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PATIENT INFORMATION FORM

CONFIDENTIALITY: Your right to confidentiality will be respected. I will not release information about you or your child's treatment without your written consent. Please be aware, however, state law **does not provide for confidentiality** under two conditions.

- First, if a court of law subpoenas information shared by you with your therapist. (e.g., child custody or divorce proceedings, civil or criminal court cases)

- Second, if a therapist **suspects** that harm has come or may come to you or others (e.g., child physical abuse, child sexual abuse, child emotional abuse, child neglect, concerns of suicide, concerns of homicide) the therapist is required by law to report this information to the appropriate authorities.

Please be aware of the federal HIPAA regulations as they apply to confidentiality on all clients using their insurance for reimbursement of services. If you have any concerns regarding confidentiality please discuss them with me as soon as possible.

THERAPY SERVICES: Individual, marital, and family therapy services are available. Beginning 2013, the American Medical Association assigned new Procedure codes to Therapy sessions which your insurance company will determine which is considered reimbursable. Usually, therapy sessions are scheduled once a week. Any increase or decrease should be discussed with your therapist to determine if the change in schedule is appropriate to your needs. Most of the EAP services and Medical Insurance companies are authorizing and reimbursing for 45 minutes . If you are with BCBS, 60 minutes therapy sessions, if needed, are reimbursed. Please make every effort to be on time to your appointment so that you can utilize the time provided. I ask that clients assist me in ending the appointments on time so that I have time to prepare for the next client's appointment.

The provision of therapy services is no guarantee that your problems will be solved or cured. The effectiveness of therapy can be impacted by many factors. These include: your relationship with the therapist, your motivation and willingness to work on the problems, the severity of the problems, duration of the problems, etc.

SERVICES WHICH ARE NOT PROVIDED: I do not provide any forensic (court) services. If you are involved in **any legal action that may require a therapist's testimony** you will be referred for services elsewhere.

I reserve the right not to treat clients who fail to follow through on critical referrals. This may include referrals for medical treatment, in-patient hospitalization or psychiatric evaluations when I determine a patient is a danger to themselves or others.

Clients who are violent or abusive to the therapist or any other participant in therapy will be terminated from treatment. Clients under the influence of mind or mood altering drugs will be requested to maintain sobriety during the course of treatment. This includes caretakers of children in therapy. I recommend that all clients and their families avoid the use of any chemicals which may impact and change their moods. Chemicals which should not be used during the course of therapy include but are not limited to the following: alcohol, depressants, stimulants, opioid, hallucinogens, marijuana, designer drugs, etc. If you do not believe you can stop your use of these chemicals, please discuss this with me as soon as possible.

If you are using prescribed mood altering medications such as pain killers, sleeping pills, stimulants, etc., I will be available to consult with your physician. **Do not discontinue prescribed medication** without consulting your physician.

MINOR CHILDREN: I will not treat minor children without the consent of their managing conservators. A copy of your divorce decree may be required to ensure that you have the legal right to seek non-emergency psychiatric services for your child.

CREDENTIALS: I am a Licensed Clinical Social Worker (LCSW). This license requires that I receive continuing education and adhere to the various Codes of Ethics.

PROFESSIONAL FEES: Fees are $100.00 payable per session. I will submit the services to insurance and will notify you when those charges have been paid. I accept credit cards, paypal, checks and cash. All overdue accounts are due within 30 days.

Insurance Assignment - Prior arrangements can be made with me to accept assignment of insurance. You will be responsible for: your deductible, co-payment and any portion of the claim not paid by their insurance company. I would advise you to contact the insurance company to be clear about your coverage. Some diagnosis and problems may not be reimbursed by your insurance.

It is important that fees be discussed in therapy. Overdue accounts and misunderstandings can interfere with the therapeutic process and may be an indication of problems in your relationship with your therapist.

EMERGENCIES: You can leave a message on my voice mail (972) 814-0164. I see many clients each day and do not always check my phone messages until the end of the day. In the event of an emergency, I suggest that you call 911 or go to your nearest hospital emergency room and ask for the on duty psychiatrist. Tell the doctor that you are a patient of mine.

I do not encourage clients to use the telephone as a replacement for their office appointments. Should phone calls extend more than 15 minutes, I will charge for the call. Please note: insurance companies rarely reimburse for telephone consultation so the charge will be made directly to you. Also, you may use my email to notify me of changes in your schedule.

Should you feel the need to talk to someone between appointments or while having a crisis the Suicide and Crisis Center at (214) 828-1000 trained telephone volunteers available 24 hours a day. I encourage you to use this valuable, free service as an option between appointments.

CANCELLATIONS: If you must cancel your appointment time more than two weeks in a row, I will need to offer that appointment time to other clients.

CLIENTS MUST CALL ME or cancel Online at Jituzu.com 24 HOURS IN ADVANCE OF THEIR APPOINTMENT TO CANCEL. I CHARGE $20.00 FOR LATE CANCELLATIONS AND NO SHOWS. THIS POLICY ALLOWS ME TO SCHEDULE CLIENTS IN YOUR APPOINTMENT TIME WHO MAY BE HAVING AN EMERGENCY AND NEED TO BE SEEN AS SOON AS POSSIBLE.

Should I have to cancel your appointment due to an emergency or illness, every effort will be made to notify you as soon as possible to reschedule the appointment.

TERMINATION OF SERVICES: Should you decide to terminate services, I would appreciate at least one session advance notice so that appropriate closure can be achieved. I will be happy to provide referrals where needed and assist you in any transition of services that you feel would be of assistance.

I have read and received a copy of the Patient Information form. I agree to the policies and procedures outline in this information sheet.

Signature_____

Date_____

Fee for therapy services are $100.00 per clinical hour unless I am under contract with your EAP or insurance plan. In that event, I can inform you of the contracted rate after verifying insurance.