Continuum
Mental Health & Wellness
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Patient Information

Last Name: _____ M.I.: _____ First Name: _____

Preferred Name: _____ DOB: _____ SSN: _____ Gender: _____

Race/Ethnicity: _____ Marital Status: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Care Physician: _____ Location: _____ Ph: _____

Preferred Pharmacy: _____ Location: _____

Emergency Contact (Must Provide):

Full Name: _____ Relationship: _____

Phone Number: _____ E-mail: _____

Employer Information:

Employer Name (Organization): _____ Phone: _____

Payment Information:

Please provide your insurance information even if your provider is not in network in case other services (i.e. labs) are added.
Insurance Company: _____ ID #: _____

Group Number: _____ Primary Insured: _____

Relationship: _____ Primary Insured DOB: _____ SSN: _____

Address (if differs from above): _____

Insured's Employer: _____ Office Phone: _____

Patient Authorization: *Please initial each statement below to indicate your understanding and agreement.*

_____ I acknowledge receipt of the Notice of Policies to Protect the Privacy of your Health Information.
_____ I assume financial responsibility for all services provided to me.
_____ I request payment to be made directly to the provider.
_____ I am responsible for payment of all appointments, including fees for cancellations within 24 hours of the appointment or not showing the day of. My card will be confidentially kept on file to be charged if one of these instances occurs or indicated by me for use otherwise.
Card Number: _____ Exp. Date: _____ CVV#: _____ Zip: _____
_____ I will be charged $25 for any returned checks due to insufficient funds.
_____ Should the account be sent to collections, I am responsible for any associated fees, including legal.

I understand all of the information on this form and have provided, to the best of my knowledge, all accurate information.
Signature of Patient or Legal Guardian: _____ Date: _____

INFORMED CONSENT FOR MENTAL HEALTH AND WELLNESS TREATMENT

This document contains important information about our professional services and business policies. Please read it carefully and list any questions you might have so that we can discuss them at our next appointment. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL AND PSYCHIATRIC SERVICES

Mental Health treatment varies depending on the personalities of the provider and patient, and the particular problems you bring forward. There are many different methods that may be used to treat the problems that you hope to address. Psychotherapy, psychiatric consultation and medication management, and psychological testing can have benefits and risks. Since treatment 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 has also been shown to benefit people who do the work, including improved relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve evaluation of your needs. By the end of the evaluation, your provider will be able to offer you some first impressions of what the work will include and a treatment plan to follow, if you decide to continue working with your provider. Treatment involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions about any procedures, these should be discussed whenever they arise. If your doubts persist, a second opinion or referral can be made.

APPOINTMENTS

A psychotherapy visit typically lasts between 45 and 55 minutes on a weekly basis, although some sessions may be longer or more frequent. Follow-up medication management appointments may last 20 to 30 minutes and occur with less frequency, which will be discussed with your psychiatrist. Once an appointment is scheduled, you will be expected to pay your responsibility for that service unless rescheduled in compliance with our cancellation policy listed below.

TELETHERAPY

All teletherapy appointments will be held to the same expectations of a regular in-office appointment. Fees for your telehealth session will be the same rate as if you were in office, and our cancellation policy will still apply. Your provider will inform you of expectations and provide you with a more detailed informed consent if this type of treatment is of interest to you. Telehealth sessions are confidential and will not be recorded for any reason without previous written agreement. You may not solely have a telehealth relationship with your provider, and initial appointments must be in-office. Your provider may determine if teletherapy is appropriate for you. Appointments in-office must be attended in order to continue providing quality care.

CANCELLATION POLICY

If you do not show for your appointment or you cancel your scheduled appointment with less than 24 hours of notification, you will be charged a cancellation fee, which may vary per provider but is often $100. Exceptions can be made for illness and emergencies. **If late cancellations or not showing for your appointments become patterned, your provider may terminate future services with you.** Please note, if you call after 4:30pm to cancel an appointment, this is considered less than 24 hours' notice due to the inability to receive the message until the following morning.

PROFESSIONAL FEES

Each provider has a fee schedule for each service provided. Not all providers at our practice accept insurance nor do all providers accept the same insurances. If you wish to use your insurance and your provider is in-network, a claim will be submitted to insurance and you will be responsible for your portion of the payment for services, if any, at the time of service. If your provider is out of network, the claim may be eligible to be submitted for out of network benefits, and you will still be responsible for your portion of the payment for services at the time of service.

Other non-covered services include letter writing, preparation of records or treatment summaries, and performance of any other non-treatment service(s) you may request. These will be billed at your provider's hourly rate.

If you become involved in legal proceedings that require your provider's participation, you will be expected to pay for your provider's professional time at your provider's forensic rate. If your provider is called to testify at a deposition or a hearing, a retainer set by the provider will be required to be paid before the provider's participation. You also agree not to subpoena or have your attorney subpoena your provider without first paying the retainer.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held in the manner noted above, unless your provider agrees otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, your provider 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 provider has the option of using legal means to secure the payment, which may involve hiring a collection agency or pursuing payment through court. If legal action is necessary, you will be responsible for all such costs, including reasonable attorney fees.

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. Your provider will fill out forms and provide you with assistance to help you receive the benefits to which you are entitled. However, you are ultimately responsible for full payment of the fees. It is very important that you find out exactly what mental health services your insurance policy covers. If insurance has not made payment within 45 days of your service, then you will be responsible for the full payment of such services. If the practice thereafter receives payment from any insurance for such services, such money will be paid to you within 30 days without interest.

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. Your provider will also try to help you understand the information you receive from your insurance company.

You should also be aware that most insurance companies require you to allow your provider to submit a clinical diagnosis to them. Sometimes additional clinical information, such as treatment plans, summaries, or, in rare cases, copies of the entire record, will be 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, your provider has no control over what they do with it once it is in their hands.

CONTACTING YOUR PROVIDER

Your provider is often not immediately available by telephone. When your provider is unavailable, a message will be taken either by the front office staff or by our confidential voicemail service. Your provider will make every effort to return your call promptly, with the exception of weekends, after office hours, and holidays. If it is an emergency, please call 911, go to the nearest emergency room, or call the local Crisis and Suicide Hotline at 317-251-7575.

PROFESSIONAL RECORDS

The laws and standards of our professions require that we keep treatment records. By signing a release of information, however, your records can be shared with another mental health professional or others that you identify. Because these are professional records, they can be misinterpreted or misunderstood, and therefore it is recommended that you review them with your provider so the contents can be discussed. Patients will be charged an appropriate fee for any time spent in preparing information requests.

ELECTRONIC COMMUNICATION

The following is intended to address our use of electronic modes of communication during your treatment. Many of these modes of communication, while now very common, put your privacy at risk and can be inconsistent with the law and with the standards of our profession.

EMAIL COMMUNICATIONS

Email communication messaging will only be used with your permission and only for administrative purposes. This means that email exchanges with the office should be limited to administrative tasks, such as setting and changing appointments, billing matters, and other related issues. Please do not email about clinical matters, as this is a less secure way to share information. If you need to discuss a clinical matter, please call your provider or wait until your next appointment.

TEXT MESSAGING

Because text messaging is a very unsecure and impersonal mode of communication, this mode will not be used unless you have made other arrangements with your provider.

SOCIAL MEDIA

Our providers do not communicate with patients via social media platforms such as Twitter and Facebook.

WEBSITES

Our practice does maintain the websites: www.continuummentalhealthandwellness.com and www.continuummhw.com. Both domain names take you to the same site, which is designed for you to learn about our practice, providers, services, and contact information. Registration forms are also available for you to download. The site is not used for direct communication between patients and providers.

WEB SEARCHES

Your provider will not use web searches to gather information about you without your permission. We believe that this violates your privacy rights. However, we understand that you might choose to gather information about us in that way. Should you have any concerns or questions based on your search, please discuss this with your provider so that it can be addressed properly in treatment.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parent(s) or guardian(s) the right to examine your treatment records. It is our policy to discuss privacy with your parents or guardians and that they agree to give up access to your records because of the importance of confidentiality. As discussed with and understood by your parent or guardian, your provider will share

with them only general information about the work, unless your provider feels there is a high risk that you will seriously harm yourself or someone else. In this case, your provider will notify them of such concerns. If appropriate in the provider's opinion, before giving them any information, your provider will discuss the matter with you and address any objections you may have regarding the material that is to be discussed. All of this is subject to the rights of parents and guardians to have access to your records under Indiana law.

CONFIDENTIALITY

In general, the privacy of communications between a patient and mental health provider is protected by law and your protected health information can only be released with your written permission, as noted in the Notice of Policies and Practices to Protect the Privacy of Your Health Information which you have been provided.

Your signature below indicates that you have read the information in this document and agree to abide by the specified terms throughout your professional relationship with your provider.

Patient or Legal Representative Signature: _____ Date: _____