CHICAGO personal growth INSTITUTE

New Client Intake Form

Client Name:_____Date: _____

Marital Status: _____ Gender Identity:_____ DOB:____ /____ / ___

Client Address:_____

Cell Phone:_____ Other Phone:_____ Email:_____

Circle where we may leave message(s): Phone Email Text

(For couples) Partner's Name: _____

Cell Phone:_____ Other Phone:_____ Email:_____

Circle where we may leave message(s) Phone Email Text

Policy Holder (if different than client):

Policy Holder's name:_____ DOB:____ /____ / ____

Relationship to Client:_____

Policy Holder's Address:_____

Emergency Contact/Guardian Information

Name:_____ Relationship to patient:_____

Address:_____

Phone Number:_____

☐ **I have read the attached Health Insurance Portability and Accountability Act (HIPAA)**

☐ **I have read and agree to the terms in the attached New Client Information Packet**

☐ **I authorize Chicago Personal Growth Institute (CPGI) to release required information for insurance billing as explained in the New Client Information Packet**

☐ **I hereby authorize the CPGI to release information contained in my client records to the following individual(s) and/or organizations(s):**

If you have any questions about psychotherapy, our office policies, or billing practices, please ask before signing. Your signature indicates that you have read our New Client Information Packet and agree to enter therapy under these conditions. Your signature indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.

Client Name:_____

Client Signature: _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

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Credit Card on File

Payments are due at the time of service. For your convenience, in lieu of paying at each session, you may opt to have Chicago Personal Growth Institute charge your payments once per month, at the beginning of the month. You may keep a credit card on file with Chicago Personal Growth Institute in order to pay for any copays, co-insurance, deductibles, or out of pocket expenses that accrue in the previous month. All credit cards will be charged at the beginning of each month when patient statements are mailed out. Please be aware that we will not notify you of credit card being charged ahead of time, and you will receive a paid statement as a receipt by mail if your credit card is charged. Under the cancellation section, if you give less than 24 hours notice or are a 'no call no show' appointment, the credit card will be charged $100.00.

☐ **Charge my card beginning of the months for all full balances that accrue every 30 days or for the late fee as described above**

Client name: _____

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____/_____ Billing Zip Code of Credit Card: _____

Security Code (3 digits on the back of the card, 4 digits on front if AmEx):
_____

Card Holders' Signature: _____ Date: _____/_____ _____
I understand that by signing above, I am authorizing Chicago Personal Growth Institute to charge my card in the manner indicated by my initials above. These balances may include copays, co-insurance amounts, out of pocket payments, or deductibles plus charges for missed appointments. I understand that Chicago Personal Growth Institute will mail me a printed statement as proof of payment if requested.

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New Client Information Packet

Assessment
Your first appointment will be both an assessment and an opportunity to begin to get to know each other. We have learned that our work together is greatly influenced by the relationship which is built between us. Therefore we want to hear about the concerns which led you to make an appointment, about your goals for therapy, and information about your current life situation. At the end of this session, please offer feedback to your therapist regarding his or her approach and any doubts you might have about continuing to work with this individual.

Psychotherapy Process
At Chicago Personal Growth Institute (CPGI) we strive to “take the stigma out of the counseling process.” We don’t view our clients as being “broken and needing to be fixed,” but believe that therapy can be an integral part of an individual’s journey toward self-growth. Therapy requires active involvement, honesty, and a willingness to change thoughts, emotional reactions and/or behaviors. While the goal is that you experience an increase in healthy habits, improved communication patterns, increased stability in your relationships and a lessening of distress, you may also experience challenges as well. It can be painful to uncover buried emotions, uncomfortable to “try on” new behavioral patterns and coping skills and unsettling to develop new insights into yourself, but we are here to support you through the process. And, the greatest compliment we can receive is when you refer your family and friends to us because of changes you experience within your own life.

Sessions
Therapy sessions typically last 45-50 minutes. Oftentimes, sessions are set for once each week, but this varies based on your desires and what seems to be most appropriate for you.

Termination
For some clients, counseling becomes a years’ long journey of self-discovery; for others, it may be only a few sessions. Typically client’s begin with weekly appointments and then may, if desired, transition to every other week or even a monthly “check-in.” Clients may also choose to stop coming all together. If you find yourself contemplating termination, we ask that you discuss this with your therapist and schedule a final session vs. simply not returning. This allows all of us the opportunity to review your achievements and find closure with each other. On rare occasions, we may terminate your case with us. This could include violence or threats of violence toward our staff, or your refusal to pay for services after reasonable attempts have been made to resolve the issue.

Rates
Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment.

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Our current fees are as follows, but are subject to change:

- Assessment: $200.00
- Sessions: $130.00
- Patients with insurance: the negotiated rate with each insurance company
- Missed appointments/those canceled with less than 24 hours notice are charged at $100.00 billable to the client. These are not covered by insurance.

Insurance Claims

We are happy to assist you by filing claims to your insurance company on your behalf. However, you, not your insurance company, are responsible for payment of any uncovered fees. These include: office visit fees, co-pays, co-insurance and the entire session fees until your deductible is met in full. Payment is expected at the time of service. We accept cash, checks and major credit cards. If you need a receipt, please let your therapist know, so that one can be printed for you.

Insurance Authorization

Most insurance companies require you to authorize us to provide a clinical diagnosis, your dates of service, and at times additional clinical information. Your signature on this form, documents your authorization for CPGI to provide this information to your insurance company. This information becomes part of the insurance company's files. If you have questions about their confidentiality practices, please check with your insurance company directly.

Cancellations

Cancellations or missed appointments without 24 hours notice will be subject to full fee charge, and insurance companies do not pay charges for missed appointments. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service.

Records

Both law and the standards of our profession requires us to keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you agree that the requested information be released. Exceptions to this practice are outlined below. Further information is provided in the Health Insurance Portability and Accountability Act (HIPAA) statement at the end of this form.

Confidentiality Exceptions

The law protects the confidentiality of all communications between a client and a mental health clinician with certain exceptions. In judicial proceedings, if a judge orders your records released, we are mandated to release them. In addition, we are ethically and legally required to take action to protect you and others from harm, even if taking this action means we reveal information about you. For example, if we believe a child, elderly person or disabled person is being abused or neglected, we are mandated to report this to the appropriate state agency. Also, if we believe a client is threatening serious harm to another person or their property, again we must take protective action, by notifying the potential victim, the police, and/or facilitating a

hospitalization of this client. Finally, if we believe a client poses a serious threat of harming him/ herself, we must take protective action by arranging hospitalization, notifying their family/significant others and/ or contacting the police. As we are mandated by law to take these steps when needed, clients are unable to seek legal action against us, for these actions, if we took them in good faith.

Minors' Treatment Records

The law may provide parents the right to examine treatment records for children under the age of 12. For minors between the ages of 12 and 18, the law may provide parents the right to examine their minors treatment records, this may be granted as long as the minor does not object, and the therapist does not believe there are compelling reasons for denying access to these records. Notwithstanding the above, parents are always entitled to the following information: current physical and mental condition, diagnosis, services provided, and treatment needs.

Messaging Your Therapist

If needed, you can leave your therapist a message. Please do not contact your therapist through text messages or emails regarding clinical issues, as these are not secure communications. Please use text messages and emails only to schedule, change, or cancel appointments.

If you are in a life threatening emergency situation please go to the nearest emergency room or call 911. Chicago Personal Growth Institute is not a crisis facility, nor can we provide emergency care.

Social Media Policy

In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. Nor do we accept friend or contact requests from current of former clients on any social networking site.

Health Insurance Portability and Accountability Act (HIPAA)

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	● You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. ● We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. ● You can ask us to correct health information about you that you think is incorrect or incomplete.
Ask us to correct your medical record	● We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communication	● You can ask us to contact you in a specific way, for example, by a home or cell phone or to send mail to a different address.
Ask us to limit what we use or share	● We will say “yes” to all reasonable requests. ● You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care, and/or billing. ● If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	● You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, of who we shared it with, and why. ● We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	● You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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Choose someone to act for you	● If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ● We will make sure the person has this authority and can act for you before we take any action, including requesting a copy of the appropriate document(s).
File a complaint if you feel your rights are violated	● You can complain if you feel we have violated your rights by contacting us. ● You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	● Share information with your family, close friends, or others involved in your care ● Share information in a disaster relief situation ● Include your information in a hospital directory If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:	● Marketing purposes ● Sale of your information ● Most sharing of psychotherapy notes ● We may contact you for fundraising efforts, but you can tell us not to contact you again.
In the case of fundraising:	● We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you	We can use your health information and share it with other professionals who are treating you.	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	Example: We use health information about you to manage your treatment and services.
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities.	Example: We give information about you to your health insurance plan to it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Health with public health and safety issues	We can share health information about you for certain situations such as: ● Preventing disease ● Helping with product recalls ● Reporting adverse reactions to medications ● Reporting suspected abuse, neglect, or domestic violence ● Preventing or reducing a serious threat to anyone's health or safety
Do research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue	We can share health information about you with organ procurement organizations.

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Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: ● For workers' compensation claims ● For law enforcement purposes or with a law enforcement official ● With health oversight agencies for activities authorized by law ● For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal action	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

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