

CLIENT INFORMATION AND CONSENT FORM

General Information

Mental Health Services

While it may not have been easy to seek help from a mental health professional, please know that we are here to assist you to enhance your understanding of yourself, your situation and feelings. It is only through this increased understanding that you will move toward resolving the difficulties that have led you to seek professional assistance today. Your therapist, using extensive knowledge and experience of human development and behavior, will make observations about your situation(s) and offer suggestions for new ways to approach them. While we can offer many possible alternatives, it is always your responsibility to decide what is best for you. For the best results, you will be honestly exploring your own feelings and thoughts and trying new approaches to your old problems. The most effective changes will be in your perspective, or how you see the problems you are experiencing.

Risks of Therapy

Therapy is the Greek word for change. We can predict that you and your relationships will change, but we cannot predict exactly what those changes will be. As you explore your alternatives and confront your feelings, assumptions and perspectives, you will change. Since even 'good' change is stressful there will be times when you are likely to feel strong emotions like anxiety, grief, anger and/or sorrow. As your change continues, the way you interact with friends and family will also change so your relationships will be different. At first, friends and family may not like the changes they see in you and they may be angry, sad or resistant. Your children are likely to test any new limits you set for them. Some people find they no longer fit well with some of their current friends or even in their marriage. Others experience an increase in intimacy and joy in these relationships from the beginning of the process. Because of all this, it is possible life will become more stressful before it is improved. Despite the risks, knowing yourself and what you need to be happy will ultimately allow you to have closer, more genuine relationships. Research indicates good relationships are the most important factor in personal happiness.

Confidentiality

Confidentiality is defined as keeping the information you share with your therapist private. We believe you have a right to privacy and that your therapy results depend on your trust and ability to share your thoughts and feelings safely. The staff and therapists in this office will do all we can to protect your privacy. We will only release information with your written consent except in the situations listed below in which we cannot control the privacy of your information.

Legal Confidentiality Limitations in Texas

In general, it is assumed you have a right to privacy. These are specific legal exceptions.

1. If your records are subpoenaed by a court, we are not legally empowered to deny the subpoena. We will have to provide your records.
2. We are legally compelled to notify authorities if you are, or are involved in:
 - a. A danger to yourself or others.
 - b. On-going child or elder abuse.
 - c. Abuse of patients in care facilities.
 - d. Sexual exploitation.
3. Court proceedings to collect fees
4. Licensing Board investigations.
5. HIPPA investigations.

Insurance Filing Issues

To file your insurance for reimbursement, managed care companies require us to provide information about your sessions.

1. This always includes date, type and length of service, and diagnosis.
2. Many companies require more specific details about your case to authorize services.
3. Some companies require detailed case reviews with their personnel before they will authorize additional sessions.
4. Some large companies are self-insured which means that they pay the medical claims themselves. As a result, they have access to *all the insurance and managed care records*. They are legally bound not use this information inappropriately, but they do have it. Please discuss any concerns you have with your therapist.

Use of Digital Technologies

Warning: Be aware that if you use Digital Technologies to communicate with your therapist, there is an increased risk that your information privacy can be compromised. We are not technology experts, so we must rely on the expertise and validity of the certificates from the companies we contract to provide secure digital communications. We will make every effort to find and use the simplest and most reputable services.

To indicate you accept this risk if you use any of the following technologies:

Please initial here 

1. Text messaging: Regular text messaging will be used only for appointment setting and logistics. Any messaging of personal information will only be conducted through a secure and encrypted platform as provided by your therapist.
2. Video Sessions: Video sessions may be available to accommodate travel or other geographic restrictions which prevent in-person sessions. These sessions will only be held on secured and encrypted platforms to protect privacy as determined by your therapist and as technological improvements develop.
3. E-mail communications: All E-mails will be sent through secure channels as provided by your therapist.

Please discuss any concerns you have at the beginning of your first session. We have no control over your information once it leaves our offices.

The Therapy Process and Procedures

Therapy Plan

You will be creating a therapy plan with your therapist in order to maximize your results. First, your therapist will assist in establishing your goals. The therapy plan will be designed to accomplish your goals as quickly as possible. Your plan may include the number and frequency of sessions, types of sessions (individual, family, couples, or group) and the scope of the process*. As a team, you and your therapist will decide what is reasonable and practical for your circumstances. The practical considerations will include all aspects of your unique situation and resources.

*Please be aware that if you are using insurance, their managed care entities will dictate the frequency of sessions, type of sessions and number of sessions you are permitted regardless of the recommendations of the therapist.

Therapeutic Relationship

Your relationship with your therapist is a professional and therapeutic one. The relationship itself is one of the most important reasons for change in therapy. To preserve it, certain limitations must be imposed. Your therapist cannot have a personal and/or business relationship with you. Dual relationships have been shown to undermine the effectiveness of therapy so we must restrict our contact to therapy appointments and issues only. If you have feelings about these restrictions, we urge you to address them with your therapist in session because addressing those feelings often leads to great therapeutic change.

Appointments

You and your therapist will decide on mutually acceptable times to meet. You may make your appointments online at www.anneschanzphd.com. Therapy appointments are for a specified amount of time and must conclude on time, even if you are late. **Your therapy time is reserved for you so please call to *cancel or reschedule at least 24 hours in advance*. If you fail to provide 24-hour notice you will be charged the full fee for the session which is not covered by insurance.**

Initial here 

Emergencies

An emergency is an *urgent issue requiring immediate action*. Occasionally, an emergency requires telephone counseling. Your therapist is on call 24 hours a day, seven days a week and can be reached via emergency numbers provided to you. While you are encouraged to call in an emergency, please be informed that this office bills a minimum half hour charge for emergency telephone counseling. Insurance may not cover emergency telephone counseling sessions.

Initial here 

Payment for Services

Payment is due at the time services are rendered. To simplify billing and reduce time used in your session to deal with payment issues, we will bill your session copays to the card on file, as we file your insurance claims at the time of charting. You will be required to sign a payment agreement (attached) to assure you understand what we will charge and to authorize us to collect your payments. Please be aware that ultimately, **you are responsible for all charges**.

1. Insurance Issues

YOU must call your company benefits department or your insurance provider prior to your first visit to determine what your coverage, deductible and co-pay for mental health out-patient services will be. Please verify the network status of your therapist.

Coverage and Filing

If this office will be filing insurance for you, please be advised that **verification of insurance benefits with your insurance carrier does not guarantee payment by your insurance company**. This office will bill your insurance company, however, if we do not receive payment after two (2) attempts to collect from them, the charge(s) will be transferred to you and the remaining balance will be your responsibility. **Your therapist will look to you for full payment of your account, and you will be responsible for payment of all charges**. This office will supply you with statements that may be sent to your insurance company for reimbursement.

Confidentiality Advisory (see above)

To file your claims your insurance carrier will require information about your diagnosis and treatment plan. Different insurers require different level of detail from your sessions. Please discuss this with your therapist if you have concerns. Some large companies are self-insured which means they are the ultimate payer for their insurance claims. Those companies have access to all the claim and managed care data from your records, but they have HIPPA restrictions on how they may access it or use it.

Deductibles

In- network or out-of-network, you may have a deductible which must be paid before your insurance benefit starts. Please be aware that at the beginning of your employer's fiscal year, or the beginning of a new year, annual deductible amounts reset, and this amount is your responsibility. **Contact your employer or insurance carrier to find out if you have a deductible and how much it is.**

Co-payments

You are responsible for your co-pay at the time service is rendered. Co-pays vary by policy, and by service. Your co-payment is based on the health care policy selected by your employer or purchased by you. The co-payment amount may be listed on your insurance card. If not, **you will have to contact your employer or insurance carrier to determine the amount.** To save your session time, we keep credit or debit cards on file to charge copays at the time of charting your sessions.

In-Network vs. Out-of-Network Insurance coverage.

Either may require a deductible which must be paid by you before the insurance carrier pays any portion of the bill (see above). HSA accounts and Flex plans can be used to cover this expense. Out-of-network generally results in higher co-payments from you, however, you may have fewer limitations on your therapy plan. **I am not in-network with Cigna or UHC. Always contact your insurance carrier to verify network status.**

2. Court Appearances/Document Production (Must complete separate payment agreement)

In the event your records or your therapist's testimony is subpoenaed by a court, you will be responsible for all the costs of producing the documents, preparation for the court appearance, travel time to court and all time spent at the court house at a **rate of \$220/hour. There is an eight (8) hour minimum payment for court appearances,** which must be paid in advance of such preparation.

Custodian of Records

Your therapist will maintain your records for five years, as required by Texas law. In the event your therapist should need to close his/her practice for a prolonged or permanent absence, your file will be passed to a new custodian for safekeeping. **By signing this document, you are consenting to the transfer of your records to another licensed therapist, designated by your therapist, to preserve the confidentiality of your records.**

CONSENT TO TREATMENT

I voluntarily agree to receive Mental Health assessment, care, treatment, or services and authorize the undersigned therapist to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care at any time.

By signing this Client Information and Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client's Signature

Client's Printed Name

Date

As Witnessed by:

Therapist, who has inquired about questions, confirmed that the client has read and understood the entire form and all questions have been answered to client's satisfaction.

Therapist's Signature

Date

Services Payment Agreement

	<u>Individual</u>	<u>Couples</u>	<u>Group</u>	<u>Sliding Scale is available based on household income.</u>
60 minutes	200	200	N/A	range: \$ 85 - 200

90 minutes	300	300	50	range: \$ 200 - 300

Please select your method of payment below:

1. SELF PAY: I agree to pay the sliding scale fee/session of:

\$ _____ for individual

\$ _____ for couple/marital/relationship

\$ _____ for clarity classes

which will be charged to my credit/debit/HSA/Flex card kept on file at the time of service (or charting) with **no insurance filing** by this office. Note: Clarity classes are not covered by insurance.

____ I need insurance/HSA filing forms emailed to me @ _____.

____ I do not need any forms for filing.

2. INSURANCE: I request and authorize you to file my insurance claims for me. I understand that if my insurance does not pay *for any reason*, after two attempts to collect from them, full payment will be my responsibility.

My **mental health insurance carrier** is: _____,

Mental Health Insurance Phone # _____.

____ I have verified you are IN-NETWORK with my insurance carrier for mental health services.

____ I have verified you are OUT-OF-NETWORK with my insurance carrier for mental health services.

____ I have verified my mental health co-pay to be _____ per session.

____ I have verified my deductible amount to be \$ _____ per year. Met to date: _____

____ I need HSA/Ins filing forms for each payment emailed to: _____

____ I do NOT need HSA/Ins filing forms.

3. EAP (Employee Assistance Program)

Employer _____

EAP Company _____ Phone _____

Authorization Number _____ # Sessions Authorized _____ Dates: _____ to _____

Payment Account Authorization:

I, _____ (print name), authorize you to charge my credit/debit card account listed below for the amount due on my account according to the agreement above.

Name on Card: _____ circle type: Credit Debit HSA Flex Other

Billing address: _____

City _____ State _____ zip _____

Card number: _____

EXP date: _____ CVV: _____

Signature: _____ **Date:** _____

Trinity Centre
2340 Trinity Mills, Ste. 300
Carrollton, TX 75006

Directions:

From the Tollway:

Take the PGBT West exit, proceed on PGBT to take the Josey exit, proceed on Josey to the turn-around, proceed East on Trinity Mills to the second 3 story brick building on your right.

From I-35:

Take the PGBT East, exit Trinity Mills, proceed to the second 3 story brick building on your right.

Inside Trinity Centre

We occupy the entire third floor. Please check in at the desk during regular office hours, 8-5.

After hours, **please text me when you arrive at 972-822-5901**. If the building doors are locked, please wait in your car. I will come to get you as soon as I have completed my session. Since I am in session, I cannot respond to your text until my session is concluded. I strive to be on-time, but occasionally, I am a few minutes behind. Thank you for your patience.

The restrooms are located to the left as you exit the elevators.