

Psychotherapy and Psychological Evaluations
Office of Dr. Anita Remig, Licensed Psychologist

Anita Remig, Ed.D.
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Date: _____

Name: _____

If a minor, Parents' name: _____

Mailing Address (include zip): _____

Phone: _____ Cell _____

Email Address: _____

Date of Birth: _____

Insurance Type _____

Insurance Policy number: _____

Name of Policy Holder _____

Date of Birth of Policy Holder: _____

Address and Phone of Policy Holder _____

Emergency contact person _____

I AGREE TO THE GUIDELINES EXPLAINED BELOW.

Please sign your agreement here: _____

Email: You are giving permission to Anita Remig to respond to and create emails concerning issues related to psychotherapy. You are agreeing that you are aware that some emails may not be encrypted. I check email by 6:00 pm each day and, some of the time, in the morning. I will respond to your email as soon as I am able. If you need to reach me you may call or text 603-781-3892. Please use email for psychotherapy messages only; please do not send clinical content. If you cannot reach me and feel distress, please go to your closest Emergency Department. Sign below to agree.

Signed _____

Emergency Information: I am a solo psychologist and cannot be available for emergency calls. In an urgent situation you may try to call 603-781-3892 yet, I may not be able to pick up my phone right away. If you are in distress, it would be best to go to the Emergency Department of your local hospital.

Questions: 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. During my time away, please leave a message. I work in 60 minute sessions. When we make an appointment, I promise to be here and you promise to meet me here. Please give me one day's notice (24 hours) for cancellations. If you cannot give me 24 hours then you are agreeing to a charge of \$50.00 for failure to show up. This fee must be paid out of pocket before another appointment is made.

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 three 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.

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 \$120.00. 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 \$120.00 per hour for preparation and attendance at legal proceedings.

Billing and Payment: You will be expected to pay for each session on the same day, unless you have insurance coverage and we have agreed to use it. You must find out exactly what Managed Care or 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.

Managed Care Policy: Managed care policies have increased the level of complexity. 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. 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.

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 allow teens under 18 to have some privacy with me, but know they will be informed of any serious concerns. 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.

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, unless I am court-ordered to release information. 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 people 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 always 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.

Collaboration and supervision: I belong to collaboration groups of professionals where learning and sharing take place concerning patient experiences and appropriate treatment protocols. Names and identifying information is never used. You are agreeing to this collaboration or supervision.

Reporting to State Agencies: Any disclosure of information that indicates a suspicion of child abuse or elder abuse must be reported to state authorities (Department of Social Services). Any disclosure of current threats of harm to oneself, as in a specific suicide threat, will result in an immediate referral to an emergency mental health unit or agency. Any disclosure of specific current threats to specific individuals will result in notification of those individuals concerning the threat.

Information on Psychological Practice For New Hampshire: I am licensed as a psychologist in the state of NH and my license is displayed on the wall. 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 Psychology, 105 Pleasant Street, Concord, NH.

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 with your consent (signature on front page).

In 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. 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.

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. If you are concerned about your rights, speak to me or contact me by writing to Anita Remig, Ed.D. 278 Lafayette Rd. Bld E, Portsmouth NH 03801. Your signature on the front page shows you agree to abide by these terms of our professional relationship.