

COLLINS COUNSELING & ASSOCIATES, P.C.

PATIENT REGISTRATION

(Please Print)

Date _____

Client Name _____ Date of Birth: _____ Age: _____
(Last) (First) (MI)

Address _____ City _____ State _____ Zip _____

Should we send mailings in an unmarked envelope? _____

Home Phone (____) _____ Work Phone (____) _____

Mobile/Alt. Phone (____) _____ PLEASE BOX FOR WHICH # IS BEST TO REACH YOU

May we leave a voice message for you? ___ Yes ___ No

Would you like to receive a text reminder of your appointments? ___ Yes ___ No

Email address: _____

Gender:

___ Male
___ Female

Marital Status:

___ Married ___ Single ___ Partner
___ Divorced ___ Widowed ___ Separated

Social Security # _____

Name of Employer (or School) _____

Emergency Contact:

Name: _____ Relation: _____ Contact #: _____

Primary Care Physician: _____

If other family members are seen in this office, please list: _____

Primary Insurance Company:

Secondary Insurance Company:

Name: _____

Name: _____

Policy # _____ Group # _____

Policy #: _____ Group #: _____

Subscriber Name: _____

Subscriber Name: _____

DOB _____ SSN _____

DOB: _____ SSN: _____

Employer: _____

Employer: _____

*** AT THIS TIME A COPY OF YOUR CURRENT INSURANCE CARD AND PHOTO ID IS REQUESTED ***
ALTHOUGH WE TAKE A COPY OF YOUR INSURANCE CARD, WE DO REQUIRE THE FOLLOWING
INFORMATION TO BE COMPLETED.



COLLINS COUNSELING & ASSOCIATES, P.C.

1340 Sledge Dr. · Mobile · AL · 36606 ✪ 7801A St Hwy 59 · Foley · AL · 36535 ✪ 109 St. Joseph Ave. · Brewton · 36426

Phone: (251) 473-3410 · Fax: (251) 476-4454 · www.collinscounseling.org

PRACTICE INFORMATION AND CONSENT FORM

Patient's Name: _____ **Birthdate:** _____

Dear Patients and Families,

We thank you for choosing CCA. Please take a few moments to read over information about our services and business policies. When you sign this document, it indicates that you understand and agree to the information in this document upon entering therapy.

WHAT TO EXPECT FROM PSYCHOTHERAPY

Psychotherapy experiences vary depending on the problems that you are experiencing and the personalities of both the therapist and the patient. There are many different methods that can be used to deal with the issues you hope to address. Therapy calls for a very active and ongoing effort on your part. For therapy to be the most successful, you will have to work on the things we discuss both during sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience difficult feelings (such as stress, anger, sadness and guilt). On the other hand, psychotherapy often leads to better relationships, solutions to specific problems, and a significant reduction in feelings of distress. Unfortunately, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. It is an opportunity for you and your therapist to decide if he/she is the best person to provide the services you seek. By the end of this evaluation, your therapist will be able to offer you some first impressions of what treatment plan is recommended, if you decide to continue in therapy. You should evaluate this information along with your own opinions of whether or not you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy. Sessions are typically scheduled once a week or every other week, and last 50-60 minutes (although they may be shorter or longer). If you have questions about any procedures, they should be discussed whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

WHAT TO KNOW ABOUT APPOINTMENTS

In scheduling an appointment, a block of time has been reserved for you, and it is a time that will not be made available for other purposes without sufficient notice. Therefore, if you have scheduled an appointment and later wish to change or cancel it, we require notification 24 hours in advance. **Last minute cancellations and appointments missed without just cause will be charged to you at a minimum of \$50.00.** We ask that you try to schedule your appointments as soon as possible--hopefully after each office visit--as routine follow-up time slots are typically booked for several weeks into the future at any given point in time. Repeated no shows and/or last minute cancellations may result in you being charged the full amount or in termination of treatment. Should you need to leave a message after our regular office hours, we have a 24-hour answering service available to take your call.

PHONE CALLS/AFTER HOURS CALLS/TELEPHONE CONSULTATIONS

Due to the nature of the services we provide, we are typically not immediately available by telephone. You are welcome to leave a message for a return call, and we will get with you as soon as we can. We typically return routine/non-urgent phone calls within the same business day if the message is left within normal business hours. Our policy is to provide quality client care through scheduled office visits, not unscheduled phone calls, and we may direct you to make an appointment. If you have an emergency and cannot contact us or wait for a return call, please stay safe and call 911. Please review our Electronic Communication Policy Form for policies regarding other forms of contacting us.

In the event of any emergency, please go to the nearest emergency room or call 911 immediately. You may also contact your provider through the answering service, after taking the step above.

COLLINS COUNSELING & ASSOCIATES

WHAT YOU NEED TO KNOW ABOUT INSURANCE:

In order to better serve your needs, our office accepts several insurance plans and every plan is different. It is up to the insured to know the exact requirements of their own insurance plan. For us to file insurance claims on your behalf, you must present proper proof of insurance at the time of your appointment to our office. However, when appropriate, if your insurance company has not responded within 60 days, full and prompt payment will be expected from you. You should also be aware that if you decide to use insurance to pay for your treatment, you are consenting to our office providing the insurance company with whatever information they request. Typically, this is a diagnosis, dates of service, and general information about the type of services provided. In some cases, insurance companies request treatment notes or other information. By signing this document, you agree that we can provide the requested information to your carrier.

Fees due at the time of service include: co-pays, deductibles, non-covered services, or patients that are not covered by insurance. For your convenience we accept cash, check, MasterCard, Visa, Am Express, Discover.

YOU WILL RECEIVE A MONTHLY STATEMENT OF YOUR ACCOUNT AS LONG AS YOU HAVE A BALANCE. In general, insurance companies should pay within thirty to sixty days after receipt of a claim. If your insurance has not been paid by sixty days after your visit, please check with your company as to the status of your claim. **Your insurance benefits are a contract between you and your insurance company. We cannot accept responsibility for collecting your insurance or for negotiating a settlement on a disputed claim, but we will assist you whenever possible.** If you are a member of a health plan for which we are participating providers, we will honor any restrictions on charges or fees, and these will be adjusted accordingly.

*****WE RESERVE THE RIGHT TO SEND AN ACCOUNT TO COLLECTIONS IF NOT PAID IN FULL. IF CCA REFERS YOUR ACCOUNT OVER TO A COLLECTIONS AGENCY, YOU WILL BE RESPONSIBLE FOR YOUR BALANCE PLUS THE COLLECTIONS AGENCY FEES***** Our office will do whatever we can to assist you. If you have any questions or problems, please do not hesitate to contact our billing office. *The fee for returned checks is \$35.00.*

LETTERS AND FORM COMPLETION

We require a minimum of 48 hours for all letters and form completion. Any information that you would like forwarded to another provider, school, attorney, employer, etc requires a signed release of information. Most forms can be completed at no charge; however, based upon the length and complexity of the form or requested letter, a fee may be charged. Payment is due prior to picking up or mailing the requested document. Please contact our office to inquire whether a fee will be charged.

POTENTIAL LIMITS TO CONFIDENTIALITY

The law protects the privacy of all communications between you and us. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. Contents of all therapy sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

- **Duty to Warn and Protect**
When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
- **Abuse of Children and Vulnerable Adults**
If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.
- **Prenatal Exposure to Controlled Substances**
Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

COLLINS COUNSELING & ASSOCIATES

- **Insurance Providers** (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

- **Couples/Family Therapy**

All information obtained during couples or family therapy is private information for every individual involved in the counseling. Therefore, to release information, we must have authorization from all parties. If an individual requests access to the chart, a redacted (edited) chart, with all the other members' information removed, could be requested.

- **Minors and Parents**

If you are under the age of 19, please be aware that the law may provide your parent or guardian the right to examine your treatment record, unless it is decided that such access is likely to injure you. In order to ensure that you feel comfortable disclosing important information to your clinician, it is our policy to request an agreement from your parents that they consent to give up access to your record. If they agree, we will provide them only with general information about the progress of your treatment, unless your clinician feels there is a high risk that you will seriously harm yourself or someone else, or that you are in a situation that threatens your safety. Before doing so, your clinician will attempt to discuss the matter with you and to handle any objections you may have to the information that is being disclosed.

ELECTRONIC COMMUNICATION & SOCIAL MEDIA POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, we have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of the counseling profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

If you have any questions about this policy, please feel free to discuss this with your clinician.

- **Email Communications**

We will use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with our office should be limited to things like setting and changing appointments, billing matters and other related issues. If we have agreed to the use of email communications for clinical matters, you need to be aware that this is not always a secure method of communicating. Further, e-mails will not be checked on weekends and when our office is closed.

- **Text Messaging**

Text messaging may be used by our office for questions regarding appointments and scheduling. If you and your clinician have agreed to use text messaging, you should remember that text messaging is not always reliable and/or secure.

- **Social Media**

Our clinicians do not communicate with, or contact, any of our clients through social media platforms like Instagram, Twitter, Facebook, etc. In addition, if we discover that we have accidentally established an online relationship with you, we will cancel that relationship. The Alabama Licensing Board Code of Ethics states "Licensed professional counselors are prohibited from knowingly engaging in a personal virtual relationships with a client, immediate family members of a client, or the intimate partners of a client (e.g., through social and other media)."

COLLINS COUNSELING & ASSOCIATES

- **Websites**

We have a website that you are free to access (www.collinscounseling.org). It is used to provide information to others about our practice. You are welcome to access and review the information that we have on our website and, if you have questions about it, we should discuss this during your therapy sessions.

- **Business Review Sites**

You may find Collins Counseling & Associates on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that the listing is NOT a request for a testimonial, rating, or endorsement from you as my client. The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence." Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative.

EMERGENCIES

Electronic communication (messaging, text, e-mails) should never be used to communicate an emergency. These communications may not be received or read in a timely manner.

Please initial each item below. All items must be initialed before you can be seen.

_____ I hereby consent to enter into treatment with my clinician. I understand that no promises have been made to me as to the results of treatment or of any procedures provided. I am aware that I may stop my treatment with my clinician at any time.

_____ I agree to pay for all services provided, including any charges that are not paid by my insurance company. Insurance copays, deductibles, and charges not filed with insurance are due at the time of service.

_____ I assign any and all rights or payments that may be due under my insurance policy directly to my clinician. I authorize the release of any information necessary to process my claims.

_____ I understand that it is my responsibility to notify my clinician of any changes to my insurance company. I will be responsible for any claims denied due to incorrect insurance information.

_____ I have read the policies regarding cancellations and missed appointments.

_____ I have read and understand the information regarding contacting my clinician outside of the therapy hour, including how emergencies will be handled.

_____ I have been given a copy of the HIPAA notice of privacy practices that contains sections on patient health information and patient rights.

_____ I have read and fully understand all information about the limits of confidentiality.

_____ I have read the above electronic communications policy and agree to abide by it in my communications with my therapist. I understand that electronic communications are not to be used for emergency situations.

All patients must complete the patient information form and sign this policy agreement in order to be seen in this office. I have read and agree to the above office policies.

Signature: _____ **Date:** _____