness	0	1	2	3
Depression	0	1	2	3
Anxiety	0	1	2	3
Fears/worries	0	1	2	3
Sleep problems	0	1	2	3
Eating problems	0	1	2	3
Body image concerns	0	1	2	3
Alcohol or drug concerns	0	1	2	3
Losing contact with reality	0	1	2	3
Suicidal feelings/behaviors	0	1	2	3

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Patient's rights and Consent to treat

Client notice of Confidentiality: The confidentiality of patient records maintained by Novo Counseling KC is protected by Federal and/or State law and regulations. Confidentiality states that Novo Counseling KC may not state to anyone outside of Novo Counseling KC that a patient receives services or disclose any information identifying a patient as and alcohol or drug abuser unless: 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency, or a qualified personnel for research, audit or program evaluations.

Violation of Federal and/or State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State law and regulations do not protect any information about a crime committed by a patient either at Novo Counseling KC, against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child or vulnerable adult abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is Novo Counseling KC's duty to warn any potential victim, when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a health care professional must be reported by other health care professionals in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. When fees are not paid in a timely manner a collection agency will be given appropriate billing and financial information about a client, not private health information. My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit of copy of this authorization to be used in the place of the original.

I, _____, attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at Novo Counseling KC. I consent to have treatment provided by a social worker or counselor. The rights, risks, and benefits associated with the treatment have been explained to me, as well as, alternative forms of treatment that are available. I understand that the therapy may be discontinued at any time by either party. I certify that I have received the Patient's Rights of notification and certify that I have read and understand its content.

I consent to treatment and agree to abide by the above stated policies and agreements with Nov Counseling KC.

Signature of client/legal guardian

Date _____

Clinician

Date _____

Client name: _____

Novo Counseling KC

Patient name _____

PLEASE PICK ONE

I am a Tri-County client. I have a current Tri-County referral and I understand that I will be responsible for any missed appointments, if my referral is not current or if I cancel an appointment less than 24 hours in advance. These fees are to be paid at the time of the next appointment.

Signature: _____ Date: _____

I am a private pay client. I will be responsible for the payment at the time of service.

Signature: _____ Date: _____

I authorize payment of benefits to *Novo Counseling KC* for services rendered. I further authorize the release to my insurance company of any medical or other information necessary to process my insurance claims. **I understand that I am responsible for all balances not paid by my insurance company, including, but not limited to deductibles, coinsurance, and copays.**

Signature: _____ Date: _____

Primary insurance

Name of Policy holder: _____ Relationship to client: _____

Date of birth: _____ Social Security#: _____

Insurance Company: _____ Policy #: _____

Group#: _____ Phone#: _____

Is there another insurance provider? Yes No

Name of Policy holder: _____ Relationship to client: _____

Date of birth: _____ Social Security#: _____

Insurance Company: _____ Policy #: _____

Group#: _____ Phone#: _____

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24 hour Cancellation Policy

_____ You will be charged for every scheduled appointment unless you cancel at least **24 hours** in advance. Late cancellation and no shows will be billed at the rate of \$40.00, this is patient responsibility and cannot be billed to insurance.

Appointment Reminder calls

_____ This is a courtesy reminder call made 48 hours prior to scheduled appointment. Patient is responsible for appointment with or without the courtesy call.

Credit Card payment

_____ All minors must keep a credit card on file to complete payment at the time of services rendered or payment made over the phone at the time of service if no adult present.

Returned checks

_____ There is a \$15.00 fee for any check returned unpaid by your bank. If your bank returns an unpaid check then you will be placed on a cash or credit card only, we will no longer accept checks.

Paperwork/Copy of file

_____ There are times that patient may need additional paperwork completed or copy of file. There is a fee for completing the needed paperwork and varies according to what is needed. Paperwork can take up to 10 days to complete.

Court Testimony

_____ There is a \$750 retainer fee for any court testimony that is non-refundable. There is an additional \$250 fee per hour after three hours.

Divorce

_____ If you have been or are now involved in a divorce please understand that we are not bound to any divorce decree issued by a court of law. The person that presents themselves with the minor child is responsible for the medical bill. If your divorce decree states that your ex-spouse is responsible for any part of the medical bill it is your responsibility to obtain payment not Novo Counseling KC, therefore the total payment is due at the time of service.

Mobile Card Reader

_____ I understand that Novo Counseling KC is using Heartland Mobile card reader for payment and that is encrypted for my protection.

Print name: _____

Signature: _____

Date: _____