



Pandolfi Counseling Associates

Client Information and Questionnaire

Basic Information:

Date: _____

Patient Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other Ethnicity: _____

Home Address: _____

Home Phone Number: _____ May we leave a message? ☐ Yes ☐ No

Work Phone Number: _____ May we leave a message? ☐ Yes ☐ No

Mobile Phone Number: _____ May we leave a message? ☐ Yes ☐ No

If the above patient is a minor complete the following:

Name of Guardian: _____

Address of Guardian: _____

Guardian's Home Phone: _____ May we leave a message? ☐ Yes ☐ No

Guardian's Work Phone: _____ May we leave a message? ☐ Yes ☐ No

Guardian's Mobile Phone: _____ May we leave a message? ☐ Yes ☐ No

If you will be using insurance to cover your sessions or a portion of the cost please complete the following and allow us to make a photocopy of your insurance card:

Primary Insurance Company: _____

Secondary Insurance Company if applicable: _____

Referral Source:

Who referred you to our office, or how did you learn about our practice?

Emergency Contact Information

In case of an emergency, who should we contact?

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

History Information

Who is providing the history information?

- ☐ The patient
- ☐ The patient's guardian
- ☐ Other

Please describe the current complaint or problem as specifically as you can, in your own words. _____

How long have you experienced this problem, or when did you first notice it?

What stressors may have contributed to the current complaint or problem?

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matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

Email

Counselor may request client's email address. Client has the right to refuse to divulge email address. Counselor may use email addresses to periodically check in with clients who have ended therapy suddenly.

Counselor may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques. Counselor also has a blog and if this is appropriate for the client, counselor may send information through email about subscribing to the blog or information related to mental health and wellness. If you would like to receive any correspondence through email, please write your email address here

If you would like to opt out of email correspondence, please check here

Consent to Counseling

Your signature below indicates that you have read this Agreement and agree to its terms.

Client

Signature-----

Date-----

CONSENT FOR MINORS:

I hereby request and consent to services for my child-----
to participate in assessment, case coordination, consultation and treatment services.

Parent Signature-----

Date: -----



**Pandolfi Counseling
Associates**

Informed Consent
Client-Counselor Agreement

Welcome to Pandolfi Counseling Associates.

This document contains important information about our 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 about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is *very* important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. We, as your provider, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Goals of Counseling

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Counseling

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly.

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Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discussed outside of session.

However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

Appointments

Appointments will ordinarily be 50-60 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide us with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24-hour notice, you may be required to pay for the session [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancellation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Confidentiality

Your counselor will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your counselor may consult with a supervisor or other professional counselor in order to give you the best service. In the event that your counselor consults with another counselor, no identifying information such as your name would be released. Counselors are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If your counselor receives a court order or subpoena, she may be required to release some information. In such a case, your counselor will consult with other professionals and limit the release to only what is necessary by law.

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Confidentiality and Technology

Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via Skype, telephone, email, text or chat. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your counselor will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions. Should a client have concerns about the safety of their email, your counselor can arrange to encrypt email communication with you.

Record Keeping

Your counselor may keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for up to 7 years. Records will be kept either electronically on a USB flash drive or a paper file and stored in a locked cabinet in the counselor's office.

Professional Fees

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash or credit card. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, we recommend that you discuss this fully with your therapist before you waive your right to confidentiality. If your case requires your therapist participation, you will be expected to pay for the professional time required. Fees are non-negotiable. To receive sliding scale fees, you must present proof of income through recent pay stubs or tax forms. Fees are subject to change at counselor's discretion.

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Fee schedule

90791 Psychological/Diagnostic evaluation (Intake)-----	\$250
90837 Individual or Couples Psychotherapy for 60 minutes-----	\$150
90834 Individual or Couples Psychotherapy for 45 minutes-----	\$112
90847 or 90846 Family Psychotherapy-----	\$150

Effective July 1, 2021, the following charges are based on sliding scale fees schedule:

60 minutes Individual/Family/Couples Psychotherapy

\$30,000 (Yearly) and below-----	\$80
\$30,001 (Yearly) to \$50,000-----	\$90
\$50,001 (Yearly) to \$70,000-----	\$100
\$70,001 (Yearly) to \$90,000-----	\$110
\$90,001 (Yearly) and above-----	\$120

45 Minutes (Minimum \$70)

30 minutes (Minimum \$60)

Insurance

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, we will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

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In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit by check, cash or credit card. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

If we are or your therapist is not a participating provider for your insurance plan, your therapist will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, we will refer you to a colleague.

Contacting Us

Your therapist is often not immediately available by telephone. We do not answer our phone calls when we are with clients or otherwise unavailable. At these times, you may leave a message on our confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent

