



28379 Davis Parkway #801 • Warrenville, Illinois 60555 • telephone 312-543-2133
Stacey Hurst, LCPC, ADTR

NEW CLIENT INTAKE FORM

Client Information:

FullName: _____ Date: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____

Home Phone: _____ Cell phone: _____

Work Phone: _____ Email Address: _____

Social Security Number: _____ Marital Status: _____

Employer or School name: _____

Employer Address, city, state, zip: _____

Employed: () Full time () Part time Student: () full time () part time

Occupation: _____ Education: _____

Party Responsible For Payment: (if different from above please fill out entirely)

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Marital Status: _____

Social Security Number: _____

Employer or School Name: _____

Employer Address, city, state, zip: _____

Insurance:

Name, birth date and social security number of insured:

Insurance Company: _____ Telephone: Number: _____

Group and other insurance ID numbers: _____



28379 Davis Parkway #801 • Warrenville, Illinois 60555 • telephone 312-543-2133
Stacey Hurst, LCPC, ADTR

AUTHORIZATION FORM

This form, when completed and signed by you, authorizes Stacey Hurst of Mind Body Connections to release and obtain protected information to/from the person(s) or agency or agencies you designate.

I authorize Stacey Hurst, and her/his administrative staff to release and/or obtain the following:

verbal exchange clinical chart (excludes psychotherapy notes) billing records other

This information should only be released to or received from (names and addresses):

1. _____
2. _____
3. _____
4. _____

I am requesting Stacey Hurst to release and to obtain this information for the following reasons:

At the request of the client For treatment planning and implementation
 For consistency of treatment For Payment Purposes

This authorization shall remain in effect until _____ (usually one year from today's date). **If no calendar date is stated, information may be released only on the day the authorization form is received by Stacey Hurst.**

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to Mind Body Connections/Stacey Hurst. However, revocation will not be effective to the extent that Stacey Hurst has already released information based on this authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand I have the right to inspect the disclosed mental health information.

I understand that Illinois Law prohibits re-disclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes such a re-disclosure. I further understand that if information is released to a party in another state, re-disclosure of information may be allowable according to their state law. I also understand that once Stacey Hurst releases information, it has no responsibility or control over how that information is stored or utilized.

Signature of Client (12 years and older)

date

Signature of Parent (s) (children up to 18 years)

Date

MIND BODY CONNECTIONS

PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

Welcome to Mind Body Connections at Clarus Center. We are glad you have chosen us as your place for personal growth and recovery. This document contains important information about our professional services and business practices. **Please read it carefully** and feel free to discuss any questions you have with your therapist.

Philosophy of care at Mind Body Connections

We believe that treatment of the whole person is necessary for growth and development. This means that psychological, physical, spiritual, relational and fiscal issues may be addressed in therapy. Therapy may occur in a talk-therapy style and/or may include experiential components. Furthermore, therapy is most effective when the client is active in the therapeutic process. This means that you will be expected to work on things discussed in therapy both during sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include painful feelings such as sadness, guilt, anxiety, anger, loneliness and helplessness. Therapy also often involves discussing unpleasant aspects of one's life. However, therapy has been shown to have benefits that include significant reduction of anxiety and distress as well as better relationships, greater self-esteem and resolution of specific problems. Unfortunately, there are no guarantees of therapy outcomes.

The first few sessions

In the first few sessions, your therapist will want to evaluate your treatment needs and learn more about you. During this time, you and your therapist will work together to create treatment goals and/or an initial plan for treatment. Most importantly, this is your time to evaluate your comfort level and confidence in your choice of therapists. Your therapist will also be evaluating if they are a good choice of therapist for you and your specific needs and goals at this time. If for some reason you do not feel as though you are with the right therapist for you, please tell your therapist, as we would like to assist you in finding the right match be it within Clarus Center or not.

Contacting therapists and Emergencies

Calls are answered by a confidential voice mail system and each therapist has his/her own direct extension. Therapists check their voice mail each business day unless they are unavailable for an extended period of time. If your therapist is away, he/she is responsible for asking another therapist to be available to you, and her/his contact information will be included in your therapist's outgoing voice mail message. Therapists will make every effort to return calls within 48 hours. It is best to leave some times when you are most available to be reached. If you need to reach me more urgently you can call my cell phone at 312-543-2133 or write me an email at smh_dmt@ameritech.net. **If your therapist is unavailable and you are experiencing an emergency, please call the nearest hospital and ask for the psychiatrist on call or dial 911.**

Professional records

The laws and standards of the mental health profession require therapists to keep Protected Health Information (PHI) about you in your clinical record. It is important to understand that pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your therapist may keep PHI about you in two sets of professional records. One set is your clinical chart, which may be accessed by third parties (such as insurance companies) with your written authorization. Some therapists keep a second record, referred to as Psychotherapy Notes. These notes are only for use by your therapist and may include contents of therapeutic conversations, analysis of those conversations and how they impact treatment. These notes are kept separate from your clinical record and

cannot be released to insurance companies without your authorization. Insurance companies cannot penalize you if you refuse to authorize disclosure of psychotherapy notes. You may examine and/or receive a copy of your clinical record and psychotherapy notes if you request this in writing. Because these records can be misinterpreted, it is recommended that you review them in the presence of your therapist or have them forwarded and reviewed with another mental health provider. Your therapist may charge a copying fee if you request a copy of these records.

Records of Minors

Clients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. Parents of children between 12 and 18 cannot examine their child's records unless the child consents and the therapist finds no compelling reason to deny the access. Parents can request information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided and services needed. Since parental involvement, in most cases, is often crucial to successful treatment, it is recommended that clients between 12 and 18 years of age and their parents enter into an agreement that allows parents access to certain treatment information.

For children under the age of 18, all paperwork should be co-signed by both parents. Signature of both parents is required in all cases of separation and all divorce situations involving any type of joint custody. Although not required by law, it is preferred to have both parents agree to treatment even in cases of sole custody with no stipulation regarding medical treatment.

Costs

Fee for 60 minute session is \$120.00. For individuals struggling to afford co-payments or cost of sessions please speak with me about your situation since it is likely that we could work out an alternative financial arrangement. It is also important to know that fees may be charged for lengthy telephone conversations and time spent providing other services on your behalf. This may include extensive report writing, preparation and photocopying records or treatment summaries, consulting with other professionals with your consent and attendance at staffings. If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for all of his/her professional time, including preparation and transportation costs, even if he/she is called to testify by another party. Please discuss this with your therapist so that you clearly understand what services you will be charged for. In addition, therapists reserve the right to limit phone calls or other uses of their time to what they consider clinically appropriate, and he/she will openly discuss this with you.

Use of Insurance

Insurance is a complex issue. We ask clients **to call your insurance company** to discover what your mental health/chemical dependency coverage provides. Mental health coverage is usually different than physical health coverage. Please ask if you need pre-certification, what your co-pay is given our hourly rate, and how many sessions you are allowed in what period of time. We provide the courtesy of billing your primary insurance company, and ask for you to make your co-payment at the time of service. We also ask that you assume responsibility for tracking the usage of allotted sessions. In this regard you should take the initiative to discuss with your therapist (1) the number of sessions remaining before further approval is needed and/or (2) when no further sessions are available under your policy.

Ultimately, you are responsible for full payment of fees that your insurance company does not agree to cover. Therefore, it is important for you to fully understand your mental health and/or chemical dependency benefits. You will be responsible for discussing any disputes regarding coverage with your health insurance company. If you are disputing a claim for lack of payment with your insurance company, MBC may request that you pay your balance with us and agree to be reimbursed by the insurance company at a later date if the matter is eventually resolved.

Other billing issues

Mind Body Connections has a 24-hour cancellation policy for all sessions including group therapy. Insurance companies do not cover missed appointments. You will be billed for ½ the amount of the session if you fail to cancel with at least 24 hours notice.

We ask that *you* provide a credit card number for us to keep on file to cover balances that are minimally 30 days

overdue. We will notify you should we find it necessary to bill your card.

Mind Body Connections does use a collections agency, and may do so if an account is 90 days past due and compliance with a suitable payment plan has not occurred. If it is necessary to take legal action to collect fees, then legal fees will be included in the claim. Rather than enter an adversarial situation, we encourage you to speak directly to your therapist should financial issues arise which make timely reimbursement impossible.

Confidentiality

Illinois law protects the privacy of all communications between a patient and a mental health provider. In most situations, if you are 18 years of age or older, your therapist can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and/or Illinois law. However, there are several situations in which no authorization is required (please see Mind Body Connections Notice of Privacy Practices for explanation and clarification). Examples include:

- Consultation with other health and mental health professionals outside Clarus Center.
- Teaching and supervision.
- Discussion within Clarus Center.
- If you are involved in a court proceeding.
- Government Agency Oversight.
- Malpractice Suits.
- Workman's Compensation Claims.

Therapists are mandated reporters, and, as such, we have the legal obligation of notifying appropriate authorities in the following situations. Please note these situations are handled with the utmost care to protect those at risk for harm and with respect to the client's broken confidentiality.

- If your therapist believes that you present a clear, imminent risk of serious physical or mental injury or death to yourself.
- If you have made a specific threat of violence against another or if your therapist believes you present a clear, imminent risk of serious physical harm to another.
- If your therapist has reasonable cause to believe that a child under 18 known to him/her in his/her professional capacity may be abused or neglected by a parent, caretaker or other person responsible for a child's welfare.
- If your therapist has reason to believe that an adult over 59 years old, or under 60 years and disabled, has been abused, neglected or financially exploited in the preceding 12 months.

Credit Card Payment Consent Form



Patient Name _____
Print Last First Middle Initial

Name on Card if different _____

I authorize _____, and **ProfessionalCharges.com**, to charge my credit/debit card for professional services as follows:

Initial
_____ This visit only, for the amount of \$ _____ .
_____ All visits in the next 12 months, beginning ____ / ____ / ____ ,
not to exceed \$ _____ total.
_____ Recurring charges, date(s) of service ____ / ____ / ____ to
____ / ____ / ____ , not to exceed \$ _____ ,
____ monthly, ____ semimonthly, ____ weekly, ____ per visit.

_____ **To charge my card for the balance of fees not paid by my insurance company within 90 days, as indicated above.**

Type of Card: Visa, MasterCard, Discover, Medical Flex/Savings

Credit Card Number _____ - _____ - _____ - _____ , CVV Number _____
A 3-digit number in reverse italics on the **back** of the credit card

Expiration Date _____

Card Holder's Billing Address for Credit Card Statements

Street City State Zip

Card Holder Signature _____ , Date ____ / ____ / ____

*Charges will appear on your credit card statement as **ProfessionalCharges.com**. or some abbreviated form of it.*

ProfessionalCharges.com
1530 E. Chevy Chase Dr., Ste. 209
Glendale, CA 91206

Phone: (818) 206-2126
E-mail: admin@ProfessionalCharges.com

MIND BODY CONNECTIONS, P.C. (MBC)
At CLARUS CENTER
NOTICE OF PRIVACY PRACTICES

Version II: 8/04

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures of Protected Health Care Information:

1) Mind Body Connections may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization.

To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment" is when your therapist provides, coordinates, or manages your health care and other services related to your health care.
- "Payment" is when MBC obtains reimbursement for your healthcare.
- "Health Care Operations" are activities that relate to the performance and operation of our practice.

2) MBC may use or disclose PHI for purposes *outside* of treatment, payment, or health care operations, *if* we obtain your authorization *prior* to release of information.

You may revoke all such authorizations of PHI at anytime, provided each revocation is in writing. You not revoke an authorization to the extent that (1) your therapist has acted on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The law provides the insurer the right to contest the claim under the policy.

II. Uses and Disclosures of PHI Without Your Authorization

Therapists may use or disclose PHI without your consent or authorization in the following circumstances:

- **Consultation with other health and mental health professionals outside Clarus Center.** During such consultations, your therapist cannot reveal any information that identifies you without your written consent. All other professionals are also legally bound to keep the information confidential. In most cases, your therapist will not tell you about these consultations unless it is beneficial to your work together. All consultations will be noted in your clinical record.
- **Teaching and supervision.** At times, your therapist may refer to clinical cases for teaching or supervision purposes. In these situations, your therapist will not reveal any information that could identify you. In most cases, your therapist will not discuss these occurrences with you unless it is beneficial to your treatment.
- **Within Clarus Center.** At Clarus Center, therapists consult with each other regularly as a means of providing the highest quality of care to their clients. MBC also employs administrative staff. Your therapist may need to share protected information with these individuals for both clinical and administrative purposes such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All of the staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the oversight of a professional staff member.
- **If you are involved in a court proceeding.** Your therapist cannot disclose any protected information to the courts without a court order. If you are involved in or contemplating litigation, you should consult your attorney to determine whether a court would be likely to order your therapist to disclose information. In some cases, including but not limited to child custody proceedings and situations in which your emotional condition is an issue, a judge may require your therapist to testify in court. If it is your decision to open your protected information to the

courts, please be advised that not only your clinical chart (PHI) may be opened but the Psychotherapy Notes that your therapist might keep in a separate file may be brought into the court, even if that is not what you wish. Unfortunately once you offer your record for the court, you may not choose what is disclosed. It is advisable that you review records with your therapist and your attorney before making such a decision.

- **Government.** If a government agency is requesting information for health oversight activities, your therapist may be required to provide it for them.
- **Malpractice Suits.** If you file a lawsuit against your therapist, he/she may disclose all of your record (including PHI and Psychotherapy Notes) regarding you to defend himself/herself.
- **Workman's Compensation.** If you file a worker's compensation claim and your therapist is rendering treatment or services in accordance with the provisions of Illinois Workers' Compensation law, your therapist must, upon appropriate request, provide a copy of your record to your employer or his/her appropriate designee.

Therapists are mandated reporters, and, as such, we have the legal obligation of notifying appropriate authorities in the following situations. Please note, these situations are handled with the utmost care to protect those at risk for harm and with respect to the client's broken confidentiality.

- **If your therapist believes that you present a clear, imminent risk of serious physical or mental injury or death to yourself,** he/she is required to take protective actions that can include notifying the police, seeking hospitalization or releasing relevant information to friends or family in order to keep you safe.
- **If you have made a specific threat of violence against another or if your therapist believes you present a clear, imminent risk of serious physical harm to another,** he/she may be required to disclose information in order to take protective actions such as notifying the potential victim, contacting the police or seeking hospitalization.
- **If your therapist has reasonable cause to believe that a child under 18 known to him/her in his/her professional capacity may be abused or neglected by a parent, caretaker or other person responsible for a child's welfare,** the law requires that he/she file a report with the local office of the Department of Children and Family Services. Once a report is filed, your therapist may be required to provide additional information.
- **If your therapist has reason to believe that an adult over 59 years old, or under 60 years and disabled, has been abused, neglected or financially exploited in the preceding 12 months,** the law requires him/her to file a report with the agency designed to receive such reports by the Department of Aging. Once such a report is filed, your therapist may be required to provide additional information.

III. Patient's Rights and Therapist's Duties

Patient's Rights:

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may request all written communication be sent to an address other than your home address.)
- **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained. On your request, your psychologist or therapist will discuss with you the details of the request for access process.
- **Right to Amend** — You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, your psychologist or therapist will discuss with you the details of the amendment process.

- **Right to an Accounting** — You generally have the right to receive an accounting of disclosures of PHI. On your request, your psychologist or therapist will discuss with you the details of the accounting process and when it applies.
- **Right to a Paper Copy of Notice of Privacy Practices - You have the right to** obtain a paper copy of this notice from Clarus Center upon request.

Therapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

IV. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, please talk to your therapist.

If you believe that your privacy rights have been violated and wish to file a complaint with MBC, you may send your written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

The terms of this notice are unchanged since our first version, and thus have been in effect since April 14, 2003. We reserve the right to change the privacy policies and practices described in this notice, and make those changes effective for all protected information that we maintain. You will be notified if such changes occur. We will post a new notice in the waiting area, post the revised notice on our website, and have paper copies available. If substantial changes are made to this agreement and you are no longer in treatment with us, you will receive notification via mail by 60 days of the revision. If we fail to attempt to contact you, then we are required to abide by the terms currently in effect.

Mind Body Connections Signature Page

Please initial the following statements to indicate that you agree. If an item is not applicable please write N/A.

- _____ 1) I have received a copy of the **Notice of Privacy Practices: Version II Dated 8/04.**
- _____ 2) I have received a copy of the **Psychotherapist-Client Services Agreement.**
- _____ 3) I have signed an **Authorization Form** with the name of my insurance company, name'(s) and address of previous psychotherapists and/or treatment centers/hospitals, and name(s) and address of current treatment providers.
- _____ 4) I have provided my insurance card to be photocopied.
- _____ 5) I have provided my credit card number for coverage of overdue balances.
- _____ 6) I have requested that my credit card be billed regularly for payment.
- _____ 7) I agree to hold confidential the identities and personal information of any other clients that I may see or interact with at Clarus Center.

Your signature below indicates that you have received the **Psychotherapist-Patient Services Agreement** and the **Notice of Privacy Practices**, and that you agree to abide by its terms. These documents represent an agreement between you and your therapist. You may revoke this agreement in writing at any time. However, revoking either of these two agreements will result in termination of professional services provided to you by your therapist.

Your signature below also indicates that you have initialed all the above statements which were applicable.

Patient _____ Date _____

Parent/Guardian* _____ Date _____

Parent/Guardian* _____ Date _____

Witness _____ Date _____

* Parent signature required for clients under age 18. Signature of both parents is usually required.