

PATIENT INFORMATION

Date: _____

PLEASE PRINT AND COMPLETE ALL ENTRIES			
PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)		Birth Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	PATIENT DATE OF BIRTH
ADDRESS		CITY, STATE	ZIP
CELL PHONE	HOME PHONE	WORK PHONE	EMAIL ADDRESS
Which methods can we use to contact you/leave a msg? <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email			
Appointment Reminders? <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> None	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____	EMPLOYER NAME/ADDRESS	
GUARDIAN INFORMATION IF PATIENT IS A MINOR, INCAPACITATED SENIOR, OR DISABLED ADULT		RELATIONSHIP TO PATIENT: <input type="checkbox"/> parent <input type="checkbox"/> guardian <input type="checkbox"/> other	
NAME (LAST, FIRST, MIDDLE INITIAL)		ADDRESS (if different from patient)	
CELL PHONE	WORK PHONE	EMPLOYER	EMAIL ADDRESS
INSURANCE INFORMATION			
PRIMARY INSURANCE NAME	ID NUMBER		CO-PAY AMOUNT
SUBSCRIBER NAME	SUBSCRIBER DATE OF BIRTH		SUBSCRIBER ADDRESS
SECONDARY INSURANCE NAME	ID NUMBER		CO-PAY AMOUNT
SUBSCRIBER NAME	SUBSCRIBER DATE OF BIRTH		SUBSCRIBER ADDRESS
EMERGENCY CONTACT	RELATIONSHIP		PHONE NUMBER
Have you seen any other Mental Health Provider in the last year?			
Referral Source (How did you get our name)?			

ASSIGNMENT AND RELEASE: I hereby authorize Dr. Emily Campbell (Dr. Emily, LLC) to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself. I also hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to Dr. Emily, LLC. Medicare regulations may apply. A photocopy of this assignment is to be considered as good as the original. I certify that the insurance information supplied is correct. I understand that I will be financially responsible for any services not covered by insurance.		ACKNOWLEDGEMENT- AGREEMENT & PRIVACY: I have read and understand the Psychologist Patient Services Agreement and have been provided the opportunity to discuss any area addressed in the Agreement or other concerns related to my treatment (or treatment of my ward). My signature below confirms that I agree to the Agreement's terms and also serves as an acknowledgement that I have received or reviewed the HIPAA Privacy Notice Form described in the Agreement.
SIGNATURE: (Patient or Legal Guardian)		DATE
SIGNATURE: (Provider)		DATE



Dr. Emily

CLINICAL PSYCHOLOGIST

PSYCHOLOGIST – PATIENT SERVICES AGREEMENT

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. There is a copy in the office, on my website (www.psychologistinomaha.com), and one can be printed for you upon request. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information.

Client Rights: It is important that your needs be addressed and the best effort be made that they may be met. You are the consumer of services and as such, have the rights of any consumer. These include, but are not limited to, the following:

You, the client, have the right to:

- Receive respectful treatment that will be helpful to you.
- Receive treatment or end treatment without obligation or harassment.
- A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy.
- Have written information about fees, methods of payment, insurance reimbursement, and cancellation policies before beginning therapy.
- Refuse to answer questions or disclose information you choose not to reveal.
- Know the limits of confidentiality and the circumstances in which a psychologist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your psychologist will discuss your case.
- Request the transfer of a copy of your clinical record (PHI) to any psychologist or agency you choose. On your request, the practice will provide you with a list of other providers.
- Terminate treatment or receive a second opinion at any time about your therapy.
- Request that the psychologist inform you of your progress.

The Nebraska Department of Health and Human Services (DHHS) and the Nebraska Board of Examiners of Psychologists have the general responsibility of regulating the practice of licensed psychologists. The licensure of any individual under the licensing laws of Nebraska does not imply or constitute an endorsement of that psychologist nor guarantee effectiveness of treatment. Sexual intimacy between a psychologist and patient is never appropriate, and should be reported to the Nebraska Board of Examiners of Psychologists. Psychologists are required to adhere to the professional code of ethics adopted by the Nebraska Board of Examiners of Psychologists.

Dr. Emily, LLC

4611 S. 96th Street, Suite 177
Omaha, Nebraska 68127
Ph: 402.885.5090, Fax: 402.575.9539

Emily Campbell, Psy.D.
Licensed Psychologist, #786
www.psychologistinomaha.com

Consent to Treatment: It is important that your therapy be based on as full a disclosure of information as possible relative to your rights as a patient/client, treatment procedures used, any known potential risks and legal and/or ethical obligations of the psychologist, which might affect your treatment.

- You acknowledge that you have received, have read (or have had read to you), and understand this document and/or other information about the therapy you are considering. You have had all your questions answered fully.
- You do hereby seek and consent to take part in the treatment by this psychologist (Dr. Emily Campbell). You understand that developing a treatment plan with this provider and regularly reviewing your work toward meeting the treatment goals are in your best interest. You agree to play an active role in this process.
- You understand that no promises have been made to you as to the results of treatment or of any procedures provided by this psychologist.
- You are aware that you may stop your treatment with this psychologist at any time. The only thing you will still be responsible for is paying for the services you have already received. You understand that you may lose other services or may have to deal with other problems if you stop treatment. (For example, if your treatment has been court-ordered, you will have to answer to the court.)
- You know that you must call to cancel an appointment at least 24 hours before the time of the appointment. If you do not cancel or do not show up, **you will be charged for that appointment** (and you understand that the charge cannot be billed to insurance). See fee schedule below.
- You are aware that an agent of my insurance company or other third-party payer may be given information from your clinical records including, but not limited to, the type(s), cost(s), date(s), and providers of any services or treatments you receive.
- You understand that if payment for the services you receive here is not made, the psychologist may stop your treatment.

Potential Risks: Research has demonstrated that psychological therapy is generally helpful and positive, but in small percentages of cases it can have negative effects. Great care will be taken to ensure that you benefit from your therapy experience in a positive way. Therapy may be painful and you may experience periods of unpleasant emotion; these are generally short-lived and will pass with resolution of your problems. Negative outcomes are generally related to an individual feeling alienated and uncared about as a result of the treatment. Please bring these emotions up if they emerge during your therapy; working through them can be a source of therapeutic progress. If the treatment is for a relationship problem (i.e. marital or family, etc.) the outcome may not always be what is most desired by one party or the other; the goal is to make relationships work, however, on occasion therapy leads to dissolution rather than a resolution of difficulty.

Office Fees:

Initial Intake (first appt for individuals)	(55 minute session)	\$390.00
Therapy: Individual	(55 minute session)	\$340.00
Therapy: Couples	(55 minute session)	\$340.00
*Phone Calls (beyond 10 min duration)	(per hour, can be prorated)	\$200.00
*Letter Writing	(per hour, can be prorated)	\$200.00
*Court Appearances	(per 1/2 day)	\$1,250.00 non-refundable deposit

*These services cannot be billed to insurance.

We request a **24-hour cancellation notice** and reserve the right to charge (see fee schedule above) for appointments cancelled within 24 hours of the scheduled appointment time. Your insurance company cannot be billed for this charge.

Crisis and Emergency: If you find that during a crisis you need to contact your psychologist, please call at the office and designate that it is a crisis. Your psychologist will return your call as soon as possible, but within 24 hours and usually during business hours. A crisis is different than an emergency. If you find that you are in an emergency (imminently suicidal, psychotic, life threatening, etc.) you should contact the nearest emergency room or call 911. Specialists in the emergency services best handle emergencies.

Limits On Confidentiality: At the base of an effective therapeutic relationship is your right to privacy and confidentiality with regards to what you disclose in therapy. Your communications with your psychologist are considered privileged and legally protected. This protection is not absolute, however, as detailed below.

Your psychologist can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Nebraska law. However, in the following situations, no authorization is required:

- Your psychologist may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, your psychologist will make every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. Your psychologist will note all consultations in your Clinical Record (which is called “PHI” in my Notice of Privacy Practices).
- You should be aware that your psychologist practices in close proximity with other mental health professionals and employs administrative staff. In most cases, your psychologist needs to share protected health information with her administrative staff for administrative purposes, such as scheduling, billing, and quality assurance. All mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- Your psychologist may also have contracts with a transcriptionist and collection agency. As required by HIPAA, we have a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and/or a blank copy of this contract.

There are some situations where your psychologist is permitted or required to disclose information without your authorization:

- If a government agency is requesting the information for health oversight activities, your psychologist may be required to provide it for them.
- If a patient files a complaint or lawsuit against your psychologist, the psychologist may disclose relevant information regarding that patient in order to defend themselves.
- If a patient files a worker’s compensation claim, your psychologist may be required, upon appropriate request, to provide all clinical information relevant to or bearing upon the injury for which the claim was filed.

Legal and Ethical Responsibilities: As health care providers, we are responsible to protect consumers and the public from harm. At times, the rights of an individual in treatment may come into conflict with our responsibilities, both legally and ethically, to society in general. In these fortunately rare cases, we are legally and ethically mandated to “break” confidentiality to protect either the individual in treatment or third parties from harm. These include:

- Suspected or reported physical or sexual abuse to children, the elderly, or the handicapped require that the situation be communicated to the Nebraska DHHS protective services within 24 hours.
- If a client/patient should threaten immediate physical violence to an identifiable third party, it is required that both the individual in potential danger and local law enforcement officials are notified.
- If a client/patient threatens to hurt him or herself in a clear and planful manner, necessary steps will be taken to protect life. This might include insistence on voluntary inpatient hospitalization, the notification of local law enforcement and/or the initiation of involuntary commitment procedures.
- If you introduce the facts that you are or have been in treatment in any court action (e.g. divorce, criminal defense, lawsuit, etc.) you may have given up your right to confidentiality.

Professional Records: You should be aware that, pursuant to HIPAA, we keep Protected Health Information about you in a clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that are received from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

You may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in your psychologist's presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of \$0.25 per page (and for certain other expenses, such as postage). If your psychologist refuses your request for access to your Clinical Records, you have a right of review (except for information supplied to your psychologist confidentially by others), which your psychologist will discuss with you upon request.

Patient Rights to Clinical Records: HIPAA provides you with the right to request:

- That your psychologist amend your record;
- Restrictions on what information from your Clinical Records is disclosed to others;
- An accounting of most disclosures of protected health information that you have neither consented to nor authorized;
- Determining the location to which protected information disclosures are sent;
- Having any complaints you make about my policies and procedures recorded in your records;
- The right to a paper copy of this Agreement and the Privacy Notice form.

Divorce: In the case of divorce or separation, the party responsible for the account prior to the divorce (signer on paperwork) remains responsible for the account. After a divorce or separation, the parent or guardian authorizing treatment for a child (or ward) will be the person responsible for the charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Billing and Payments: You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Most plans require a co-payment which we will collect on the day of your visit. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, your psychologist may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, your psychologist (this office) has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require your psychologist to disclose otherwise confidential information. In most collection situations, the only information this office releases regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

Insurance Reimbursement: *Insurance is a contract between you and your insurance company. We are not a party to this contract. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. Once again, it is important to understand that you are responsible for the full payment of your account (not your insurance company).* It is very important that you find out exactly what mental health services your insurance policy covers. Also, *if your insurance requires a pre-authorization, you are responsible for obtaining it.*

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow your psychologist to provide services to you once your benefits end. If this is the case, your psychologist will do their best to find another provider who will help you continue your psychotherapy.

You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that are provided to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above unless prohibited by contract.

Please complete and sign the Patient Information form (the first page of this packet) indicating that you give this office permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or yourself; you understand that you are responsible for all charges, regardless of insurance coverage; you hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to Dr Emily LLC; have read and understand the above Psychologist - Patient Services Agreement, and have been provided the opportunity to discuss any area addressed in the Agreement or other concerns related to your treatment (or treatment of your ward); you have read the above and agree to its terms and also acknowledge that you have received or reviewed the HIPAA Notice of Privacy Practices described in the Agreement.

Amended July 1, 2022