

Client _____ (DOB) _____ Phone (C) _____

Address: _____ Phone (H) _____

City _____ Zip _____ Phone (W) _____

Gender: M __ F __ T __ M-F __ F-M __ Other _____ Preferred Pronouns: _____

Marital Status: Married __ Single __ Alternative Relationship __ Other _____

E-mail _____

If client is a dependent/minor, please give address and phone information of parent/guardian the client lives with:

Name	Address	Phone
_____	_____	_____

Presenting Problem: _____

How were you referred to me? _____

WILL YOU BE USING YOUR INSURANCE? YES If so, please provide all insurance information. If you are a self/cash-pay client, please provide information needed where indicated.

INSURED/BILLING INFORMATION

Person responsible for payment: _____ Phone: _____

Relationship to the client: _____ Phone: _____

Address: _____ Date of Birth: _____ Employer: _____

****A COPY OF YOUR INSURANCE CARD IS REQUIRED BEFORE ANY CLAIMS CAN BE FILED All information must be completed prior to your first visit.**

Patient Name: _____ Policy Holder: _____

Primary Insurance: _____ Effective Date _____

Secondary Insurance: _____ Effective Date _____

Prior to your first visit please call the phone number on the back of your insurance card and ask the following questions:

1. What are my benefits for “in network outpatient behavioral health”?
 - A. Amount of copay/co-insurance? _____
 - B. How many sessions are allowed? _____
 - C. Do I have to satisfy a deductible/how much? _____

2. Do I need prior authorization to be seen by this therapist? (Please use this section if you are using EAP)

A. If yes, what is the authorization # _____ (Auth. Number for EAP)

B. Number of sessions approved _____

C. Name of rep & date of your phone call _____

3. Is my therapist covered under my benefits package? Yes ___ No ___

A. If "No," what are my "out of network" benefits? _____

Address where insurance claims should be sent:

ASSIGNMENT OF BENEFITS /AGREEMENT FOR PAYMENT HEREBY AUTHORIZE

I authorize payment to be made directly to Hope in Healing, Inc. of any insurance benefits covering my care.

I understand as signee that I am financially responsible to Hope in Healing, Inc. for all charges that are not covered by the insurance company.

I give Hope in Healing, Inc. Permission to release HIPPA COMPLIANT information obtained during treatment that is necessary to support any insurance claims on this account.

SIGNED: _____ Date: _____

THERAPIST: _____ Date: _____

Cash/Self-pay: I agree to pay the fee of \$_____ prior to attending scheduled sessions using the following payment method: **PayPal**___ **Venmo**___ **Check**___ **Cash**___ **Other**_____

Signed: _____ **Date:** _____

HOPE IN HEALING

607 W. DUE WEST AVE.

MADISON, TN 37115

HOPE IN HEALING TELEHEALTH CONSENT

Informed Consent Addendum

For Phone or Video Chat Sessions

Here are some key issues regarding phone or video chat psychotherapy sessions. **I do not do psychotherapy over text or email.** When you sign this document, it will represent an agreement between us. If you have any questions, please let me know.

1. Confidentiality issues:

If you have Siri, Google Now, Alexa or any other digital assistant app on your phone, be sure, they are off before your session and unplug any smart speakers in the room before your session. If they are on, they are always listening, violating your confidentiality.

- a. No method of technological communication can completely guarantee to be confidential. With any technology, there is always a small risk of hacking and therefore loss of confidentiality. However, be assured that I have taken all efforts to keep my technology secure.
- b. I will not record your session and I ask that you agree not to either.
- c. You agree to maintain confidentiality on your end of the session by using secure wifi (not public) and having updated virus protection on any computer used
- d. At the time of your phone or video session, please be in a quiet place where you will not be distracted or interrupted, and your session will not be overheard.
- e. If you live with others, find a quiet room and close the door. Consider using another device to play white/fan noise just inside the door for increased privacy.

2. Potential benefits to phone or video chat sessions

- a. We may be able to meet at times when meeting in person may not be practical
- b. I may be able to be more accessible to you in case of emergency

3. Potential risks and costs to phone or video chat sessions

- a. There may be less nonverbal communication than for an in-person session.
- b. With any technology, there is always the risk of being inadvertently disconnected. If our call or chat session is disrupted at any time, I will call you back. If the calling technology appears to be dysfunctional, we can email each other about another time to call.
- c. As with any psychotherapy session, you are ultimately responsible for payment. I urge you to check with your health insurance policy to see whether phone or video chat sessions are covered. Please discuss this with me further as needed.

4. We can have a phone or video chat session when we are both in Tennessee or when either of us is in Georgia, Arizona, Utah, Nevada, Colorado, Nebraska or Missouri. Generally state laws require that the Therapist be licensed in both states: the state where the Therapist is licensed, and

the state where the client is, but legislative efforts are allowing practitioners to practice between states, and the above states have passed this legislation.

5. If you are having an urgent concern, reach out to me by email or phone. Do not use the video chat platform.

I understand the above information and I consent to using phone or video chat for psychotherapy. I understand that I can withdraw my consent to phone or video chat sessions at any time.

Printed Name

Signature

Date