

Name: _____ Date: _____

List any allergies you have: _____ None: _____

Primary Care Physician: _____ Phone number: (____) _____

Address: _____

Approximate date of your most recent physical examination: _____

List all current medications and dosages, including supplements:

Name of Medication	Reason Taking Medication	Dosage	Prescribing Doctor	Date Started

List all current or past health problems, and any major operations:

Health Problem or Surgery	Date	Currently a problem?	Doctor

List all therapists you have seen, and dates you saw them:

Therapist and location	Approximate Dates Seen

List any substance abuse treatment or inpatient psychiatric treatment and dates:

Name of Substance Abuse Program or Psychiatric Hospitalization	Dates	Inpatient/ Outpatient

Masterful Couples of Northern Virginia Practice Policies

This form has two purposes. First, it tells you about my procedures and policies concerning important aspects of your psychotherapy. Please let me know if you have concerns about any of these policies. Your first visit will help me get a general understanding of your situation in order to determine how I might best help you. Because I want you to participate actively in planning your counseling, don't hesitate to ask questions.

Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk about with me. Psychotherapy has been shown to have many benefits; it can lead to better relationships, solutions to specific problems, and feeling much less distressed. However, there are no guarantees of what you will experience, and at times a psychotherapy session may leave you with unhappy feelings.

Second, this form is an Agreement between you and Masterful Couples of Northern Virginia (MCNOVA). You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on MCNOVA unless we have already relied on this agreement to take action, or if your health insurer requires MCNOVA to send information needed in order to help you process your claims made for my services, or if you have not paid your bill in full.

DISCLOSURE STATEMENT

While I have taken training in the Gottman Method of couples' therapy and have become a Certified Gottman Therapist, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

APPOINTMENTS

Double sessions last 90-120 minutes and individual sessions last 45 to 60 minutes; all sessions are scheduled directly through me at 703-967-5070. *If you cancel an appointment, notify me at least 48 hours before the session, or you will be charged our contracted fee for the time you reserved for the appointment.* However, if you call in advance to cancel any time before an appointment because you are ill or have an unexpected or emergency situation, there will be no charge. I will make every effort to reschedule your appointment within the same week of your cancelled appointment. I expect you to make every effort to reschedule your missed appointment as well.

If you are late for your appointment, you will only have the remainder of that reserved time left. I will wait 15 minutes beyond a scheduled appointment time, and then may consider the appointment a "no-show" if a call has not been received to indicate that you are running late. It is your responsibility to communicate with me if you will be arriving late.

TELEPHONE CALLS

Please try to contact me via telephone during normal business hours, Monday through Friday, 9-5. Lengthy telephone consultations (not including the initial free consultation) may be billed at our standard hourly rate for professional service. ***In emergencies, you may contact me at 703-967-5070. An emergency is generally a situation in which you are in danger of hurting yourself or someone else. If the emergency is serious and you cannot wait until I can return your call, please call 911 or the 24-hour mental health emergency number, 703-573-5679, or go to the nearest hospital emergency room.***

FEES AND OVERDUE ACCOUNTS

This packet contains a separate page to clarify fee arrangements. I am always happy to answer any questions and make payment arrangements. If an account is overdue and no provision for payment has been made, I may turn the account over to a collection agency or lawyer and your failure to pay will show up on your credit history.

Insurance claims require a diagnosis, which I will discuss with you. For out-of-network insurance, there may be one kind of noninsured cost to you: (1) a deductible, which is an amount you must pay before your insurance coverage begins to pay.

HIPAA NOTICE OF PRIVACY PRACTICES

CONFIDENTIALITY AND FILES

This form contains information about a new federal law that affects your privacy rights. This law, called HIPAA (Health Insurance Portability and Accountability Act) regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. HIPAA requires that we give you a Notice of Privacy Practices. The Notice explains HIPAA's application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Please read and sign this notice; I will be happy to discuss any questions you may have about it.

I will maintain a Clinical Record file on your case, which is the property of Masterful Couples of Northern Virginia (MCNOVA). You may examine and/or receive a copy of your file *if* you request it in writing *and* the request is signed by you *and* dated not more than 60 days from the date it is submitted. There may be a charge for writing reports or for copying materials.

In most situations, MCNOVA can release information about your treatment to others *only* if you sign a written authorization form for each release. However, in other situations, MCNOVA needs only written, advance consent to release information. **Your signature on this agreement is written, advance consent for the following releases of information:**

- I participate in group supervision with other mental health professionals; if we discuss your case, it is done without revealing your identity. The other professionals are also legally bound to keep the information confidential and I will note all consultations in your Clinical Record. Please let me know if you would prefer that other clinical staff *not* be consulted about your case.
- I may find it helpful to share information with your primary care physician or other health and mental health professionals who are currently treating you. If we determine it would be helpful, I will ask you to complete and sign a "Permission to Exchange Information" form, listing the individuals and/or organizations with whom I may exchange information. You may rescind this permission at any time. A record of these disclosures will be kept in your Clinical Record.

There are some situations where MCNOVA is permitted or required to use or disclose information *without* either your consent or authorization:

- If a client is clearly likely to seriously harm him/herself, we may be required to take action to prevent self-destruction.
- If there is a clear risk that a client plans to seriously harm another person, we may have a duty to warn the potential victim; or disclose the risk to appropriate public authorities.
- If a therapist suspects that abuse of a child or senior citizen may have taken place, the therapist is required to report the suspected abuse to the Department of Child or Adult Protective Services.
- If the client is a minor, both parents have access to the minor client's complete Clinical Record, including Psychotherapy Notes, unless there is a court order prohibiting one of the parents from access. In the case of adolescents I will ask that you sign a form giving the right to confidentiality to the adolescent.
- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the therapist/client privilege law.

MCNOVA cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court orders MCNOVA to disclose information, I am required to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether or not a court would be likely to order us to disclose information.

- If a government agency (such as Medicare) is requesting the information for health oversight activities, MCNOVA may be required to provide it for them.
- If a client files a complaint or lawsuit against MCNOVA or any of its staff, MCNOVA may disclose relevant information regarding that client in order to defend itself.
- If a client files a worker's compensation claim, the client must sign an authorization so that MCNOVA may release the information, records or reports relevant to the claim.
- MCNOVA may present disguised case material in seminars, classes, or scientific writings; in this situation, all identifying information and Protected Health Information is removed, and client confidentiality and anonymity is maintained.
- Your health insurance plan has the right to review your Clinical Records for any services you have asked them to pay for. Unless your treatment is being paid for by a Workers Compensation plan, a health insurance company is *not* entitled to see Psychotherapy Notes, which are detailed notes I may make concerning what you have talked about in therapy. However, they *are* entitled to see other Protected Health Information in your clinical record, including information about dates of therapy, symptoms, your diagnosis, your overall progress towards those goals, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS, AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF PRIVACY PRACTICES INCLUDED ABOVE.

Client or responsible party

Witness

Date

Masterful Couples of Northern Virginia (MCNOVA) Counseling Services Fee Agreement

1. **FEE:** Your fee will be \$250 per 90 minute double session or \$125 per 45 minute single session. Although health insurance may aid in payment, you are responsible for paying for all services and appointments at Masterful Couples of Northern Virginia (MCNOVA). **If you cancel or do not keep an appointment without giving forty-eight hours' advance notice, you must pay for the time you have reserved.** Insurance companies do not pay for canceled appointments. If you are ill or have an emergency and call in advance to cancel your appointment, there will be no charge.

Please initial here _____

Assessment evaluation, psychological testing, report writing, hospital visits, consultation with other professionals, home visits, telephone counseling, email consultations, and any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) are **not** covered by insurance. My fee for **these services is \$100 per hour**, including travel time to other locations. These services may require payment in advance. Please inform me in advance if you anticipate that you will require my services in a court or school proceeding.

Please initial here _____

MCNOVA has contracted with your insurance company as an Out-of-Network Insurance Provider. If you see me for visits *that are authorized* but not paid for by your insurance benefits, by signing this form you agree to pay MCNOVA's fee, as listed above, for each authorized visit that is not covered by your insurance benefits.

- a. **If your insurance company requires you to get authorization from them before seeing me and you do not do so, you are responsible for payment in full of the fees listed above.**

2. **PAYMENT ARRANGEMENT:** All accounts are payable in full before each session. Overdue accounts may be charged interest at the rate of 10 percent per year.

_____ STANDARD PAYMENT ARRANGEMENT: Payment is due at the time of each session.

_____ ALTERNATIVE PAYMENT ARRANGEMENT: _____

3. **COLLECTIONS PROCEDURES:** MCNOVA reserves the right to collect any unpaid balance due. If a client is not making regular payments as agreed upon above in Item 2, MCNOVA may use a collection agency or take legal action to secure payment, as authorized by state or federal law, and the collections action will become a part of your credit record. Clients will be notified in writing before MCNOVA takes action to collect.

4. **LIMIT ON UNPAID BALANCE:** MCNOVA may terminate treatment and refer the client elsewhere for continued care if the unpaid balance exceeds \$300.

I have read and understood the above fee agreement, and I agree to abide by its terms.

Printed Name

Signature

Date