



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**I give permission for Kelly Counseling & Consulting, LLC to contact me and leave a message**

**on my Home phone:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Work Phone:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Cell Phone:** Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

**In case of an emergency, I authorize Kelly Counseling & Consulting, LLC to contact:**

\_\_\_\_\_  
Name and relationship

\_\_\_\_\_  
Telephone Number

**Financial arrangements for professional services:** Self pay Insurance Other

Please give insurance card to Receptionist or Therapist to copy

If other, name of responsible party: \_\_\_\_\_

Billing address: \_\_\_\_\_

**Payment is due in full at time of service. I Agree to pay for any services that are not covered by insurance, including the deductible and co pay!**

**Notice: THE FULL FEE WILL APPLY FOR APPOINTMENTS CANCELLED WITHOUT 24 HOURS NOTICE**

I have been given the opportunity to review the **Notice of Privacy Practices** and I **do / do not** (circle one) want a copy.

\_\_\_\_\_  
Signature of Patient or Legal Representative Date Signature of Witness Date

\_\_\_\_\_  
Relationship of Legal Representative



**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Parents (Names and Ages):** \_\_\_\_\_

**If there are custody issues, please tell the receptionist and your clinician.**

**Siblings (Ages):** \_\_\_\_\_

**Presenting Problem (why are you here?):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the child/teen ever made threats to harm herself/himself or others? If yes, please describe** \_\_\_\_\_

\_\_\_\_\_

**Has the child/teen ever been treated for mental health concerns before? If yes, when and for what?**

\_\_\_\_\_  
\_\_\_\_\_

**Rate the teen's child's physical health:    excellent    good    average    fair    poor**

**Does the child/teen take medications? If yes, which ones?** \_\_\_\_\_

\_\_\_\_\_

**What is the child/teen's orientation to therapy—do they want to be here or understand why they are coming?** \_\_\_\_\_

\_\_\_\_\_

**What do you hope to get from this therapy?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Welcome to Kelly Counseling & Consulting, LLC (KCC). This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

## **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. There are many different methods used to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things talked about both during therapy sessions and at home.

Psychotherapy 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 helplessness. On the other hand, psychotherapy also has been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what the therapeutic work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about procedures, you should raise them whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

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**38 Regency Plaza, Glen Mills, PA 19342-1000**

**T: 610-358-2250 - F: 610-358-2251 - Toll Free: 888-571-0464**

[www.kellycounselingandconsulting.com](http://www.kellycounselingandconsulting.com)

## MEETINGS

The therapist normally conducts an evaluation that will last from 2 to 4 sessions. During this time, you can both decide if your therapist is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, the therapist will usually schedule one 50-minute session (one appointment of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more or less frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless your therapist determines that you were unable to attend due to circumstances beyond your control. **For appointments cancelled without 24 hours notice, you will be billed for that session.**

## PROFESSIONAL FEES

The charge for the first session is \$170.00, as it is necessary for the therapist to complete extensive paperwork following the first session. Subsequent sessions are \$140.00 per session. In addition to weekly appointments, \$150.00 per hour is charged for other professional services you may need, though the hourly cost will be broken down for periods of work of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, consultation (via phone, webcam, e-mail, or face-to-face) with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of your therapist. If you become involved in legal proceedings that require your therapist's involvement, you will be expected to pay for your therapist's professional time even if your therapist is called to testify by another party.

## BILLING AND PAYMENTS

You will be expected to pay for all services at the time they are provided, unless agreed otherwise or unless you have insurance coverage, which requires another arrangement (see **INSURANCE REIMBURSEMENT**, below). In circumstances of unusual financial hardship, KCC may be willing to negotiate a fee adjustment or payment installment plan upon demonstrated need.

Any outstanding balances, copayments and deductibles are due at the time you check in for your appointment. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, KCC has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information KCC releases regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

KCC accepts cash, credit cards, and personal checks (made out to Kelly Counseling & Consulting, LLC). For returned checks, a \$25.00 charge and related bank fees will be assessed.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. KCC staff will fill out forms and provide you with whatever assistance they can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees incurred. You also are responsible for updating KCC of any insurance changes that occur.

KCC will bill your insurance carrier for covered benefits, and non-covered services will be provided at our regular rate of \$150.00 per hour. Since your agreement with your insurance carrier is a private one, KCC does not routinely investigate why an insurance carrier has not paid for covered services. If any insurance carrier has not paid within 60 days of billing, you are responsible for full payment of fees incurred.

KCC is a Medicare participating provider and will bill Medicare for covered benefits. KCC will bill secondary insurances that automatically crossover through the Medicare System (CSM). If your secondary insurance does not crossover, it is your responsibility for filing these claims. We will provide you with a claim form that you can send to your secondary insurance carrier.

It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course KCC will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, KCC staff will be willing to call the company on your behalf.

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 a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You also should be aware that most insurance companies require you to authorize KCC to provide them with a clinical diagnosis. Sometimes your therapist may have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). 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, KCC has no control over what they do with it once it is in their possession. In some cases, they may share the information with a national medical information databank. KCC will provide you with a copy of any report submitted, 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 treatment. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

## **CONTACTING YOUR THERAPIST**

Your therapist often will not be immediately available by telephone. While he or she is usually in the office during regular business hours, your therapist probably will not answer the phone when he or she is with another client. You may, however, leave a private voicemail for your therapist, or leave a message with a receptionist. Your therapist will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform your therapist of some times when you will be available. If you are unable to reach your therapist and feel that you can't wait for your call to be returned, contact your family physician or the nearest emergency room and ask for the psychologist [or psychiatrist] on call. If your therapist will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if necessary.

## **PROFESSIONAL RECORDS**

The laws and standards of the profession require that your therapist keep treatment records. Under Pennsylvania law, KCC owns the records and a client age 14 years or older is entitled to examine (not to possess or to copy) his or her records unless your therapist determines that seeing them will constitute a substantial detriment to treatment, or when that disclosure will reveal the identity or breach the trust or confidentiality of people who have provided information upon an agreement to maintain their confidentiality. These limitations also are applicable to parents, guardians, and others who may control access over records, except that the possibility of substantial detriment to the parent, guardian, or other person may also be considered.

Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. It is recommended that they be reviewed with your therapist so that you can discuss the contents. You will be charged at our hourly rate for any time spent in preparing information requests.

## **CONFIDENTIALITY**

In general, the law protects the privacy of all communications between a patient and a psychologist, and information about your treatment can only be released to others with your written permission. But there are a few exceptions. These situations rarely occur. If a similar

situation occurs, your therapist will make every effort to fully discuss it with you before taking any action.

**EXCEPTIONS TO CONFIDENTIALITY:**

In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order your therapist to testify if he/she determines that the issues demand it.

There are some situations in which your therapist is legally obligated to take action to protect others from harm, even if some information about your treatment is revealed. For example, if your therapist believes that a child is being abused, he or she may be required to file a report with the appropriate state agency.

If your therapist believes that you are threatening serious bodily harm to another, your therapist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you. If you threaten to harm yourself, your therapist may be obligated to seek hospitalization for you or to contact family members or others who can help provide safety.

Your therapist may occasionally find it helpful to consult other professionals about your case. The consultant also is legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless it is important to the treatment.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at your next meeting. Your therapist will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex. If you request, you will be provided with relevant portions or summaries of the state laws regarding these issues.



**SIGNATURE PAGE**

I have reviewed the Outpatient Services Contract and have been provided with a copy for my records. My signature below indicates that I have been provided the opportunity to ask questions and raise concerns about its provisions, and I understand that I may ask questions as they arise in the future. My signature below indicates that I understand the information in this document and agree to abide by its terms during my professional relationship with KCC.

\_\_\_\_\_  
Signature of Client (14 years or older) or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Client (14 years or older) or Legal Representative

\_\_\_\_\_  
(Client's Name or n/a)

**OFFICE USE ONLY**  
Please detach this signature page and make a photocopy. The original should be placed in the client's chart, and the photocopy should be returned to the client along with the contract in its entirety.



## Notice of Privacy Practices (NPP) – Short Version

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but we must provide you with important information. This pamphlet is a shorter version of the full, legally required NPP which will be made available at your request. However, we can not cover all possible situations, so please talk to our Privacy Officer, Patricia Kelly, Ph.D., about any questions or problems.

We will use the information about your health, which we get from you or from others, mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities, which are called, in the law, health care **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If we or you want to use or disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign an Authorization to allow this.

Of course we will keep your health information private, but there are some times when the laws require us to use or share it, such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these but which don't happen very often. They are described in the longer version of the NPP.

## Your rights regarding your health information

1. You can ask us to communicate with you about your treatment and health related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as asked.
2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You might even get a copy of these records, but we may charge you. Contact our Privacy Officer, Patricia Kelly, Ph.D., to arrange how to see your records.
4. If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (called "amending") to your health information. You have to make this request in writing and send it to our Privacy Officer, Patricia Kelly, Ph.D. You must tell us the reasons you want to make the changes and we must advise you that access to your record is not automatic but must be reviewed.
5. You have the right to a copy of this notice. If we change this NPP we will post it in our waiting room and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Patricia Kelly, Ph.D., and can be reached by telephone at (610) 358-2250 or by e-mail at [pmkelly@kellycounseling.com](mailto:pmkelly@kellycounseling.com).

The effective date of this notice is June 1, 2016.

**My signature, or the signature of my designated representative, acknowledges receipt of this notice. I DO / DO NOT (circle one) want a copy of this form.**

\_\_\_\_\_  
Signature of Patient & Date

\_\_\_\_\_  
Signature of Designated Representative & Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authority of Personal Representative

Kelly Counseling & Consulting  
38 Regency Plaza | Glen Mills | PA | 19342  
Phone (610) 358-2250 | Fax (610) 358-2251

## Client Intake Symptom Screener

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
8. Little interest or pleasure in doing things	0	1	2	3
9. Feeling down, depressed, or hopeless	0	1	2	3
10. Trouble falling/staying asleep, sleeping too much	0	1	2	3
11. Feeling tired or having little energy	0	1	2	3
12. Poor appetite or overeating	0	1	2	3
13. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
14. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
15. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
16. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

**Circle one**

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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Clinicians: \_\_\_\_\_ Sum 1-7: \_\_\_\_\_ and see GAD-7 Notes: \_\_\_\_\_

Sum 8-16: \_\_\_\_\_ and see PHQ-9 Notes: \_\_\_\_\_



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

COMPLETE STARRED PORTIONS ONLY

CARRIER

Main form area with fields for patient information, insurance details, and provider information. Includes handwritten 'COMPLETE STARRED PORTIONS ONLY' and various checkboxes and input fields.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

