



Kim Openo, LAPC, C-MFT, NCC
Ken Scroggs, LCSW, LPC, LMFT, CEAP, DCC
Ramona Wimberly, LAPC, NCC

Dear New Client,

Welcome to the North Pines Center. We want our services to be the most helpful so that your experience will be the very best. To optimize your care please consider what it means to make a commitment to your therapy and a therapeutic relationship.

Psychotherapy is empowering. Psychotherapy is a special kind of healthcare and aims to assist you in developing clear goals, enhancing interpersonal skills and improving your lifestyle. Some examples of the interpersonal skills often discussed in therapy may include communication skills, focused attention, relaxation exercises and trying new or different thoughts, feeling and behaviors. You may also be encouraged to keep a log or journal of these new experiences, prepare questions in advance of your sessions and conduct home work assignments. You may make audio recordings of your sessions as more issues may be addressed than one can absorb. You may also be invited to participate in support groups when appropriate. By entering into therapy, it is understood that working toward this change may involve experiencing difficult & intense feelings, some of which may be painful, in order to reach therapy goals. These changes may have an impact on those around us, including children. These changes can be both positive & negative, so it is agreed to evaluate potential effects of these changes before undertaking them with the therapist. We want to empower you to improve your life, relationships and well- being.

Confidentiality Psychotherapy and counseling are confidential services and you can expect that your therapist and our staff will do everything possible to maintain your privacy. However, for billing insurance we will need you to complete a portion of the attached insurance form and sign the privacy statement to permit us to communicate with your insurance company. It would also be necessary for you to sign a release of information allowing your therapist to consult with your physician if necessary. Your therapist will not communicate with anyone without your consent except as required by Georgia Law such as child or elder abuse or threats of violence.

Please complete the Client Data Intake (first page) and kindly provide all insurance information on the Intake Data Form, providing us access to communicate with your insurance company. We also take Visa and MasterCard for your convenience. We will also need a copy of your insurance card and photo ID. Please feel free to ask Kim or our staff questions about any of our services or forms.

Cancellation. **By calling 24 hours in advance to cancel your appointment you will avoid paying the \$125 for initial assessment or \$100 fee for follow-up appointments.** Please initial that you agree to pay for all appointments you make including late calculations (24 hours notice please). If you have read and understand this form, please initial here _____.

Sincerely,

Kim Openo, LAPC, C-MFT, NCC
Ken Scroggs, LCSW, LPC, LMFT, CEAP, DCC
Ramona Wimberly, LAPC, NCC



**NORTH PINES CENTER
STATEMENT OF UNDERSTANDING and
NOTICE OF PRIVACY**

STATEMENT OF UNDERSTANDING

The North Pines Center – Scope of services.

Then North Pines Center is a private, outpatient mental health treatment center offering help and assistance by providing assessments, counseling and referrals for individual, relationship and families. The services offered by the North Pines Center are provided at a cost to be paid by the client. In some cases insurance may pay a portion of the cost, but it remains the responsibility of the client to insure their bill is paid in full. Your counselor will help you to assess your problem and develop a plan of action.

NOTICE OF PRIVACY

Confidentiality and Release of Information – Description of medical information disclosure.

Confidentiality. The information you give your counselor is CONFIDENTIAL except in the following exceptions; when you give written authorization such as requesting your counselor speak with your physician. It is not confidential if you threaten to harm yourself or others such as suicide, homicide, child abuse, elder abuse, spouse abuse or threats of violence toward co-workers. When there is a valid court order. When a crime is committed by the client at the North Pines Center, or against any person who works for the North Pines Center or when there is a threat to commit a crime. For research, evaluations or teaching purposes we need written permission from you. The federal laws that protect your health information are the Health Insurance Portability and Accountability Act of 199 (HIPAA) and the Confidentiality Law 42 U.S.C.290dd-3 and C.F.R. part 2 for federal regulations. Under these laws, the North Pines Center and your counselor may not inform others that you attend counseling or disclose any other protected information except as permitted by your signature or federal and state laws as noted here. If you wish to make a complaint, you are encouraged to contact the director of the program Ken Scroggs or Secretary of the United States Department of Health and Human Services. Under HIPAA you have the right to inspect and copy the health information maintained by North Pines Center except to the extent that the information contains psychotherapy notes or information compiled for use in civil, criminal or administrative proceedings or in other limited circumstances. You also have the right, with some exceptions, to amend health care information.

Duties. The North Pines Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy with respect to your health information.

ALL CLIENTS PLEASE SIGN

By signing, I understand North Pines Center services, confidentiality, and duties.

Client Signature _____ Date _____

Counselor Signature _____ Date _____

Quality of Care. With your consent the North Pines Center staff may follow up with you to insure you are well served and your issues are resolved. This contact will also assist us with monitoring and improving the quality of the program. **Initial _____**



Patient Bill of Rights and Responsibilities

Welcome to North Pines Center, Inc. We are committed to providing the highest quality care possible.

Patient Rights

I have a right to efficient and effective care individualized to my needs. My treatment provider will work with me to develop a treatment plan best suited to me. We will use this plan to help us deal with my problems as quickly and effectively as possible.

I have the right to be treated with dignity and respect. I will be treated with respect at all times. I will report any misconduct by my treatment provider to North Pines Center Director and/or the appropriate state agency. I may call North Pines Center at any time with questions, comments, or complaints.

My treatment provider will make every effort to meet with me at our scheduled appointment time.

I have a right to privacy and confidentiality. All records and communications about me will be treated confidentially in compliance with applicable state and federal laws. These laws may obligate North Pines Center to report suspected abuse or neglect, and those who pose a danger to themselves or others.

Patient Responsibilities:

Financial Policy. Full Payment for non-covered services, co-pays and co-insurance are due at the time of service. We accept Cash, Checks, Visa and MasterCard. If your Insurance company has not paid your account in full within 90 days, the balance of your account will be your responsibility.

Scheduled appointments are commitments. I will make every effort to be on time for my appointment (s). If I am late for my appointment, I understand that time will be lost from my session. If I miss an appointment and do not notify my treatment provider at least 24 hours in advance, I understand I will be charged a missed appointment fee of \$100.00.

My health is my responsibility. I may contact my treatment provider for any emergency situation that arises, such as suicidal or homicidal thoughts, even if after normal office hours. I understand that I am financially responsible for emergency care when not covered by insurance.

I have read this list of rights and responsibilities. I understand and agree to them.

Print Name

Patient Signature

Date



Our Technology Statement

We understand that technology is ever-changing, and there are several ways for therapist & client to communicate with or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with us remains professional. Therefore, we have developed the following policies:

Cell phones may not be completely secure & confidential; however we realize that most people have & utilize a cell phone (including your therapist). If this is a problem, please let us know.

Text messages & Email are not secure means of communication & can compromise your confidentiality. This being said, we also realize this might be a preferred & quick way for many to communicate for things such as appointment setting, information about being late to an appointment, etc. **Please do not bring up any therapeutic concerns via text or email to prevent compromising your confidentiality**, unless you agree to exchange emails through an encrypted service such as Hushmail or through a HIPAA compliant tele-mental health platform (which NPC will be implementing in early 2015). **It is also required by the therapist to keep all written exchanges through text or email as part of the client's clinical record.**

Social Media (Facebook, Twitter, LinkedIn, Google+, Pinterest, etc) policy at NPC is such that any friend or connection request will be denied by the therapist. Nor will the therapist seek out clients on social media or try to search for them on search engines, such as Google or Bing. However, **North Pine Center has a business page on all of the above mentioned sites**, and you are welcome to follow us on those pages. But only do so if you are comfortable with the general public knowing that your name is attached to NPC.

Blogs by our practice site or any of our therapists' sites are welcome to be read by any client. These articles are written for your benefit to gain information or for general uplifting messages. If you choose to leave comments to our blogs, consider using an RSS feed or using an alias Facebook or Twitter account associated with the comment.

Please initial that you agree to North Pines Center Technology Statement. If you have read and understand this form, **please initial here _____**.



NORTH PINES CENTER

Intake Data Form

Client Name: _____ Date: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Preferred Number to leave messages? Home Work Cell

Email: _____ Can you counselor contact you via email? Y / N

Marital Status: Single Married Divorced Widowed Other: _____

Spouse Name: _____ Phone: _____

Children (include ages): _____

Who currently lives at home with you? _____

Referral source _____

Education: Grade 1-12 High School Grad or eq. Some College
 College Grad Masters Degree Doctorate Other: _____

Job Category: (please check)

Admin/ Mgmt. Prof/Tech Clerical Sales/Mktg Maint/Operations
 Labor/Mfg. Other _____

MEDICAL INFORMATION:

Name of Primary Doctor: _____ Phone: _____

Alcohol/Drug Use: None 1-3 Times/wk 3-7 Times/wk More: ____
 Weekends only Usually drink alone Blackouts
 DUI/Legal Job problems due to Alcohol/Drug use

General Health: Excellent Good Average Poor

Eating Habits: Excellent Good Average Poor

Sleep Patterns: Excellent Good Average Poor

Do you experience symptoms of anxiety or depression? Yes No Sometimes

Symptoms: _____

History of Previous Counseling: None Psychiatrist Psychologist
 Social Worker Counselor Marriage/Family Therapist

Describe your goals for counseling: _____

Your cooperation in scheduling appointments is greatly appreciated. To avoid being charged for missed appointments, please give a 24hr. notice. NOTICE: If you do not cancel in advance you will be responsible for paying the full fee of \$125 for initial assessments or \$100 for follow-up appointments. Also, if you have scheduled future appointments you will be responsible for all payments unless you advise us otherwise.

Please read and initial. Client _____ Counselor _____