Courtney Lowe MCP, LPC, LLC
1409 S. Main St. Stillwater, OK 74074

Client Information Date:

Client Name:		
Address:		
City:	State:	Zip:
Phone numbers:		
Date of Birth:	Marital Status:	
Age:	Sex: M F	
Referred by:	Phone:	
Client's school:	Grade:	
Client's employment:	Phone:	
Parent/Guardian's Name:		

Primary Insured's Information

Name:	Relationship:
Address:	
DOB:	
Phone numbers:	
Employer:	Address:

Insurance Information (please provide copy to therapist)

Company:	Pre-certification number:
Insured's Name:	SSN:
DOB:	
Policy number:	Group number:

Emergency Contact Person

Name:	Relationship:
Phone numbers:	
Address:	

****In order to control Billing Costs and reduce fee increases, I request that all office visits be paid at the time of service. A credit/debit card must be put on file for any outstanding or unpaid expenses.****
I understand all of the above and hereby state that the information is correct to the best of my knowledge and give permission to submit to my insurance as listed above.

Client:_____Date:_____

Client:_____Date:_____

Client:_____Date:_____

Client:_____Date:_____

Guardian:_____Date:_____

Consent for Treatment

Courtney Lowe MCP, LPC, LLC is a Licensed Professional Counselor that specializes in individual and family counseling. Courtney Lowe MCP, LPC, LLC specializes in the treatment of PTSD and other forms of trauma, grief, depression and anxiety disorders, personality disorders, agoraphobia, eating disorders, postpartum depression, and infidelity.

Services and Fees

A. **Fees for Service and Evaluation:** the first one to three sessions will be a time of assessment and evaluation. During this time of information gathering and evaluation you and your therapist will decide on an appropriate level of care and course of treatment.

Fees for Evaluation and Therapy:
$150 for a 60 minute evaluation session
$135 for a 55 minute family session
$135 for a 55 minute individual session
$250.00/hr. for court reports or court-related work.

Note: If court is outside of Stillwater I will charge my regular hourly court rate for time on the road to and from court.

$50 for a letter for court or a letter for any other purpose

B. **Special Services and Fees:**

The telephone is to be used for scheduling purposes only. If you need to contact me please call me and, if I don't answer leave a voicemail and I will return your call at my earliest convenience. Telephone consultation must be scheduled in advance and is not reimbursed by insurance.

We are not child-custody experts/evaluators and are therefore not qualified to make determinations in divorce or custody matters. There are professionals who function in this capacity and we can make a referral should you require one.

Letters are often required for outside entities. One attendance letter will be provided free of charge. If additional letters or a report is needed, there will be a fee. Also, please give at least 7 days notice so that a letter can be prepared with the care needed.

Often, when insurance is billed they may not cover the entire visit's cost. This is why it's strongly encouraged that you call your insurance and find out what your benefits are for treatment. Also if you have not met your deductible, you may be charged for the entire session.

C. **Cancellation Policy**

If you cannot make it to a session, a 24-hr notice **must** be given to avoid a missed session fee unless you are sick or it's an emergency. A missed session fee is $120.00. **Note:** If you call the office building's number, and I haven't received the message before your appointment, then the $120.00 charge will be applied with no exceptions. (I strongly encourage everyone to use my business phone at 405-880-3499 and not the building's phone that I rent space from since I often don't get messages for 3-4 days out).

If you reschedule or miss sessions more than 3 times in a month since beginning therapy, you will be

unable to schedule visits in advance. You may only call the day you wish to come to a session and if there is one available, you may have it. If you miss this session, you may be terminated from services until it is a better time to seek services.

C. **Payment, Insurance and Self-Pay**

Prompt payment is expected. You must pay at the time of service. Cash and credit cards are the only forms of payment accepted at this time. We can also file insurance, however, you must contact your provider to ensure you have mental health benefits available. If your company will not reimburse, often you can do this after the fact.

Appointment Hours and Other Information

Hours of operation are Wednesday through Friday 9:00 am to 5:00 pm.

Children are not allowed to be left unattended in the waiting room. Childcare must be arranged previous to a session or a session must be canceled. Parents: please note that only clear liquids may be brought in the premises and if any property is damaged, you will be asked to clean, repair or replace the damaged item.

If you show up to your appointment drunk or under the influence of drugs, and are driving yourself, you will be asked to call a family member or a friend. If you don't have anyone to call or no one can come and get you in a timely manner then a cab will be called for you. This is to look out for your own safety as well as others.

Audio/Video Recording sessions are only allowed if Therapist and Client both consent to it.

Confidentiality

In keeping with state law and the Ethics of Counseling, confidentiality will be maintained at all times with these exceptions:

- If there is suspected child, elder, or dependent adult abuse, or harm to self.
- Situations in which a serious threat to a well-identified victim is communicated to the therapist.
- If you are required to sign a release for information by your medical insurance or you are involved in litigation or other matters with private or public agencies.
- Persons being seen in a couple, family or group modalities are legally obligated to respect the confidentiality of others. Your therapist will exercise discretion (but cannot promise absolute confidentiality) when discussing private information to other participants in your treatment process.
- At times, your therapist may seek consultation with professional colleagues about our work without seeking permission, but your identity will not be disclosed.
- The office manager may have access to some locked records, but is legally charged with confidentiality.
- Children under the age of 18 do not have full confidentiality from their parents.
- In certain extreme and rare cases, the court can subpoena therapy records.

Emergency Services

If there is an urgent need to talk to your therapist, please call the number provided. Your call will be returned as soon as possible, but I do not offer emergency services. If you're in a crisis please call: National Suicide Prevention Lifeline 1-800-273-8255 or go to your local emergency room, or call 911.

HIPAA Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

It is the policy of the Oklahoma State Department of Health (OSDH) to keep all of your medical and personal information confidential. We will only use or disclose your information for the following reasons:

Treatment: We will share your medical information with other medical providers who are involved in your care (including hospitals and clinics), to refer you for treatment, and to coordinate your care with others. You and all parties involved in therapy of legal age must give written consent to coordinate care unless there is a medical emergency.

Payment: We may use and disclose PHI when it is needed to receive payment for services provided to you. For example, if you have Medicaid or insurance benefits, we will release the minimum information necessary for those entities to pay us.

Health Care Operations: We will use and disclose PHI when it is needed to make sure we are providing you with good service. For instance, we may review your records in order to make certain quality service was given. Other uses or disclosures of your PHI that may occur include:

- If you have given us permission in writing to release part of your information;
- When ordered to do so by a valid court order;
- When cases of child abuse or neglect are investigated;
- Immunization information is shared with schools and childcare centers;
- When business associates of OSDH, such as community clinics, sign agreements to protect your privacy;
- The SoonerStart Program shares information with the State Department of Education;
- When required by state law. For instance, when reporting injuries and disease as required by the Public Health codes or to prevent the spread of diseases such as tuberculosis (TB) or when reporting suspected child abuse or neglect to the Department of Human Services.
- We can share your information with anyone as necessary, consistent with Oklahoma law and the Oklahoma State Department of Health's policies and procedures, if we feel there is imminent danger. For example, we will release the minimum information necessary if we believe it will prevent or lessen a serious and imminent threat to the health and safety of a person or the public.
- Also, when services are provided to children less than 18 years of age, information will be shared with the state Joint Oklahoma Information Network (JOIN). This is done to help us improve the services given to children. However, no one can use your child's information unless you have given permission in writing.
- In the case of a severe disaster we can disclose your information. For example, if, as a result of a tornado you are displaced and in need of health care, you may need ready access to health care and the means of contacting family and caregivers. We can disclose your information for the following reasons:

Emergency Coordination: We will share your medical information with other medical providers who are involved in your care to coordinate your care with others (such as emergency relief workers or others that can help in finding you appropriate health services).

Notification: We can share your information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for your care of your location, general condition, or death. For example, if it is necessary, we may notify the police, the press, or the public at large to the extent necessary to help locate,

identify or otherwise notify family members and others as to your location and general condition.

Your Rights
You have the right to:

- Receive a list of persons or organizations, other than those listed above, to whom we released your information.
- Request limits on how your information is used or disclosed; however, we are not required to agree to those limits.
- Ask that we not contact you at home.
- Inspect and copy your medical records except in cases involving certain psychotherapy notes.
- Amend incorrect information in your medical record.
- Revoke your written permission for release of information.
- Receive a paper copy of this privacy notice.

Our Responsibilities
Federal law requires the Oklahoma State Department of Health and its entities to:

- Maintain the confidentiality of your protected health information.
- Provide you with a copy of this notice.
- Abide by the terms of this notice.
- Only change this notice as permitted by federal rules.
- Provide you with a way to file complaints regarding privacy issues.

For further information regarding this notice and your rights, or to report any complaints regarding privacy issues, contact:

HIPAA Privacy Officer
Community Health Services
Oklahoma State Department of Health
1000 NE Tenth Street
Oklahoma City, OK 73117-1299
405/271-5585
privacyofficer@health.ok.gov

You may also report complaints directly to the Secretary of Health and Human Services at the following address:

The U.S. Department of Health and Human Services, the Office of Civil Rights
1301 Young Street, Suite 1169, Dallas, TX 75202
Telephone: (214)767-4056, (214)767-8940 (TDD)

Consent to Treatment

I voluntarily agree and understand all of the above. I agree to receive counseling services for an assessment, continued care, treatment or other services and authorize Courtney Lowe MCP, LPC, LLC to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Courtney Lowe MCP, LPC, LLC at any time.

By signing this Informed Consent I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Signature: _____ Date: _____

Client Signature:_____ Date: _____

Parent, Guardian or Legal Representative Signature: _____ Date: _____