



Psychotherapy and Psychological Evaluations

Office of Dr. Anita Remig, Licensed Psychologist

www.remigbiofeed.com

NAME:

IF A MINOR, PARENT'S NAME:

ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PHONE-HOME:

PHONE-WORK:

INSURANCE POLICY HOLDER'S NAME:

ADDRESS:

TELEPHONE:

SOCIAL SECURITY NUMBER:

NAME OF HEALTH INSURANCE COMPANY:

IDENTIFICATION NUMBER:

AUTHORIZATION NUMBER: MUST BE OBTAINED BEFORE THE FIRST VISIT!

EMPLOYER'S NAME:

PRIMARY CARE PHYSICIAN'S NAME:

PERMISSION TO SPEAK WITH PCP:

EMERGENCY CONTACT & PHONE:

**I AGREE TO THE GUIDELINES LISTED on pages
1,2,3 &4. SIGN HERE:**

Important Information: In an emergency, call 431-1900. All clinical questions are held for time in sessions. If you would like to have a phone session, I require a retainer of \$100.00. I am out-of-town every other week. During my

time away, please leave a message. Given the constraints of travel, I will return your call as soon as I can. I work in forty-five (45) minute sessions. When we make an appointment, I promise to be here and you promise to meet me here. Please give me two day's notice (48 hours) for cancellations.

Psychological Services: My role is to provide psychotherapy services to you, which does not include determining custody, being an advocate or serving as an expert witness. Psychotherapy varies depending on the personality of the patient and the therapist. Psychotherapy requires active effort. You will need to work on solutions to problems in session and at home. Psychotherapy has benefits and risks. Risks may include feelings of sadness, guilt, anxiety or anger. This process may require talking about unpleasant aspects of your life. Psychotherapy brings benefits and can lead to reduced stress, better relationships and problem solving. There are no guarantees about what will happen.

Our first sessions will involve an evaluation of your needs. After that, I will offer you initial impressions and a treatment plan. Please evaluate this information along with your own assessment about working with me. Psychotherapy involves a commitment so you must select a psychologist carefully. If you have questions about procedures, please ask. If you have concerns, please bring them up before difficulties arise. If you would work better with another psychologist, I can help with referrals.

New Hampshire State Law: I am licensed as a psychologist in the state of NH and my license is displayed on the wall near the door. I abide by the code of ethics of the American Psychological Association and you may find a copy of this in the waiting room. New Hampshire law requires psychologists to recommend a physical examination for each patient by their medical provider. A copy of the mental health bill of rights can be found in the waiting room.

Licensed psychologists are obligated to establish and maintain appropriate professional boundaries in relationships. Reports of misconduct should be directed to NH Board of Mental Health Practice, 105 Pleasant Street, Concord, NH.

Meetings: My initial evaluation lasts 3 sessions. If psychotherapy is initiated, we will schedule 45-minute sessions at mutually agreed upon times. Once this appointment is scheduled, you will be expected to pay for it unless you give me 24 -hour notice of cancellation or unless we both agree problems beyond your control came about.

Professional Fees: My fee for one session is \$100.00. In addition to appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries or the time required to perform any other service. If you become involved in litigation, which requires my participation, you will be expected to pay for the professional time even if I am required to testify by another party. Because of the complexity of legal problems I charge \$100.00 per hour for preparation and attendance at legal proceedings.

Billing and Payment: You will be expected to pay for each session at the time it is held, unless you have insurance coverage and we have agreed to use it. You must find out exactly what Managed Care/Insurance benefits you have. Please write in here the amount your insurance pays me and include the copayment _____. If your account is more than 60 days in arrears, and suitable arrangements have not been agreed to, I have the option of using legal action to secure payment including collection agencies and small claims court. If legal action is necessary, the costs of that proceeding will be included in this claim. In most cases, the only information, which I release, about a patient's treatment would be the name, service and amount due.

In order for us to set realistic treatment goals, it is important to evaluate what resources are available to pay for your treatment. I can offer suggestions to facilitate use of Managed Care/Insurance policies but you are responsible for full payment of the fee to which we have agreed.

Managed Care (Insurance) Policy: Managed care policies have increased the level of complexity for using mental health coverage. Most managed care requires prior authorization. These plans provide short-term care designed to resolve specific problems. They usually offer five initial sessions, with perhaps a few more given after reports are written. In my experience, patients feel that more services are needed after managed care benefits run out. Most managed care plans will not allow me to provide services to you after benefits have ended. In this case, I will do my best to help you find another psychologist. Most managed care and insurance companies require you to authorize me to provide a clinical diagnosis and other clinical information such as a treatment plan, summary or clinical record. This information will become part of your file and most likely will be computerized. Managed care and insurance companies claim to keep this information private but once it is in their hands, I have no control over it. In some cases, they share your medical information with a national data bank. If you request it, I will supply you with a copy of any report I submit. Once we have all of the information about your managed care/insurance coverage, we 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. If your managed care or insurance company does not pay, you are responsible for the bill. You must make all calls to your insurance company; I do not call them. I will file claims only once, if they do not pay then you are responsible. Remember that you always have the right to pay for services to avoid the problems.

Professional Records: Both the law and ethics require that I keep records. You are entitled to have a copy of your records or request a summary. These are professional records and can be misunderstood. If you would like to see your records I recommend that we review them together. There is the usual fee of \$100.00 per hour to comply with record request preparation time. Couples or families have treatment records with more than one person's name on them. All couples and family members agree that treatment records will be released only with joint consent. In the event of a disagreement the records will not be released without a court order.

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. It is my policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide them with only general information about our work together unless I believe there is a risk of harm to yourself or another person. If there is a risk of harm, I will notify your parents immediately. I will provide parents with a summary of treatment when it is complete but before hand I will discuss this with you and try to resolve any concerns that may arise.

Confidentiality: Law protects confidentiality, in a patient- psychologist relationship, and I can release information only with written consent. There are a few exceptions. In judicial proceedings you have the right to prevent me from providing information about your treatment. In some circumstances the judge will require my testimony if it is determined that the case demands it. There are some instances where I am legally required to take action to protect others from harm, even if it requires revealing information about a patient's treatment. For example, if I believe that a child or elderly person is being abused, I must report this to a state agency.

If I believe a patient is threatening serious bodily harm to another person, I am required to take protective action may include notifying the victim, police or seeking hospitalization. If a patient threatens to harm him/herself I may be required to seek hospitalization for the patient or contact family or friends who can help. These occasions have arisen rarely in my practice and I will seek ways to discuss it fully before taking action. I may occasionally find it helpful to consult about a case with other professionals. I make every effort to conceal identities and the consultant is ethically bound to maintain confidentiality. Unless you object, I will not mention these consultations unless I feel it is important to our work together.

While this is a summary of exceptions to confidentiality, it should prove helpful in informing you of potential problems and encourage you to talk about any concerns. These are all legal issues and given that I am not an attorney, you may want to seek formal legal consultation. If you request, I can provide you with relevant portions of applicable state laws.

Information on Psychological Practice For New Hampshire

1. Uses and Disclosures for Treatment, Payment and Health Care Operations.

I may use or disclose your protected health care information (phi) for treatment, payment and healthcare operations purposes with your consent. To help clarify these terms, here are some definitions:

“phi” refers to information in your health record that could identify you.

“use” applies only to activity within my office.

“disclosure” applies to activity outside my office.

2. Uses and Disclosures Requiring Authorization

I may use or disclose phi for purposes of outside treatment, payment and healthcare operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment and healthcare operations, I will obtain a release of information from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. These notes are given a greater degree of protection than phi.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization or the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

3. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose phi without your consent or authorization in the following circumstances: child abuse, adult and domestic abuse, health oversight, judicial or administrative proceedings, serious threat to health and safety.

4. Patient's rights and psychologist's duties:

Patient's rights include the right to request restrictions, right to receive confidential communications by alternative means and at alternative locations, right to inspect and copy, right to amend, right to an accounting, right to a paper copy.

Psychologist's duties include the requirement by law to maintain privacy of phi and to provide you with a notice of my legal duties and privacy practices with respect to phi, the right to change the privacy policies and practices described in this notice and if I revise my policies and procedures, I will notify you of this by mail.

5. Complaints

If you are concerned that I have violated your privacy rights or you disagree with a decision I made about access to your records you may contact me by writing to Anita Remig, Ed.D. 278 Lafayette Rd. Bld E, Portsmouth NH 03801.

6. Your signature on the front page shows you agree to abide by these terms of our professional relationship.