

HIPPA Introductory Letter & Informed Consent

Welcome to our practice. In order for you to make an informed decision about counseling, we would like to explain how we work and our policies. Please feel free to ask questions.

Counseling sessions are scheduled in advance and are usually 45 minutes in length. The duration and frequency of appointments vary depending on your circumstances and needs. If you need to cancel an appointment, we would appreciate 24 hours notice when possible; otherwise we may charge for the missed session. Payment is requested at the time of service unless other arrangements are made. We will work with you and your healthcare insurance, including developing a plan for deductibles and payments.

We will keep the information you share completely confidential. What you discuss will not be shared without your written permission. There are certain limits to confidentiality which are important for you to know.

If you have been referred by the court or an agency of the court, we may be required to provide information to them.

If you are involved in litigation and inform the court of our services, you may be waiving your rights to keep your records private.

If you threaten to harm yourself, others or personal property, we are obligated to inform potential victims or police. If someone's life is in danger, information will be divulged.

If we have reason to suspect child abuse or neglect, we are obligated by law to report this to an appropriate state agency.

If you are a minor, we will not reveal specific details of our discussions without your permission unless we decide your safety is at risk. Parents and guardians will be informed generally of your progress if they inquire.

Healthcare insurance companies sometimes require information to process claims and we will inform you if a request is received.

You have the right to ask us not to share certain information for counseling and payment reasons. Please inform us of that in writing.

You have the right to revoke consent after signing it. Please let us know in writing and we shall honor your request. After you have read the above information if you have any questions please feel free to ask your clinician. This form complies with federal regulations (HIPAA) and serves as a Notice of Privacy Practice.

Thank you,

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Bill Of Rights

1. Casa RiCo, LLC and Be Well Counseling support a Patient Bill of Rights and Responsibilities and holds that compliance with these contributes to effective and appropriate patient care and responsibility. All activities related to providing healthcare services are to be conducted with an overriding concern for the patient and the community and above all with the recognition of the patient(s) dignity as a person who has the right to determine his/her own destiny in a socially responsible manner.
2. The patient has the right to considerate, respectful, appropriate and timely services.
3. The patient has the right to participate in the development of his/her service goals and service plan.
4. The patient has the right to obtain from his/her service provider, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can reasonably be expected to understand. When it is not advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf.
5. The patient has the right to receive from his/her service provider, information to make informed consent prior to the start of any procedure and/or treatment. This shall include such information as: the significant risks involved with any procedure and service provider. Where clinically appropriate, alternatives for care or treatment should be explained to the patient.
6. The patient has the right to refuse any and all treatment to the extent permitted by law and to be informed of any of the psychological and/or medical consequences of his/her actions.
7. The patient has the right to every consideration of confidentiality and privacy concerning his/her own care limited only by state statues, rules, regulations or imminent danger to the individual or others.
8. The patient has the right to be advised if the clinician, hospital, and/or clinic proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research.
9. The patient has the right to examine and receive an explanation of his/her bill.

The patient's responsibilities are as follows:

1. The patient has the responsibility to give their providers of care complete and accurate information related to their condition and their past and current care.
2. The patient has the responsibility to comply with the treatment plan, which they and their provider of care have mutually developed. Patients are responsible for the medical consequences, which may result, from refusing recommended treatment or for not following the instructions of the provider of care.
3. The patient has the responsibility to be considerate and respectful to the provider and provider's staff who are committed to assisting all parties in providing effective care.
4. The patient has the responsibility to give complete and accurate insurance coverage information in a timely fashion and to pay for services promptly, so that the provider of care can continue to service the community effectively.
5. The patient has the responsibility to read and sign all forms provided to them to continue continuity of care, payment for such care and to cover all insurance issues.

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Informed Consent for Treatment

Welcome to Casa RiCo, LLC and Be Well Counseling. Today's appointment will take approximately 60 minutes and all other sessions will be 45 minutes (unless other arrangements are made). We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, State and Federal Laws, and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need. All of our therapists have completed a Graduate program and earned a Masters Degree, in either counseling or social work, and are licensed by the State of New Jersey; they have over thirty years of combined experience. In addition to English, we provide services in the following languages: Hindi, Marathi, Marwari, Punjabi, Urdu, and Spanish. Areas of specialty include Mood Disorders, Depression, Anxiety, Bipolar Disorder, and initial episodes of psychosis. They have significant experience working with college students and their issues adjusting to college life. They also have extensive training in Lesbian, Gay, and Bisexual Issues. Some of our therapists specialize in working with children and adolescents. They also work with adults, both individuals and couples, and provide psychotherapy and Cognitive Behavioral Therapy, although other treatment approaches can be used depending on the person or condition being treated. Treatment practices, philosophy, risks and objectives will be discussed with you today.

The Process of Therapy/Evaluation

Participation in therapy can result in a number of benefits to you, including and not limited to improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. We appreciate the opportunity to work with you. Our goal is to create a therapeutic relationship that will foster growth and healing and attend to your individual needs. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your involvement, honesty and openness in order to change your thoughts, feelings, and/or behavior. We will ask you for your feedback and views on therapy, its progress, and other aspects of therapy and will expect you to respond openly and honestly. Sometimes more than one approach to therapy can be helpful in dealing with certain situations. During the initial evaluation or therapy remembering or talking about unpleasant events, feelings, or thoughts can result in considerable discomfort or strong feelings of anger, sadness, worry, fear, anxiety, depression, insomnia, etc. We may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel upset, angry, depressed, challenged or disappointed.

Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance abuse, schooling, housing or relationships. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, we may draw on various psychological approaches according, in part, to the problem that is being treated and our assessment of what will best benefit you. These approaches include Cognitive Behavioral Therapy, Psychodynamic Therapy, Developmental, Psycho-educational, Guided Imagery, or other Psychodynamic therapies.

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Confidentiality and Emergency Situations

Your Verbal communication and clinical records are strictly confidential except for: a) information shared with a treating psychiatrist, b) information (diagnosis and dates of service) shared with your insurance company, c) information you and/or your child or children report about physical or sexual abuse; then, by New Jersey Law, we are obligated to report this to the Division of Youth and Family Services, d) where you sign a release of information to have specific information shared and e) if you provide information that informs us that you are in danger of hurting yourself, others or personal property, f) information necessary for case supervision or consultation and h) or when required by law. Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony of your therapist. In couple and family therapy or when different family members are seen individually, confidentiality and privilege do not apply between couples or among family members. We will use clinical judgment when revealing such information. We will not release records to any outside party unless we have been authorized to do so by all adult family members, and/or parent(s) or guardian(s) who were part of the treatment. Disclosure of confidential information may be required by your insurance carrier (HMO/EPO/POS/PPO/Traditional or indemnity plan or EAP) in order to process your claims. If you instruct us to do so, we will only communicate the minimum necessary information to the carrier. We have no control or knowledge over what insurance companies do with the information we submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy and possibly to the future capacity to obtain health or life insurance. The risk stems from the fact that computers are inherently vulnerable to unauthorized access. Medical data has been reported to be sold, stolen, or accessed by enforcement agencies, which possibly puts you in a vulnerable position. Today, you may receive an authorization to release protected health information which will authorize our office to use and/or disclose your medical records to another doctor. You may refuse to sign the authorization to prevent your records from being released.

If an emergency situation for which the client, parent(s) or their guardian(s) feels immediate attention is necessary, the client, parent(s) or their guardian(s) understands that they are to contact the emergency services in the community (911) or report to the local hospital for those services. Casa RiCo, LLC and Be Well Counseling will follow up with those emergency services with standard counseling and support to the client or client's family in the office by appointment only. To contact Casa RiCo, LLC and Be Well Counseling after standard business hours you can call the 24 hour number (732) 713-7004 and leave your phone number and message. If any provider of Casa RiCo, LLC and Be Well Counseling feels that a patient is in crisis or feels that an emergency exists in their office, Casa RiCo, LLC and Be Well Counseling has the right and legal obligation to call the police and/or any emergency personnel necessary to ensure that their patients are safe. No legal repercussion toward any member of Casa RiCo, LLC and Be Well Counseling can be sought if they use reasonable judgment to establish such crisis situation. Casa RiCo, LLC and Be Well Counseling have the right to contact immediate family members and notify them of such an emergency.

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Appointments and Cancellations

All clients are seen by appointment only. Each session is usually 45-50 minutes. The duration and frequency of appointments vary depending on your circumstances and needs. Regular sessions should not be less than twice a month, though there are exceptions. This time is set aside especially for you. We will make every effort to honor all commitments and request that you extend the same courtesy. On occasion, emergencies will arise and, when possible, you will be informed if there are any significant delays. If you are unable to keep your appointment, please give twenty-four (24) hours notice in order to avoid charges. Email and texting are only acceptable when cancelling or requesting an appointment. No other communication will be done in this manner. If an appointment is missed or cancelled the same day, we reserve the right to charge you \$125. In many cases we are willing to do a phone session if you cannot make it to the office. Remember, this time is set aside just for you. We do not double-book.

Client Satisfaction

We do not expect any concerns to arise between us. However, if you feel dissatisfied for any reason, please discuss your concerns with us. You also have the right to contact your insurance company about any concerns as well as the state licensing board. Our hope is that we can work out any difficulties that may arise.

Discussion of Treatment Plan

Within a reasonable period of time after the initiation of treatment, we will discuss with you our working understanding of the problem, treatment plan, therapeutic objective and view of the projected outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, our expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that we do not provide, we have an ethical obligation to assist you in obtaining those treatments.

Vacations

We will inform you several weeks prior to a leave of absence. If you need assistance during this time, you can call the covering clinician at 908-548-8533. If you feel you cannot wait to be called back and feel that this is a psychiatric emergency, please dial (911) or go to your nearest emergency room.

Closure/Termination

Your sessions together may end due to a decision on your part or ours or both. In Psychotherapeutic treatment, the relationship is an important part of the process. Therefore, we find it most effective when we can plan for at least one session if not several to do the closure. As mentioned, after the consultation, we will assess if we can help you. We do not accept clients who, in our professional opinion, we cannot help. In such a case, we will provide you a number of referrals that may be of help to you. You may also call your insurance company for additional

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lists of names of providers. You have the right at any time to consult another professional for his/her opinion. We at Casa RiCo, LLC and Be Well Counseling would appreciate notification if you choose to do this so we can consult with that professional if needed. To do this you would need to sign a written consent for us to speak with another therapist.

Financial Disclaimer

Please note, although we may accept some insurance plans, this does not guarantee payment to Casa RiCo, LLC and Be Well Counseling. Please call your insurance carrier if you have any questions regarding your insurance policy, coverage and benefits for your plan. We at Casa RiCo, LLC and Be Well Counseling do not know the specifics of your plan or how your plan works. You as the patient or patient representative are ultimately responsible for payment. All patients are responsible for obtaining initial authorization and/or referrals from your primary care physician regardless of your insurance company's policies concerning this matter. Obtaining authorization from your insurance company does not guarantee payment from them. Any denial of payment for any reason, payment that is pending over 30 days, deductibles or co-pays are your responsibility. Co-pays must be paid at the beginning of your session, unless other arrangements have been made. Your bill will reflect the standard rate charged by our group for any outstanding balances. You will be receiving a bill for any services which are past due 30 days. Any account that is 60-days past due is subject to termination of treatment. Any outstanding balances beyond 90 days may be sent to our collection agency for collections. A minimum charge of \$100 processing fee will be added to your bill if it goes to collections or if our office proceeds with collections. If your bill goes to our attorney, all attorney costs, court costs and any fees will be added to your bill. A 1.5% interest charge will be added to your bill if our office needs to take legal action. Please note that our office reserves the right to collect on outstanding debt in lieu of collection agencies. All court costs will be added to your bill plus any interest charges that apply. Please note that we are not a collection agency and our primary responsibility is to help you get well.

It is the responsibility of the patient or responsible party to notify this office 24 hours in advance in the event you need to cancel or reschedule your appointment. A full 24 hours notice is acceptable if you are sick and can provide a physicians note for such illness; otherwise we reserve the right to bill you \$125 for the missed session. Of course if you are hospitalized, or a catastrophic event happens, we are willing to discuss this with you. In the event of inclement weather, our office will call you to cancel your appointment. If we do not call you and cancel your appointment you are expected to be here for your visit. Remember that your session has been scheduled for you and you alone. No other patient can be scheduled or seen during your time slot. Please note that your insurance company does not cover no-show appointments. Please understand that any reports, out of office meetings, or hospital visits will not be covered by your insurance company. You will be responsible for payment of these charges.

We are happy to accept your check for payment, however if your check is returned to us for insufficient funds or non-payment a fee of \$45 will be charged per returned check. Our responsibility is to treat our patients and we take this obligation seriously. Your responsibility is to make your appointment on time, call our clinician if you are going to be late to a session and to ensure that reimbursement is made to this office. We look forward to treating you. By signing this you agree to the terms listed above.

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**Casa RiCo, LLC and Be Well Counseling
Patient Information Sheet**

Date ____/____/____

Name of Patient: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)____-____ Work: (____)____-____ Cell (____)____-____

****Please indicate which number we can leave messages on.**

E-Mail: _____

Date of Birth: ____/____/____ Social Security #: ____-____-____

Relationship To Insured Self Spouse Child Other _____

Marital Status Single Married Living as Married Divorced Widowed

Sex: Male Female

Is Condition Related To: Employment Yes No Auto Accident Yes No

Insured's Name _____

(if you, the client are also the insured, write: SAME AS ABOVE)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)____-____ Work: (____)____-____ Cell (____)____-____

Date of Birth: ____/____/____ Social Security #: ____-____-____

Emergency Contact

Name: _____

Relationship: _____ Phone number: (____)____-____

Insurance Company Information:

Patients Name: _____

Primary Card Holders Name: _____

Phone: (____)____ - _____ **Employer:** _____

Employer Address: _____

City: _____ **State:** _____ **Zip** _____ **Phone Number:**(____)____ - _____

Insurance Company: _____

Address: _____

(From Back of Insurance Card)

City: _____ **State:** _____ **Zip:** _____

Insurance ID #: _____ **Group/Policy #:** _____

Secondary Insurance (If Applicable)

Patients Name: _____

Primary Card Holders Name: _____

Phone: (____)____ - _____ **Employer:** _____

Employer Address: _____

City: _____ **State:** _____ **Zip** _____ **Phone Number:**(____)____ - _____

Secondary Insurance Company: _____

Address: _____

(From Back of Insurance Card)

City: _____ **State:** _____ **Zip:** _____

Insurance ID #: _____ **Group/Policy #:** _____

Name _____

Please take a moment to fill out the survey below. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins –“Have you ever”

1) Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem? YES NO

2) Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? YES NO

3) Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? YES NO

4) Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons? YES NO

5) Have you ever heard voices no one else could hear or seen objects or things which others could not see? YES NO

6) a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? YES NO

b) Did you ever attempt to kill yourself? YES NO

7) Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed? YES NO

8) Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help? YES NO

9) Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property? YES NO

10) Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? YES NO

Name _____

11) Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? YES NO

12) Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? YES NO

13) Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? YES NO

14) Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? YES NO

15) Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate. YES NO

16) Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES NO

17) Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem? YES NO

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FEE SCHEDULE

Effective January 1, 2017

Casa Rico, LLC and Be Well Counseling

Initial Consultation/Hourly fee	\$200.00
Individual Counseling/45 min.	\$150.00
Family or Couples Counseling/45 min.	\$175.00
Court appearance/testimony/deposition (Includes travel time to and from)	\$400/per hour
Review of Records	\$75.00 per hour
Letter with Clinical Information	\$75.00
Letter with Non-Clinical Information/Forms	\$25.00
Minimal Phone Consultation or Correspondence	No Charge
Extensive Phone Consultation or Correspondence more than 15 minutes	\$200.00 per hour
Missed Appointment /Less than 24-hr. notice	\$125.00

Insurance does not reimburse for court appearances, review of records, letters, extensive phone consultation or missed appointments.

Be Well.

Please keep this copy for your records