New Horizon Counseling Center, LLC

Date: _____

Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ SSN: _____ Race: _____

Administrative Sex: _____Gender Identity: _____ Sexual Orientation: _____

I am currently: ☐ Single ☐ Cohabitating ☐ Engaged ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Address: _____
Street City State Zip

Education (last year completed): _____ School: _____

Employer: _____Occupation: _____

Home# _____ Cell# _____

Work #_____ Email: _____

Which number may we leave a confidential message? ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Would you like to receive appointment reminders? ☐ Yes ☐ No

Emergency Contact's Name, Number, & Relation to You: _____

Person/ Organization who referred you: _____

Insurance Information

Name of Insurance: _____ Name of Subscriber: _____

Subscriber's Date of Birth: _____ Subscriber's Phone#: _____

Subscriber's relationship to Client (please circle one): Self / Spouse / Child / Parent / Other: _____

Subscriber's Address: _____
Street City State Zip

Marriage and Family

Spouse's Name: _____Date of Birth: _____

Present Employer: _____ Home# _____Cell# _____Work# _____

Years Married _____ Previous Marriages: _____ How did the marriage(s) end? _____

Children's Names	Age	Sex (M/F)	Living? (Y/N)	Birth Parent? (Y/N)

Briefly describe your childhood:_____

_____

Number of siblings: _____ Number of siblings living: _____ Mother: ☐ Living ☐ Deceased Father: ☐ Living ☐ Deceased

Your Birth Order: ☐ Only Child ☐ Oldest ☐ Middle ☐ Youngest ☐ Other _____

Physical Health

Describe your health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor Do you have any chronic conditions? ☐ Yes ☐ No

If yes, what are they? _____

Date of your last physical exam: (MM/YY) _____ Results: _____

List any important illness, injuries and/or handicaps/surgeries: _____

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Have you ever tested positive for any communicable disease? ☐ AIDS/HIV ☐ Hepatitis ☐ TB ☐ Other: _____

Please provide the following information regarding prescriptions you are presently taking:

Name: _____ For: _____ Dose: _____Times per Day: _____

Name: _____ For: _____ Dose: _____Times per Day: _____

Name: _____ For: _____ Dose: _____Times per Day: _____

Have you ever used drugs for other than medical purposes? ☐ Yes ☐ No If yes, please explain: _____

_____

Is there a history of alcoholism in your family? ☐ Yes ☐ No

Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, how much/ how often? _____

Do you smoke? ☐ Yes ☐ No If yes, how much/how often? _____

Mental and Emotional Health

What brings you here today? _____

_____

Please circle any concern(s) applicable:

Anger Envy Appetite Sleep Spiritual Anxiety Fear Memory Depression Marriage

Rebellion Trust Apathy Moodiness Deception Work Bitterness Guilt Infidelity Family

Change in lifestyle Health Sex Gender Identity Sexuality Impotence Financial Distress History of Addiction

Other: _____

Abuse (Circle all that apply): Childhood / Spousal / Physical / Sexual / Verbal / Emotional / Spiritual / Elderly

Have you ever had thoughts of death, dying, or suicide? ☐ Yes ☐ No If yes, what is your plan? _____

_____

Have you been in counseling before? ☐ Yes ☐ No If yes, where? _____

From_____ to _____ From_____ to _____
Month / Year Month / Year Month / Year Month / Year

What are your expectations from counseling? _____

_____

What further information would allow us to help you reach your goal? _____

_____

Spiritual

What gives meaning to your life? _____

What importance does your faith, belief, or spirituality have in your life? _____

Are you a part of a spiritual or religious community? How important is this to you? _____

May the counselor address these topics with you? ☐ Yes ☐ No

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Consent for Services

This form is called a Consent for Services (the "Consent"). Your therapist, counselor, psychologist, doctor, or other health professional ("Provider") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

THE THERAPY PROCESS

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Therapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. Third, you will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

IN-PERSON VISITS & SARS-CoV-2 ("COVID-19")

When guidance from public health authorities allows and your Provider offers, you can meet in-person. If you attend therapy in-person, you understand:

- You can only attend if you are symptom-free (For symptoms, see: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html);
- If you are experiencing symptoms, you can switch to a telehealth appointment or cancel. If you need to cancel due to COVID-19, you will not be charged a late cancellation fee.
- You must follow all safety protocols established by the practice, including:
  - *Following the check-in procedure;
  - *Washing or sanitizing your hands upon entering the practice;
  - *Adhering to appropriate social distancing measures;
  - *Wearing a mask, if required;
  - *Telling your Provider if you have a high risk of exposure to COVID-19, such as through school, work, or commuting; and
  - *Telling your Provider if you or someone in your home tests positive for COVID-19.
- Your Provider may be mandated to report to public health authorities if you have been in the office and have tested positive for infection. If so, your Provider may make the report without your permission, but will only share necessary information. Your Provider will never share details about your visit. Because the COVID-19 pandemic is ongoing, your ability to meet in person could change with minimal or no notice. By signing this Consent, you understand that you could be exposed to COVID-19 if you attend in-person sessions. If a member of the practice tests positive for COVID-19 within two weeks of your appointment, you will be notified. If you have any questions, or if you want a copy of this policy, please ask.

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

- Risks: 1)Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards. 2) Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will attempt to reconnect or call you. 3) Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.
- Benefits: 1) Flexibility. You can attend therapy wherever is convenient for you. 2) Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.
- Recommendations: 1) Make sure that other people cannot hear your conversation or see your screen during sessions. 2) Do not use video or audio to record your session unless you ask your Provider for their permission in advance. 3) Make sure to let your Provider know if you are not home before starting any telehealth session.

CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to other healthcare providers involved in your care.
- Your Provider may speak to emergency personnel.
- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.
- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

COMMUNICATION

You decide how to communicate with your Provider outside of your sessions. You have several options:

- Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.
- Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.
- If you try to communicate with your Provider via social media, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

FEES AND PAYMENT FOR SERVICES

You may be required to pay for services and other fees. You will be provided with these costs prior to beginning therapy, and should confirm with your insurance if part or all of these fees may be covered. You should also know about the following:

- No-Show and Late Cancellation Fees. If a conflict arises and an appointment must be cancelled or rescheduled, 24 hours' notice is required. Otherwise, you may subject to fees outlined in your fee agreement. Insurance does not cover these fees. Fees may be waived in the event of an emergency or illness.
- Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

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• Administrative Fees
• Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.
• Before starting therapy, you should confirm with your insurance company if:
*Your benefits cover the type of therapy you will receive;
*Your benefits cover in-person and telehealth sessions;
*You may be responsible for any portion of the payment; and
*Your Provider is in-network or out-of-network.
• If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.
• When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.
• When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.
• The practice may require that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

Client Signature: _____Date: _____

Financial Policy and Agreement

New Horizon Counseling Center (NHCC) accepts many different insurance plans, including EAP (Employee Assistance Program). EAP sessions are covered at 100% by participating employers for an authorized number of sessions. Some health insurance carriers require the client to pay a co-pay, co-insurance, or deductible, depending on the client's plan. NHCC may give an estimate of what your out-of-pocket expense might be, but it is the client's responsibility to know their plan benefits. There is no guarantee that services will be covered by your insurance.

Appointment/Session Fees

- Intake/Assessments: $230
- 30-60 minute session: $90-$175
- Sessions longer than 60 minutes: $15 per 15 minutes
- Returned check fee: $20 per occurrence
- No show/Late cancellation: $50 per occurrence

There is a returned check fee of $20 per bounced/canceled check, and a late fee of $5 per month on account balances that are not paid (unless other arrangements have been made with our billing department).

Court Deposition/Appearance & Records Request Fees

In order to ensure our therapists are compensated for court appearances we require $800.00 retainer in advance. We require two weeks' notice for all services listed below. If your bill does not reach this amount you will receive the difference back after court services are rendered. The list of fees is as follows:

- Publishing fees for letters written: $20-$75 varying by document type
- Records requests are $25 administrative fee and $0.25 per page, plus postage
- Preparation time (including submission of records): $150 per hour
- Phone calls: $150 per hour
- Depositions: $200 per hour
- Time required in giving testimony: $200 per hour
- There will also be an additional $100 per hour for time away from office due to depositions or testimony.
- If a subpoena or notice to meet attorney(s)/appear in court is received without a minimum of 48-hour notice, there will be an additional $250 "express" charge.
- If the case is reset with less than 48 business hours' notice, then the client will be charged an additional $200.

All payments are to be made directly to New Horizon Counseling Center and are required at time of appointment. A sliding scale fee/reduced fee is offered upon request depending on your financial situation. NHCC accepts cash, checks, credit cards, and HSA (Health Savings Account) cards.

I authorize New Horizon Counseling Center, LLC to release information to insurance companies in order to submit insurance claims on my behalf. This authorization extends to the extent necessary to obtain payment for the services provided to me, and includes authorization to release information about mental health, substance use, or HIV diagnoses as required. In consideration of the services provided to me, I assign all benefits to New Horizon Counseling Center, LLC if accepted, and authorize my insurance companies, Medicare, or other third-party payers to make payments directly to New Horizon Counseling Center, LLC and its affiliates. I understand that I remain responsible for all amounts due by me, including (but not limited to) copays, coinsurance, deductible amounts, and all services not covered by my insurance plan (including those for which I fail to obtain prior authorization), and mutually agreed-upon services or fees that are deemed not medically necessary. I also understand I am responsible for any collection of payment amounts incurred, including third-party collection efforts and attorney fees. I understand the Financial Policy of New Horizon Counseling Center and agree to them.

Client Signature: _____Date: _____