

Sandia Counseling Center
10704 Paseo Del Norte
Albuquerque, NM 87122
505-822-8223
Intake & Payment Authorization
complete both sides

Referred by: _____

PERSONAL

Patient Name _____ Date _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Check which number(s) we may call you or leave you a voice message at. Home___ Work___ Cell___

Date of Birth _____ Age _____ Social Security No. _____

Employer _____ Occupation _____

Relationship Status: Single _____ Married _____

Emergency Contact: _____

Phone: _____

Relationship to you: _____

Preferred language: English Spanish Other, please specify

INSURANCE

Provide the following information about the Primary Cardholder:

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Social Security No. _____ Relationship to Patient _____

Employer _____

Group Policy Number _____ Insurance Plan Name _____
(or Account Number)

Do you have other insurance? No___ please skip to AUTHORIZATION FOR PAYMENT (on back)
Yes___ please complete OTHER INSURANCE Section (on back)

OTHER INSURANCE

Provide the following information about the Primary Cardholder:

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Social Security No. _____ Relationship to Patient _____

Employer _____

Group Policy Number _____ Insurance Plan Name _____

AUTHORIZATION FOR PAYMENT

I authorize the release of any medical or other information necessary to process a claim with the above-identified insurance carrier for payment for services rendered. I further authorize payment of medical benefits to Sandia Counseling Center, including, if applicable, payment of government benefits.

I understand that if the claim for medical benefits is denied, that I am fully liable to Sandia Counseling Center for the cost of services rendered to me and agree to remit payment for the same.

I understand that the information on this form is confidential.

Patient Signature

I acknowledge that I have received a copy of the Sandia Counseling Center Notice of Privacy Practices.

Patient Name (Print)

Signature

Date

-OR-

Patient Personal
Representative (Print)

Signature

Date

*****please sign back page of this form, and keep 2nd copy of this form. Thanks!*****

CONSENT TO TREATMENT

The purpose of this agreement is to provide important information about my background and the policies of Sandia Counseling Center. Counseling is more likely to be successful if we have a mutual understanding of the counseling process.

I am a licensed professional clinical counselor (LPCC) in New Mexico. I am also a Nationally board-certified music therapist. I have worked at Sandia Counseling Center since April of 2006. I have worked as a counselor since 2001, and have worked in the mental health profession for more than 16 years.

My practice includes adults, teens, couples, and families. I provide individual, group, and family counseling. I have particular expertise in counseling people who are coping with mood or anxiety disorders, people with relationship or self-esteem concerns, people with career difficulties, people with a history of physical or sexual abuse, people coping with life change and transition, and persons with chronic mental illnesses.

Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and anxiety. On the other hand, counseling has also been shown to have benefits for those undergoing it. Therapy often leads to improved relationships, solutions to specific problems, and significant reduction in feelings of distress. But, there are no guarantees of what you will experience.

Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. Success in therapy depends on your active work on things discussed in therapy both during sessions and at home. Success in therapy also depends on the rapport and relationship you develop with your counselor, and you are encouraged to discuss any problems or concerns you have regarding the counseling process with her to obtain the most benefit from the counseling process.

Appointments

Appointments are scheduled on the hour for 45-50 minutes with the remaining minutes of the hour reserved for paperwork and case notes. As a courtesy to our staff and other clients, we require at least 24-hours advanced notification when you need to cancel or reschedule appointments. You will be charged \$75.00 for each appointment missed without 24-hours notice. You will receive a letter after missed sessions notifying you of this charge that will need to be paid at the start of the next session.

We have a 24-hour voice mail on which you may leave a message. If at all possible, Monday appointments should be cancelled by 5:00 p.m. on the previous Friday. If you neglect to provide 24-hours advanced notice for two consecutive appointments, you will lose your scheduled appointment time, and need to call and schedule a new appointment if you wish to continue counseling.

Under certain circumstances, it may become necessary for us to contact you outside of appointment times. It is our policy to leave a simple message stating the name of the provider and our return phone number.

At SCC, we strive to provide the highest standard of mental health care and quality customer service. We welcome your comments and concerns, and appreciate your input. If you have any concerns that require our immediate attention, please call 822-8223 and speak with our administrator.

Confidentiality and Records

Your records are confidential and will not be released or disclosed except by a HIPAA compliant release form which you have signed, or by court order from a judge. We are legally required to disclose information to protect you or someone else from imminent danger; report suspected abuse of children, the elderly or disabled adults; respond to a court subpoena; or to report physical violence or threatened violence toward your therapist and counseling center staff or anyone else in the center.

Limit on Services

To best focus our counseling efforts toward our clients' wellness, there are certain services that are limited. Sandia Counseling Center does not offer disability determination, expert testimony in court, or court evaluations. You must hire a separate mental health professional for such services.

Insurance and Payment

Please check with your insurance company to verify mental health benefits, asking about any special limitation or requirements such as pre-authorization or a specific license requirement for the therapist that you see. **It is your responsibility to know the requirements of your insurance policy**, but we are here to help in any way that we can.

We file insurance for those companies with whom we are contracted. Please inquire as to whether we are contracted with your insurance plan. We must receive payment in full for services rendered to individuals with non-contracted insurance coverage. Fees, including co-pays are due at the beginning of the session, and may be paid by check or cash to Sandia Counseling Center.

I have read and understand the above policies of Sandia Counseling Center.

Signature of Client or Legal Guardian

Date

**SANDIA COUNSELING CENTER
NOTICE OF PRIVACY RIGHTS**

THIS NOTICE DESCRIBES HOW MEDICAL, INCLUDING MENTAL HEALTH, INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, the provider will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily, that information is confidential and will not be used or disclosed, except as described below.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Client's Consent. The provider will use and disclose protected health information in the following ways.

1. *Treatment.* Treatment refers to the provision, coordination, or management of health care, including mental health care, and related services by one or more health care providers. For example, the provider will use your information to plan your course of treatment. As to other examples, the provider may consult with professional colleagues or ask professional colleagues to cover calls or the practice for the provider and will provide the information necessary to complete those tasks.
2. *Payment.* Payment refers to the activities undertaken by a health care provider, including a mental health provider, to obtain or provide reimbursement for the provision of health care. The provider will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of New Mexico's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
3. *Health Care Operations.* Health Care Operations refers to activities undertaken by the provider that are regular functions of management and administrative activities of the practice. For example, the provider may use or disclose your health information in the monitoring of service quality, staff evaluation, and obtaining legal services.
4. *Contacting the Client.* The provider may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
5. *Required by Law.* The provider will disclose protected health information when required by law or necessary health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disabled; (e) when a coroner is investigating the client's death; (f) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance (g) for public health activities such as assisting public health authorities or other legal authorities (e.g., state health

department, Center for Disease Control, etc.) to prevent or control disease, injury, or disability, or for other public health activities.

6. *Crimes on the premises or observed by the provider.* Crimes that are observed by the provider or the provider's staff, crimes that are directed toward the provider or the provider's staff, or crimes that occur on the premises will be reported to law enforcement.
 7. *Business Associates.* Some of the functions of the provider may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
 8. *Research.* The provider may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed. 45 CFR §164.512(i).
 9. *Government Functions.* Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.
 10. *Workers' Compensation.* Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.
 11. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.
 12. *Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In a situation where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
 13. *Clergy.* Unless you inform us that we should not do so, your religious affiliation may be released to a member of the clergy even if they do not ask for you by name.
 14. *Emergencies.* In life threatening emergencies the provider will disclose information necessary to avoid serious harm or death.
- B. *Client Authorization or Release of Information.* The provider may not use or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent the provider has already taken action in reliance thereon.

II. YOUR RIGHT AS A CLIENT

- A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information the provider has regarding you in the designated record set. However, you do not have the right to inspect or obtain a copy of psychotherapy notes. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask your therapist.
- B. Amendment of Your Record. You have the right to request that the provider amend your protected health information. The provider is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask your therapist.
- C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures the provider has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purposes of treatment payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask your therapist.
- D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. The provider does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask your therapist.
- E. Alternative Means of Receiving Confidential communications. You have the right to request that you receive communications of protected health information from the provider by alternative means or at alternative locations. For example, if you do not want the provider to mail bills or other materials to your home, you can request that the information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask your therapist.
- F. Copy of this Notice. You have the right to obtain another copy of this Notice upon request.

III. ADDITIONAL INFORMATION

- A. Privacy Laws. The provider is required by State and Federal law to maintain the privacy of protected health information. In addition, the provider is required by law to provide clients with notice of the provider's legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.
- B. Terms of the Notice and Changes to the Notice. The provider is required to abide by the terms of this Notice, or any amended Notice that may follow. The provider reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted at the provider's service delivery sites and will be available upon request.
- C. Complaints Regarding Privacy Rights. If you believe the provider has violated your privacy rights, you have the right to complain to the provider. Your therapist is the person

designated within the practice to receive your complaints. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201. It is the policy of the provider that there will be no retaliation for your filing of such complaints.

- D. Additional Information. If you desire additional information about your privacy rights, ask your therapist.
- E. Effective Date. This Notice is effective April 1, 2006.

What to Expect in Your First Counseling Session

Are you about to come to a counselor at Sandia Counseling Center? You will get the most out of your counseling and feel more at ease if you know what to expect.

In your first session, you will be asked to fill out a variety of forms. Arrive 15 minutes early to fill out these forms if you don't print them out from this website. (needed?) Please refer to (however you want to put this, Jeannie---for them to print out forms, and gain info about bringing insurance card, cash/check only, etc.)

Also in the first session, the counselor will ask certain questions about you and your life. The information helps her make an initial assessment of your situation. Questions she will ask include:

Why you sought therapy. A particular issue most likely led you to seek counseling. The counselor needs to understand your initial problem(s) before she can get to the deeper issues, the surrounding situations, or understand your needs better. Don't worry if your concerns seem embarrassing to you; your counselor has heard them before and will not be surprised---she wants to help.

Your current symptoms. Other than knowing the reason you sought counseling, the counselor will attempt to find out if you're suffering from other symptoms of your problem. For example, she will ask about your sleep, and energy level.

Your personal history and current situation. The counselor will ask you a series of questions about your life. For example, because family situations play an important role in who you are, she'll ask about your family history and your current family situation.

If you have documents-notes, test results, or other documents that seem relevant, bring them along. If you are seeking help for your child, drawings or writings that illustrate your concern would be good to bring, too. Also bring along a list of medications you are taking including medications for physical conditions, including name, dose, and frequency.

Be open, prepared, and ask questions. Counseling is a team effort. You will find the best results if you take an active part in the session. The counselor can help you better if you answer questions openly and honestly. Listen to your feelings and reactions, and share them with the counselor.

Be prepared to describe "what's wrong," and to state your feelings about your problem. You may want to write down the reasons you're seeking help so as to be prepared to state these during the first session. Feel welcome to ask questions about the counseling process because the more you understand it, the more comfortable you'll be in it, and the more able you will be to get what you need from it.

You can also bring along a family member or friend if that makes you more comfortable or if you want someone to help you remember things. If you are bringing in a child or other person and want to have a chance to talk separately with the counselor, request that when you make an appointment or give them a note when you arrive and ask to have this time.

Be sure to go to your first session with realistic expectations. Counseling is not a quick fix for your problem; instead, it is a process. With some effort on your part and a strong relationship with your therapist, it can be a successful tool to use in resolving problems. Progress in counseling often takes several sessions, and you can partner with your counselor about how many sessions to have and how often to meet. If you have any concerns about the counselor, or about this process, please share them with your counselor.