

LISA MCDONALD CHENEY, PSY.D., PLLC**PATIENT INFORMATION**

DATE _____

Name _____ Home Phone (____) _____
 Address _____ Work Phone (____) _____
 City _____ State _____ Zip _____ Cell Phone (____) _____
 Birthdate _____ Male _____ Female _____

Marital Status:

___ Single ___ Divorced
 ___ Married ___ Widowed
 ___ Separated

Information-Employer

Employer Name _____
 Address _____
 City _____ State _____ Zip _____

Status

___ Employed
 ___ Full-time Student
 ___ Part-time Student

NEAREST FRIEND, RELATIVE

Name _____
 Address _____
 City _____ State _____ Zip _____
 Relationship _____
 Phone # _____

RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

Name _____ SSN _____
 Address _____
 City _____ State _____ Zip _____
 Work Phone _____

PRIMARY INSURANCE COMPANY

Carrier _____ ID# _____ Policy Holder Name _____
 Address _____ Policy# _____ SSN _____
 City _____ State _____ Zip _____ Group# _____ Birthdate _____
 Deductible _____ Co-pay _____
 Did you contact this insurance prior to coming to this appointment? ___ YES ___ NO

AUTHORIZATION-RELEASE OF INFORMATION

I authorize Lisa McDonald Cheney, Psy.D., PLLC to release any information necessary to expedite insurance claims. I understand that I am responsible for all charges, regardless of insurance coverage. I understand that I am responsible for the total fee in the event that my insurance claim is denied, to include any charges such as court costs, attorney fees, or collection agency commission charges included in collecting any balances due.

 Signature

Initial here to show that you have read this page _____

Lisa McDonald Cheney, Psy.D., PLLC

4165 Westport Rd, Suite 303

Louisville, KY 40207

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This document (The Agreement) contains important information about my professional services and business policies. The purpose of this document is to introduce my services, inform you of how information about you can be used and disclosed; and to answer some questions clients often ask about my practice. I believe our work will be most helpful to you when you have a clear idea of what is involved with psychotherapy and our work together. The law requires that I obtain your signature acknowledging that I have provided you with this information by the end of the first session. Although this document is lengthy and sometimes complex, it is very important that you read this document carefully, mark any parts that are not clear to you, and jot down any questions you might have so we can discuss them in person. When you have fully understood this document, I will ask you to sign it at the end. Once you sign this, it will constitute a binding agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

About Psychotherapy

Since you will be putting a great deal of time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe that you should feel comfortable with the therapist you choose, and hopeful about the therapy. Psychotherapy is not easily described in general statements. There are a number of approaches that can be utilized to deal with the problems that you hope to address. As a result, psychological services will vary depending on the personality of the psychologist and client, and the particular problems that you are experiencing. Participating in psychotherapy is not like visiting a medical doctor, in that it requires active involvement on your part and requires your best effort to change thoughts, feelings, and behaviors. In order to be successful, you will have to work both during our sessions and at home.

With regard to psychotherapy, my first few sessions will involve an evaluation of your needs. By the end of our second session, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan to follow, if you decide to continue with therapy. From time to time, we will review your progress and treatment goals. This will allow us to change our treatment plan, its goals, and its methods when necessary. You should evaluate this information with your own opinions of whether you feel comfortable working with me. I view psychotherapy as a partnership between us. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubt persists, I will be happy to help you set up a meeting with another mental health professional for a second opinion. It is important for you to know that I am not a medical doctor and will not be prescribing any medications. If medications or other physical modalities appear to be necessary, I will be happy to work closely with your physician and/or other health care providers.

An important part of your therapy will be practicing new skills that you will learn in our sessions and we may work together to set up homework assignments for you to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal

Initial here to show that you have read this page ____

change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Many of my clients see me once a week for 3 to 4 months. If psychotherapy is initiated, we will usually schedule weekly sessions for approximately 45-55 minutes. I try very hard to see you at your appointed time, and appreciate my clients who help me end the sessions in time to prepare for the next client. I usually meet with clients on a weekly basis but occasionally I may recommend that an individual come more often than once a week, for example, when we are first getting started or during particularly difficult times.

In some cases, we may meet less often for several more months. After this time, therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop at any time, I ask that you agree now to meet for at least one session to review our work together. We will review our treatment goals, the progress we have made, and discuss any future recommendations for treatment. If you would like to take a “vacation” from therapy to try to implement the skills we have practiced in therapy on your own, we should discuss this in session. We can often make such a “vacation” be more helpful.

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits associated with psychotherapy. You should consider both the benefits and risks when considering any treatment decisions. Sometimes a client’s problems may temporarily worsen after the beginning of treatment. For example, in therapy, there is a risk clients will experience uncomfortable levels of sadness, anxiety, guilt, anger, frustration, loneliness, helplessness or other negative feelings for a time, especially in early sessions. Psychotherapy often requires recalling unpleasant memories or aspects of your history, which may bother a client at work or school. Also, clients in therapy may have problems with important people in their lives. Family secrets may be revealed. Psychotherapy may disrupt a marital relationship and sometimes may even lead to divorce. Many of these risks are to be expected when people are making any important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out for you. Please recognize that I cannot offer any guarantee or promise of a cure for your symptoms or condition. While ours’ will be a collaborative relationship, I simply do not have control over all the relevant variables, and would be inviting dissatisfaction if I suggested that I do.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. Psychotherapy often leads to a significant reduction of feelings of distress, better relationships, improved coping skills and resolutions of specific problems. Clients’ personal goals and values may become clearer. They may grow in many directions – as individuals, in their interpersonal relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about your progress.

About Confidentiality

With a few specific exceptions, information discussed with a psychologist is held in strict confidence. Such information is held to be privileged communication, just as between lawyers and their clients. The Kentucky Supreme Court has upheld this protection of privileged communications with a psychologist, and I will disclose information only with your written consent. However, there are a number of exceptions.

Initial here to show that you have read this page _____

There are a few situations in which I might discuss your case with other mental health professionals or share protected information with staff. I ask now for your understanding and agreement to let me do so in these three situations:

- First, you should be aware that I practice with other mental health professionals and that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- Second, when I am away from the office for more than a few days, I may have a trusted fellow therapist provide “coverage” for me. This therapist may be available in emergencies. Therefore, he or she may need to know some information about you. Generally, I will tell this therapist only what he or she would need to know for an emergency. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.
- Third, I occasionally find it helpful to consult with other health and mental health professionals about a case. These individuals are also legally bound to protect your confidentiality. Your name will not be given to them, and I will make every effort to avoid revealing your identity by sharing only as much information necessary in order for them to understand your situation. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called “PHI” in my Notice of Psychologists Policies and Practices to Protect the Privacy of Your Health Information).

In most judicial proceedings, you have the right to prevent the psychologist from providing any information about your treatment. However, in some circumstances such as child custody proceedings in which your emotional condition is an important element, a judge may require the psychologist’s testimony if he/she determines that resolution of the issues before him/her demands it. If you are contemplating or involved in litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker’s compensation claim, I must, upon appropriate request, provide relevant information, to the appropriate parties, including the client’s employer, the worker’s compensation insurer.

There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing information about a client’s treatment:

- If I believe that a child or adult has been or will be abused or neglected, I must file a report with the appropriate agency.

Initial here to show that you have read this page ____

- If you make a serious threat to harm another person, the law requires mental health professionals to take protective action. These actions may include notifying potential victim, contacting law enforcement, and/or seeking hospitalization for the client. I cannot promise not to tell others about threats you make.
- If a client makes a serious threat to harm themselves, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking action or as soon as possible after taking any action.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Professional Records

The laws and standards of my profession require that I keep Protected Health Information about you in your clinical record. Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), I may keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking psychological services, a description of the ways in which the issues affect your life, your diagnosis, the goals that we set for treatment, information about you and progress made towards those goals, your medical and social history, your treatment history, and past treatment records that I receive from you or other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including your insurance carrier. Except in unusual circumstances that involve danger to yourself and others or the record makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your clinical record, if you request it in writing. Since these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. You are entitled to one free copy of your records. However, I am allowed to charge a copying fee of \$1 per page (and for certain other expenses) for any subsequent copies. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your clinical records, you have a right of review, which I will discuss with you upon request.

In addition, I also may keep a set of psychotherapy notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of psychotherapy notes vary from client to client, they can include the contents of my conversations, and how they impact your therapy. They may also contain particularly sensitive information that you or others reveal to me that is not required to be included in your clinical record. They may also include information from others provided to me confidentially; however, I do not typically accept or receive information I would not share with you. These psychotherapy notes are kept separate from your clinical record. Your psychotherapy notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for refusal to provide it.

Client Rights

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures or protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your

Initial here to show that you have read this page _____

clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the notice form you were provided, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Minors

If you are under 18 years of age and not emancipated, please be aware that the law may provide your parents with the right to examine your treatment records. Since privacy is crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from the parents regarding how children's privacy can be honored. Information given to me by your child which involves risk to life, incidences of abuse or neglect, unlawful activity, or any other incidence where I feel there is a high risk that your child will seriously harm themselves or another will be shared with parents as soon as reasonably possible, and, if necessary appropriate actions will be taken to aid in the protection of your child and any other potential victim. I will use my clinical judgment to advise you of your child's statements regarding issues outside those stated areas. Before giving your parents any information, I will discuss the matter with you and will do the best I can to resolve any objections you might have about what we are prepared to discuss.

A minor child will be seen only with the consent of the custodial parent. Even if you have joint custody of your child/children, the primary care parent has to give consent. In addition, the parent seeking the treatment is responsible for payment, regardless of your divorce decree.

What to Expect from Our Relationship

As a professional, I will use my expertise and skills to assist you. This includes following the rules and standards of my profession. In your best interests, my profession puts limits on the relationship between a therapist and client, and I will abide by these. Let me explain these limits, so you will not perceive them as personal responses to you.

First, I am licensed and trained to practice psychology – not law, medicine, or any other profession. I am not able to give you advice from these other professional viewpoints.

Second, state laws and rules of my profession require me to keep what you tell me confidential (that is, private). You can trust me not tell anyone else what you tell me, except in certain limited situations. I explain these situations in the "About Confidentiality" section of this document. Here I want to explain that I make every effort not to reveal the identity of my clients and maintain their privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest and following the standards of my profession, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients or have a romantic relationship with any client. I cannot be a therapist to someone who is already a friend. I will serve as your consultant in establishing the goals of therapy. If at any time you disagree with the goals we are working toward it will be your responsibility to bring this to my attention. Then we may work collaboratively to alter this goal or establish new goals.

Due to my work schedule, I am often not immediately available by telephone and usually do not answer the phone when I am with a client. When I am unavailable, my telephone is answered by a voice mail that I monitor

Initial here to show that you have read this page _____

frequently. I will make every effort to return your call as quickly as possible. I do not typically return calls on weekends, during vacations, or on holidays. If you are difficult to reach, please inform me of some times when you will be available. In the event that you are unable to reach me, and you have a critical or emergent need that cannot wait, please call the emergency contact number for Dr Cheney. If Dr Cheney does not respond within 5 minutes, please call 911 or the Crisis and Information Hotline at (502) 589-4313.

Although I may share this office with other health care providers, each of us works independently, and each alone is responsible for the quality of care he or she provides. I am not able to treat all types of conditions. If, in the process of my evaluation, it is determined that services may better be provided by other health care professionals, I will attempt to facilitate an appropriate referral.

Fees, Payment, and Billing

Payment for services is important in any professional relationship. This is even more true in therapy. One treatment goal is to make relationships and the duties they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

My current regular fees are as follows. I examine my fee schedule yearly, and so may change my fees every year.

- My hourly fee for psychotherapy is \$150.00 per 60 minute hour to be paid either prior to or within the session. I do not accept credit cards. Most intake sessions take 1-1 ½ hours for an initial cost of \$225.00. If there are special circumstances you would like me to consider regarding this fee, you must discuss the circumstances with me prior to the first session. You are expected to pay for each session at the time it is held. You may ask for a receipt for all fees paid. Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense. Consult your tax advisor. In circumstances of unusual financial hardship, we may be able to negotiate a payment installment plan except for cases which require my participation in litigation. If an acceptable arrangement cannot be made, I will provide referrals to other professional or appropriate agencies. Payment schedules for other professional services will be agreed to when they are requested.
- In addition to weekly appointments, in some circumstances additional information (e.g., report writing, telephone consultations) with other professionals may be requested. Due to the time required to perform above-mentioned tasks and to prepare records and treatment summaries, a minimum fee of \$25 will be assessed for each report and/or letter requested. My hourly fee for telephone consultations is \$150.00 per hour, prorated for the time needed. (For example, if we talk on the phone for 30 minutes, you will be charged \$75) At times, telephone consultations may be suitable or even needed in therapy. However, please limit these calls to between the hours of 9am-5pm. If I need to have telephone conferences with other professionals as part of your treatment, you will be billed at the same rate as for regular therapy services. Insurance will generally not cover these costs and I will always obtain your authorization before providing these services.

In the event that you become involved in litigation that requires my participation, you will be expected to pay for all of my professional time required, including preparation and transportation costs, even if we are compelled to testify by another party. I require a minimum payment of \$750, which must be paid prior to the date of the proceeding, and you will be billed an additional \$200/hour for all the time required greater than two hours.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most

Initial here to show that you have read this page _____

collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim. By signing this agreement, you grant permission for me to seek assistance in collecting unpaid fees. To avoid having me use legal means to secure payment, please communicate with me about any concerns you have regarding your ability to pay.

Cancellation Policy

Your appointment is reserved for you only, therefore, once an appointment is scheduled, you will be expected to pay for it unless you provide two full business days advance notice of cancellation. Appointments cancelled with less than **TWO FULL BUSINESS DAYS** notice will be charged at the **FULL FEE** or **THERAPY RATE with no exceptions.** Please keep in mind that this policy applies to ALL clients, including those with insurance. Insurance companies do not reimburse for missed sessions- therefore, you will be responsible for the full fee regardless of your co-pay. This type of cancellation policy is standard practice for psychologists in private practice. It allows Dr. Cheney to offer her time to wait-listed clients in need of her services and protects against financial losses resulting from late cancellations. As you can understand, it is nearly impossible for a psychologist to book a new client with very short notice, and if several clients cancel in one day a psychologist loses a large amount of their income. A psychologist is responsible for substantial overhead costs regardless of whether or not a client attends their scheduled appointment. Please note that Dr. Cheney does reluctantly use debt collection services for unpaid invoices.

Insurance

I am currently on several managed care panels. In order for me to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment, but you may need to receive services from particular providers. Some insurance plans may cover my services or pay out of network benefits. I will fill out forms and provide you with whatever assistance I can in helping you receive reimbursement for fees to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what your insurance policy covers.

Many forms of insurance pay anywhere from 50%-100% of the fee after the deductible has been met for the year. The remaining percentage is known as your "co-payment." **Clients, not the insurance company, are considered to be responsible for payments.** Your insurance coverage is an arrangement between you and your company to reimburse you for services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. You should also call your insurance company and inquire about mental health benefits. If you have questions about the coverage, call your plan administrator.

Of course, I will be happy to provide you with whatever information I can, based on my experience, and will be happy to try to assist you in deciphering information you receive from your carrier. In some instances, I will agree to wait for the insurance company to pay, if the payment is sent directly to me. I will be glad to file the insurance forms for you to assist you in obtaining your reimbursement.

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 towards a short-term treatment approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be

Initial here to show that you have read this page _____

necessary to seek additional approval after a certain number of sessions. While much can be accomplished in short-term therapy, many clients feel that more services are necessary after insurance benefits expire. Some managed care plans will not allow me to provide services once your benefits are no longer available. If this is the case, I will do my best to find you another provider who will help you continue your psychotherapy.

You should also be aware that most insurance agreements require you to authorize me 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 companies' 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, I have no control over what they do with it. These companies are increasingly asking for more information about clients and will want to know about your problems, symptoms, family and work life, and so forth. This information will be reviewed by the staff of the insurance and managed care companies, and possibly by your employer. These staffs may not have the same training in maintaining confidentiality as do health care professionals. In some cases, they may share the information with a national medical information data bank. If you request it, I will provide you with a copy of any report that I submit. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once I have all of the information about your 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 our sessions. It is important to remember that you always have the right to pay for our services yourself and avoid the complexities that are described above unless prohibited by contract.

In Conclusion

I, the client, (or his or her parent or guardian), understand I have the right not to sign this form. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy.

I understand that no promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with the therapist before ending therapy.

I have read, or have had read to me, all of the information in this Agreement. I have asked any questions and received answers needed. By signing this document I agree to all conditions herein and also hereby give permission for myself or my/our minor children to receive psychological services.

Signature of Client or Client's Representative

Date

Printed Name

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you.

Initial here to show that you have read this page _____

Lisa McDonald Cheney, Psy.D., PLLC

4165 Westport Road, Suite 303

Louisville, KY 40207

Acknowledgement of Notice of Privacy Practices

You have been given a notice that describes how health care information about you may be used and disclosed and how you can obtain access to this information. Please read it carefully.

All requested information shall be relevant to the care and well-being of the individuals served. All information should be considered Protected Health Information (PHI), in accordance with the Federal Health Insurance and Portability and Accountability Act of 1996 (HIPAA).

Your signature shall serve as acknowledgement that the office of Dr. Lisa Cheney may use and share information for treatment, payment, and business office operations. The use or sharing of any information shall have prior written authorization, unless exempted by law (such as in cases of life threatening emergencies or child endangerment).

Rights of the Individual: The individual may request, in writing, restrictions in the use or sharing of information, receive an accounting of shared information, request to amend their information, or revoke authorization.

Responsibilities of this office: Maintain privacy and provide notice of legal duties and privacy practices, abide by this effective notice and any restriction agreements, provide notice of restricted privacy practices.

For additional information or complaints, please speak with Dr. Cheney.

Complaints against this office regarding privacy of PHI should be forwarded to:

Office for Civil rights
U.S. Department of Health and Human Services
200 Independence Ave., SW Room 509F
HHH Building
Washington, DC 20201
1-800-368-1019

This notice has been issued and considered effective_____. This copy shall be retained by this office for a minimum of (7) years.

Signature of Client or Signature of Client’s Representative Date Relationship to Client

Witness Date

Initial here to show that you have read this page _____