Center For Integrated Therapies,
inc 1217 S. East Ave #307
Sarasota, Fl
34239

Phone: **(941) 330-1130** www.**srqtherapy**.com Fax: **(866) 594 -5712**

CLIENT INTAKE FORM

(Please Print)

Today's Date _____/_____/_____ **Clinician**_____

CLIENT INFORMATION

Client's Last Name | First | Middle | ❑ Mr. ❑ Ms. | Marital Status (Circle One) Single / Married / Other

P.O. Box/Street Address | City | State | ZIP Code | Home Phone No. ( )

Birth Date | Age | Sex | Email Address | Cell Phone No. ( )

Occupation | Employer | Employer Address/City | Work Phone No. ( )

Referred to Provider by (Please check one box & list

❑ Family ❑ Friend ❑ Google Ad ❑ Psych Today If other:

INSURANCE INFORMATION (PLEASE GIVE YOUR INSURANCE CARD TO THE OFFICE MANAGER)

Self Pay **Please Fill in your Your Primary Insurance Provider** ❑ _____

❑ Yes

Policy/Plan/Member ID # | Group # | Insurance Phone No.:

Insured's Name | Birth Date / / | Co-Payment $

Client's Relationship to Insured ❑ Self ❑ Spouse ❑ Child ❑ Other

Name of Secondary Insurance (if any) | Insured's Name | Insured's S.S. # | Birth Date / /

Policy/Plan/Member ID # | Group # | Insurance Phone No.:

Client's Relationship to Insured ❑ Self ❑ Spouse ❑ Child ❑ Other

PERSON FINANCIALLY RESPONSIBLE

Last Name | First | Middle | P.O. Box/Street Address | City | State | ZIP Code

Birth Date: | Email Address: Social Security | Home Phone No. ( )

Occupation | Employer | Cell Phone No. ( )

Employer Address/City | Work Phone No. ( )

EMERGENCY CONTACT

Name	Relationship to Client	Home Phone No.	Work Phone No.

Welcome to Center For Integrated Therapies

This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between you and Center For Integrated Therapies.

Psychological Services and Commitment to Treatment

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the Clinician and the client and the particular problems that the client brings. There are a number of different approaches, which can be utilized to deal with the problems you hope to address. It is not like visiting a medical doctor, in that psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your Clinician will be able to offer you some initial impressions of what your work will include and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with your Clinician. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the Clinician you select. If you have questions about our procedures, we should discuss them whenever they arise. If any doubts persist, your Clinician will be happy to help you to secure an appropriate consultation with another mental health professional.

Meetings

Center For Integrated Therapies' normal practice is to conduct an evaluation which will last from one to three sessions. During this time, you and the Clinician can both decide whether your Clinician is the best person to provide the services that you need in order to meet your treatment objectives. If psychotherapy is initiated, your Center For Integrated Therapies Clinician will usually schedule one 50-minute session (one appointment hour of 50 minutes' duration) per week at a mutually agreed time, although sometimes sessions will be scheduled longer or more frequently.

Cancellation & Rescheduling Policy

Center For Integrated Therapies requires 24 hour notice for any cancelled appointments. Therapy appointments must be cancelled or rescheduled 24 hours before the scheduled date and time. Any same day cancelations or no call, no shows are subject to a cancellation fee of your full therapy fee. For such purposes we require a credit card number on file. *See the last page in this document to leave credit card information and to sign the client acknowledgement of this policy.*

Contacting Your Clinician

Your Clinician may not be immediately available by telephone. While we are usually in the Center For Integrated Therapies office during the week, we usually do not answer the phone when with a client. Your Clinician will make every effort to return your call within 24 hours you make it with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you cannot reach your Clinician, and you feel that you cannot wait for a return call, you should call your family physician, 911, or the emergency room at the nearest hospital and ask for the psychiatrist or psychologist on call. If your Clinician is unavailable for an extended period of time, you will be provded with the name of a trusted colleague whom you can contact if necessary.

Drug and Alcohol Policy

Center For Integrated Therapies requests that clients seeking services be drug and/or alcohol free during therapy appointments. That is, no illicit drugs or alcohol are to be consumed prior to a therapy session.

Payments & Billing

Professional Fees

Your Center For Integrated Therapies Clinician bills at a rate of $_____ per hour. In addition to weekly appointments, it is our practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations with other professionals that you have authorized, preparation of records or treatment summaries, or the time required to perform any other service that you may request of your Clinician. If you become involved in litigation that requires our participation, you will be expected to pay for the professional time required even if we are compelled to testify by another party, should this be part of your therapy. Because of the complexity and difficulty of legal involvement, what you are charged will be assessed at an hourly rate of $250 for preparation for and attendance at any legal proceeding. Please discuss this with your Clinician prior to initiating Center For Integrated Therapies in any legal proceedings.

Overdue Payments

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, Center For Integrated Therapies has the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information Center For Integrated Therapies Clinicians release about a client's treatment would be the client's name, the nature of services provided, and the amount due.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Center For Integrated

Therapies will provide you with whatever assistance your Clinician can in facilitating your receipt of the benefits to which you are entitled including filling out forms as appropriate. However, you and not your insurance company are responsible for full payment of the fee that we have agreed to. Invoices for claims not paid by insurance will be sent directly to clients from our Center For Integrated Therapies billing office.

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, you should call your plan administrator and inquire. Of course, Center For Integrated Therapies will provide you with whatever information your Clinician can based on our experience and will be happy to try to assist you in deciphering the information you receive from your carrier. If necessary to resolve confusion, your Clinician is willing to call the carrier on your behalf. The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits, which sometimes makes it difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented toward a short-term treatment approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In our experience, while quite a lot can be accomplished in short-term therapy, many clients feel that more services are necessary after insurance benefits expire.

You should also be aware that most insurance agreements require you to authorize your Clinician to provide a clinical diagnosis and sometimes additional clinical information such as a treatment plan or summary or in rare cases a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, your Clinician will have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, your Clinician can provide you with a copy of any report submitted.

Once Center For Integrated Therapies has all of the information about your insurance company, your Clinician will discuss what we can expect to accomplish with the benefits that are available and what will happen if the insurance benefits 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 and avoid the complexities described above.

Court/Legal Proceedings

Should your Center For Integrated Therapies Clinician be subpoenaed in to court, a retainer of $1,000 will be charged to you, the client, as well as an hourly rate of $250 for any time spent both preparing for and appearing in court. Such time includes all phone calls, fax, emails, face-to-face meetings, transportation time and any additional costs involved in court preparation. If your Clinician is called to court for any reason for your case, you assume full responsibility for these court related costs for your Center For Integrated Therapies Clinician.

Paying Your Bill

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, CIT may be willing to negotiate a fee adjustment or installment plan.

As a courtesy, we will bill your insurance company, provided your Insurance provider provides 'Out Of Network Benefits' with your insurance plan, or responsible billing party if you wish. We ask that at each session you pay your full fee.

If your balance exceeds, $300.00, we will need to ask that you pay for services when rendered. In the event that an account is overdue and turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed. We sincerely appreciate your cooperation and at any time you have any questions regarding insurance, fees, balances or payments, please feel free to ask.

Print Name _____ Signature _____ Date _____

Professional Records

Your Clinician is legally and ethically required to keep appropriate record of your work together such as dates seen and services performed. These records are kept in compliance with HIPAA rules. At times, your Clinician may record psychotherapy notes from your sessions. Because these records contain information that can be misinterpreted by someone who is not a mental health professional, it is our general policy that clients may not review them.

Confidentiality

In general, the law protects the confidentiality of all communications between a client and a Clinician, and your Clinician can only release information about your work to others with your written permission. However, there are a number of exceptions. In most judicial proceedings, you have the right to prevent your Clinician from providing information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require your Clinician's testimony if he or she determines that resolution of the issues before him or her demands it.

There are some situations in which your Clinician is legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. For example, if your Clinician believes that a child, an elderly person, or a disabled person is being abused, we are required to file a report with the appropriate state agency.

If your Clinician believes that a client is threatening serious bodily harm to another, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him or herself, your Clinician may be required to seek hospitalization for the client or to contact family members or others who can help provide protection. The situations described above have rarely arisen in our practice. Should such a situation occur, your Clinician will make every effort to fully discuss it with you before taking any action.

Your Clinician may occasionally find it helpful to consult about a case with other professionals. In these consultations, your Clinician will make every effort to avoid revealing the identity of our client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, your Clinician will not tell you about these consultations unless they feel that it is important to your work together.

Confidentiality and Emergency Situations

Your verbal communication and clinical records are strictly confidential except for: a) information you and your child or children report about physical or sexual abuse, by Florida State Law and the Mandated Reporter Act, your Clinician is obligated to report this information to the Florida Department of Children and Family Services, b) information shared with your insurance company to process your claims, c) where you sign a release to have specific information shared, d) if you provide information that informs me that you are in danger of harming yourself or others. If an emergency arises for which the client or their guardian feels immediate attention is necessary, the client or the guardian understands they are to contact the emergency services in the community for those services. Your Center For Integrated Therapies Clinician will follow those emergency services with standard counseling and support to the client or the client's family. I have read and understand my child's and my own confidentially rights (Check box, and print/sign/date)

☐

Print Name _____ Signature _____ Date _____

☐ Print Name _____ Signature _____ Date _____

Consents for Treatment

Minors

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. For those who are between 12 and 18 years of age, it is Center For Integrated Therapies policy to request an agreement from parents that they consent to give up access to your records. If they agree, your Clinician will provide them only with general information about your work together unless your Clinician feels that there is a high risk that you will seriously harm yourself or another, in which case your Clinician will then notify them of concern. Your Clinician will also provide them with a summary of your treatment when it is complete if they have opted to let our work be confidential. Before giving parent/s any information your Clinician will discuss the matter with you, if possible, and will do the best to resolve any objections you may have about what may be discussed.

Signed Consent To Services

Your signature below indicates that you have read the information in this document and when applicable, reviewed it with your child, and agree to abide by its terms during our professional relationship.

☐ Child Name_____ Child Signature (13 years or older) _____ Date _____

☐ Parent/Guardian Signature _____ Date _____

Additional Client(s) Receiving Services from Center For Integrated Therapies

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Print Name _____ Signature _____ Date _____
Print Name _____ Signature _____ Date _____
Print Name _____ Signature _____ Date _____

Center For Integrated Therapies Payment Policy

Please be advised that Center For Integrated Therapies requires 24 hour notice for any non-emergency cancelled appointments. Therapy appointments must be cancelled or rescheduled 24 hours before the scheduled date and time. Any same day, non-emergency cancelations or no call, no shows are subject to a cancellation fee of your full therapy fee of $_____. For such purposes we require your signature and a credit card number on file.

Type of Card (check one): ☐ Visa ☐ MasterCard ☐ Discover

Name on Card (please print) _____

Credit Card number_____ Expiration Date #_____

3 Digit Code on back_____

Card Holder's Billing Address_____ Apartment, Suite #_____

City_____ State_____ Zip_____

By my signature below, I certify that I understand that this credit card information is to remain on secure file with Center For Integrated Therapies until the termination of treatment; All treatment charges will be billed with this credit card unless I request otherwise.

☐ I authorize Center for Integrated Therapies' office to charge my credit card the full therapy fee of $_____, if I do not cancel or reschedule my appointment with 24 hour notice.

☐ I authorize the Center For Integrated Therapies office to charge my credit card the full therapy fee, my insurance co-pay fee of $_____, and/or amounts not paid by insurance due to unmet deductible and patient responsibility fees.

Signature_____ Date _____