

Cynthia W. Green, MA, NCC, L.P.C.

19855 Southwest Freeway, Suite 310

Sugar Land Texas 77479

Phone: 281.494.2008

Fax: 281.207.1061

Personal Information Form

Date: _____

Patient Information

Name: _____

Age: _____ DOB: _____ SS#: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

May we leave a message on your home phone? ____ Cell phone? ____ Email? ____

Marital Status: () Single () Married () Separated () Divorced () Widowed

Who is financially responsible for this bill? _____

Employer: _____ Phone: _____

Employer Address: _____

Can you be contacted at work? Yes No

Family Information

Spouse or Parent Name (if minor) _____ DOB: _____

Spouse or Parent Employer _____ Phone: _____

Referral Information

Referred by: _____

May I thank them for the referral? Yes No

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Please List Current Medications

Name of Medication	Current Dosage	Start Date	Side Effects	
			Yes	No

Person Prescribing Medications _____

Address and Phone of Physician _____

Are you currently involved in any legal situations (i.e. Lawsuits, probation, etc.)? Yes _____ No _____

If yes, please explain: _____

Are you required by a court, the police, or a probation/parole officer to have this appointment? Yes ___ No ___

If yes, please explain: _____

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Informed Consent Notice and Payment Agreement

Welcome to Mrs. Green's counseling services. Our goal is to provide you with quality mental health care. Your informed participation and your understanding of payment arrangements are essential to our effort to help you, as well as to your effort to benefit from our time together. The following statements describe our agreement regarding the services we will provide you and the fees that our office charges for our time and services.

Payments for your Counseling:

Our customary fee for counseling and psychotherapy is **\$150.00** per visit. This fee will be charged for each visit whether you are seen alone or with family. A group therapy is **\$80.00** per visit. Be aware that if others are present, that may affect your rights to privacy. Clinical hours are **45-50 minutes**. *The client is financially responsible for payment of all fees at the time of service.* Additional cost may be incurred for services such as letters, extended telephone conversations (more than 10 minutes) lectures and speeches. Some entities such as churches, seminars, workshops, etc. may have special contracted rates. A service charge of 1.5% per month will be added to all overdue accounts. You, the client, are responsible for all legal and collection fees.

We schedule appointments to begin at the top of each hour. Counseling sessions usually last 45-50 minutes and we must end each session promptly. Payment is due at the time of your appointment. We can accept cash, checks, or credit cards for your payment. Our office must charge a full fee even if you are late, or if you cannot make your appointment and you do not cancel the appointment 24 hours in advance. Our office charges a **\$35.00 fee for any check returned for any reason.**

Our telephone is answered 24 hours a day by an electronic answering system. Through the day, we check messages regularly, and whenever possible we try to return phone calls the same day. If we have not returned your call within 24 hours, please try again as your message may have been lost. We do not check messages after 6:30 pm. If you have an emergency after that time, call 911, or go to an emergency room and ask them to contact us.

When we are out of the office for several days, the messages you leave may be answered by another counselor. We will probably not have discussed your case with that person, but he or she will make every effort to be helpful to you in our absence.

Cancellation Fees:

Your session time is reserved for you and is taken very seriously. We may sometimes contact you to provide appointment reminders as a courtesy; however, you are responsible for remembering your appointment. Cancellations must be made **24 hours in advanced** of your scheduled time by phone to avoid being charged a fee. **Monday appointments must be cancelled by the previous Thursday, as our office is closed on Fridays.** A fee of **\$80.00** will be charged for missed appointments. A 24 hour voice-mail paging service, available 7 days a week, is provided for your convenience at 281-494-2008.

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Other Fees:

After hours telephone calls may be accepted. There is no charge for a phone call that lasts **10 minutes or less**. For telephone consultations that require more than 10 minutes, our office charges **\$37.50 for each 15 minute increment** or any part of a 15 minute increment. Both of these fees are due and payable when they are incurred, but must be paid by the time of your next scheduled visit; insurance does not ordinarily pay for telephone consultations. There may be times when you want your counselor to read documents that will help with understanding you. If reading such documents requires extensive time, your counselor will bill you for that time, fees that your insurance company will not pay.

Other charges may apply: If you or someone else (for example, another counselor or your lawyer), needs a copy of your file or of other records that may be legally necessary, our office charges a reasonable fee for copying, plus postage. If our office is required to provide a verbal report, for example by telephone to your physician, a 15 minute consultation may be charged. If our office must provide a written report, the same fee will be billed for the time spent reviewing your file and drafting and publishing the report.

Confidentiality:

Information shared in session is held in strictest confidence according to federal law (regulation 42 eFT Part 2). Exceptions include: legal obligations (such as child abuse, elder abuse, testimony required by judge, personal danger to self or an identifiable victim); and information provided to parents if the client is a minor. Advice may be elicited from professional peers in regard to your case, without revealing your identity. Release of information to another professional may be done only with your written consent.

Side Effects and other Potential Unpleasantness:

You should know that counseling is not always easy. You may find yourself having to discuss very personal information. You could find those conversations difficult and embarrassing, and you might be very anxious during and after such conversations. As you learn more about yourself, you might encounter increased conflict with friends, co-workers, and family members. It is possible that you might become somewhat depressed. Counseling is intended to alleviate those problems, but sometimes at first, as you get to the root of some things, you may feel them even more acutely than in the past. We may also ask you to do some things that might at first, make you feel uncomfortable or awkward. Sometimes counseling requires trying new ways of doing things. You will always be free to move at your own pace. We will work with you to make changes, but we cannot promise anything about the results you will obtain. Your outcome will depend on many things.

Our office specializes in general adult issues and marriage counseling. If we believe that your problem requires knowledge that we do not have, we may refer you for a consultation with someone with specific training or experience. We will discuss any such referral with you before we act. At the very beginning we will create a treatment plan with you. That is, we will look at what you would like to change, what we will do to change it, how we will know you are

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succeeding, and how long it will take. Every now and again, we will review that plan to see if it needs to be updated.

Your Rights:

You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions. You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us. You have a right to inspect the information in your record, and may obtain a copy of it. **These copies may be subject to certain limitations and fees.** Your request must be in writing. If you believe information in your record is inaccurate or incomplete, you may request an amendment of the information. You must submit sufficient information to support your request for the amendment. **Your request must be in writing.**

You have the right to request an accounting of certain disclosures made by us. You have the right to complain to us about our privacy practices (including the actions of our staff with respect to the privacy of your health information).

You have the right to complain to the Secretary of the Department of Health and Human Services about our privacy practices. You will not face retaliation from us for making complaints. Except as described in this notice, we may not make any use or disclosure of information from your record unless you give your written authorization. You may revoke any authorization in writing at any time, but this will not affect any use or disclosure made by us prior to your written request.

In, addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization use or disclosure of your protected health information that we are required to make without your permission. In certain circumstances, we are required by law to make a disclosure of your health information. For example, state law requires us to report suspected child abuse or neglect.

Also, we must disclose information to the Department of Health and Human Services, if requested, to prove that we are complying with regulations that safeguard your health information.

There are certain situations where we are **allowed** to disclose information from your record without your permission. In these situations, we must use our professional judgment before disclosing information about you. Usually, we must determine that the disclosure is in your best interest, and may have to meet certain guidelines and limitations.

If you receive mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists still must report suspected child abuse, and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others, in order to reduce the likelihood of harm to you or others. We may use or disclose information from your record if we believe it is necessary to

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prevent or lessen a serious and imminent threat to the safety of a person or the public. We may report suspected cases of abuse, neglect, or domestic violence involving adult or disabled victims.

We may disclose information from your record if ordered by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose information in response to a subpoena or other legal process, even if this is not ordered by a court.

We may disclose information from your record to a law enforcement official if certain criteria are met. For example, if such information would help locate or identify a missing person, we are allowed to disclose it.

If you tell us you have committed a violent crime that caused serious physical harm to the victim, we may disclose that information to law enforcement officials. However, if you reveal that information in a counseling or psychotherapy session, or in the course of treatment for this sort of behavior, we may not disclose the information to law enforcement officials.

We may use or disclose information from your record for research under certain conditions. Under certain conditions, we may disclose information for specialized government purposes such as the military, national security and intelligence, or protection of the President.

Counseling Approach:

The client is held responsible for his/her feelings and behaviors while focusing on the “problem” rather than the symptoms. Depending on the therapy issues, various family members may be requested to attend counseling sessions. Although regular attendance of counseling sessions will produce the maximum benefits, no therapist can ethically guarantee achievement of goals. The client is encouraged to ask questions about the process during the course of the therapy, and is free to discontinue therapy at any time. Because of the nature of the counseling process, the client may experience emotional strains, and may possibly make life changes that could be distressing. The signature below confirms that the information has been read and discussed with the therapist.

I _____ accept the policies listed above. I hereby give fully informed consent to therapist **Cynthia W. Green, MA, NCC, LPC** to enter into a psychotherapy relationship with me.

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Credit Card Information

I have provided Cynthia W. Green, MA, NCC, LPC, with my credit card number and authorize her office to keep my signature on file, and to charge my credit card account for all missed appointments; for all balances; and for all insurance payments paid directly to me that were due to this office. I understand that this form is valid unless I cancel the authorization through written notice.

Patient's Name: _____

Type of Card and Number

Visa or MasterCard Number: _____

Expiration Date: ____/____

CVS# (3 digit Security Code) _____

Address: _____

Zip Code of billing address: _____

Date: _____

Cardholders Signature: _____