Rebecca McKeever, LCSW **Davidson Counseling**

CLIENT REGISTRATION FORM

(please fill out completely)

Today's Date: _____ Referred by_____

Patient's Name (Last, First, MI): _____ Age: _____ DOB: _____

Home Address: _____

Street City State Zip Code

Home Phone: _____ Mobile Phone: _____ Email: _____

Do we have permission to call and leave a message? Yes No

Patient's Employer/School: _____Occupation/Grade:_____

Employer/School Address: _____Phone: _____

Spouse (or responsible party):_____Phone/Email:_____

Responsible Party's DOB: _____

Full Name of Children (in birth date order):

Name Age and DOB

_____

_____

Personal Physician: _____ Phone: _____

List Medications Currently Taken: _____

Have you been hospitalized in the last 5 years? If so, for what reason?

_____

Have you had previous psychological or psychiatric treatment? Where and when?_____

In case of emergency who should be contacted? _____

Relationship to you? _____ Phone # _____

INSURANCE INFORMATION

Insurance Carrier: _____ Policy Holder: _____

ID Number: _____ Group Number: _____

Insurance Authorization and Assignment (Please read and sign): I hereby authorize Rebecca McKeever, LCSW to furnish information to insurance carriers listed above concerning my illness and treatments. I hereby assign to the physician/clinician all payments for medical services rendered to me. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.

*** If you plan to use your insurance, make a copy of your insurance card - front and back. Also, please bring your insurance card to the first appointment.**

_____

Signature of Responsible Party Date

OUTPATIENT SERVICE CONTRACT

WELCOME

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so we can discuss them when we meet. When you sign this document, it will represent an agreement between us. ***Signatures are required on page 5 to acknowledge your receipt of policies and on page 7 to acknowledge your receipt of Privacy Practices. Please bring paperwork with you to your first appointment.***

PSYCHOLOGICAL SERVICES

Rebecca McKeever, LCSW offers individual and family therapy and works with children, adolescents, and adults. She provides psychotherapy for a wide variety of issues including but not limited to developmental and behavioral disorders, mood disorders, trauma, chronic illness, life transition, grief and loss issues, and relationship issues.

Psychotherapy is not easily described in general statements. The approach can vary depending on the personalities of the therapist and client and the particular concerns brought forward. Psychotherapy can have benefits and risks. Since it often involves discussing distressing aspects of life, one may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, research has consistently shown the process of psychotherapy to be beneficial. Therapy often leads to better relationships, improved mood, clearer solutions to specific problems, and significant reductions in feelings of distress.

The first session with Rebecca McKeever, LCSW will involve a clinical assessment and discussion of your concerns and goals. By the end of this session, she will be able to offer you feedback on what your work with her will likely include as well as recommendations targeted at helping you reach your goals. Carefully evaluate this information along with your own impression of whether you feel Rebecca McKeever, LCSW is a "good fit" for you.

APPOINTMENTS

Upon arrival for your first appointment, please have a seat in the waiting room. Rebecca McKeever, LCSW will greet you as soon as she is available (no receptionist). Sessions typically run a "clinical hour" which is 50 minutes. In the event that you must cancel an appointment, please call (704) 237-3847 at least 48 hours in advance. ***Failure to give 48 hour notice will result in a $75-$100 late cancellation fee, and a $125 no show fee for your missed session. Insurance companies will not reimburse for missed appointments***. ***This cancellation policy applies to all circumstances such as an illness, scheduling conflicts, and forgetting.***

FEES

Individual Therapy: Initial session $150.00. Subsequent sessions $125.00.
Family Therapy: Initial session $150.00. Subsequent sessions $125.00.

Other services incurring a fee include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request of Rebecca mcKeever, LCSW.

Rebecca McKeever, LCSW accepts cash, checks, and payment from online apps. Please ask about online payment options. Please be prepared for payment at the time of service.
If you anticipate difficulty with payment, please discuss your concerns with Rebecca mcKeever, LCSW. She strives to provide services to anyone wanting help and will do what she can to accommodate your financial circumstances.

MEDICAL INSURANCE AND FINANCIAL POLICIES

It is important to contact your insurance company directly and ask if they offer "mental health" benefits. If you have a PPO, ask if Rebecca McKeever, LCSW is "in network". If not, ask if you have "out-of-network" benefits. Out-of-network means you have the option to receive services from a provider outside of your healthcare network with possible reimbursement for covered expenses. By opting to use an out-of-network provider, you could have a higher deductible and the amount of reimbursement could be lower, depending on the plan you have with your insurance carrier. **It is your responsibility to know your insurance benefits prior to your initial appointment.** As a courtesy, Rebecca McKeever, LCSW will submit "in network" claims on your behalf and provide you with the necessary information to submit "out-of-network" claims yourself to your insurance carrier.

All copayment, deductible, or private pay (fee for service) fees are due at the time of service. Any balance due, after your insurance company pays or denies your claim, is payable BY YOU when billed. If your insurance fails to pay on a timely basis, within 60 days, Rebecca McKeever, LCSW will notify you that your claim is unpaid, at which time you/your employer must assist in pursuing your benefits. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Rebecca McKeever, LCSW has the option of using legal means to secure payment. This may involve hiring a collection agency. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information Rebecca McKeever, LCSW releases regarding a client is his/her name, the nature of services provided (billing code), and the amount due.

If you are the parent or guardian of a minor being treated by Rebecca McKeever, LCSW, all costs not covered by your insurance company will be your responsibility. ***Rebecca McKeever, LCSW does not become involved with division of accounts between divorced parents.***

PRIVACY AND CONFIDENTIALITY

Privacy and confidentiality are of the utmost importance. Rebecca McKeever, LCSW will not share information with any person without your written consent. However, there are at least four exceptions to this rule:

1. If information is conveyed to Rebecca McKeever, LCSW that indicates you are ***dangerous to yourself or others***, she is required by law to take action to assure that no one is harmed. If Rebecca McKeever, LCSW deems a situation to be potentially life threatening or dangerous, she may communicate with your emergency contact person and/or emergency services (police, etc).
2. North Carolina State Law requires therapists to report to the Department of Social Services any abuse or neglect or ***suspected abuse or neglect of a child or elder person***.
3. If you use your medical insurance, your insurance company may inquire about your therapy. No information other than your diagnosis and date of service will be provided without a written *consent for release of information* from you. Please be aware that Rebecca McKeever, LCSW cannot control how your insurance company uses information about you and/or your dependents once it is in their possession.
4. In rare circumstances, therapists can be ***ordered by a judge*** to release records.

*Confidentiality also applies to **adolescent clients** (13 years and older). This means that as your child's therapist, Rebecca McKeever, LCSW may be privy to information which you, as a parent, would consider important. With the exception of the above mentioned conditions, confidentiality is maintained to assure complete honesty, openness, and therapeutic benefit. Therapy does not take the place of parenting, nor does it intend to exclude parents. If you have concerns regarding your adolescent, please discuss them with Rebecca McKeever, LCSW directly.*

IN CASE OF EMERGENCY

Davidson Counseling is not a medical practice or facility. As such, Rebecca McKeever, LCSW provides treatment only to clients who are physically safe. During treatment some individuals experience suicidal and/or homicidal thoughts. These thoughts often pass within hours or days if discussed in sessions. If you experience such thoughts or have another emergency between scheduled sessions, after hours (5:30pm – 9:00am), or on the weekend, please call 911 or go immediately to your nearest hospital emergency room for an emergency assessment.

Please read the following, which is required of all individuals being treated on an outpatient basis at Davidson Counseling:

1. I promise to talk with Rebecca McKeever, LCSW if I should have any thoughts of harming myself or someone else. I understand that for some individuals these thoughts may be a natural part of the therapy process and are likely to pass if I talk about them.
2. I understand that the ultimate responsibility for my health and therapy is my own. Therefore, I agree to give Rebecca McKeever, LCSW 48 hours to respond to my call. In the interim, I will call a hotline for support, call 911, or go to an emergency room if I am unable to keep myself safe.

COURT TESTIMONY

If you become involved in legal proceedings that require Rebecca McKeever's participation, you will be expected to pay for her professional time, even if she is called to testify by another party. ***Because of the difficulty of legal involvement, Rebecca McKeever, LCSW charges $250 per hour for preparation, travel, and attendance (all time Rebecca McKeever, LCSW is required to be out of the office) at any legal proceeding.*** Obviously, court appearances can be very costly and are not reimbursable by insurance. Therefore, it is recommended that you inform your attorney to only issue a subpoena when absolutely necessary to your case.

CONTACTING REBECCA MCKEEVER, LCSW

Rebecca McKeever, LCSW is often not immediately available by phone. While she is usually in her office on Tuesdays, Wednesdays, and Thursdays between 8:30am and 7:30pm, she will not answer the phone when she is with a client. You are welcome to leave a message on her confidential voicemail 24/7. She will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform her of some times when you will be available.

SOCIAL MEDIA POLICY

This section outlines Rebecca McKeever's policies related to use of Social Media. Please read it to understand how she conducts herself on the internet as a mental health professional and how you can expect her to respond to various interactions that may occur between you and Rebecca McKeever, LCSW on the internet.

Interacting: Please do not use SMS (mobile phone text messaging or messaging on Social Networking sites such as Twitter, Facebook, or Linkedin) to contact Rebecca McKeever, LCSW . These sites are not secure, and she may not read these messages in a timely fashion. If you do need to contact Rebecca McKeever, LCSW between sessions, the best way

to do so is by phone. Direct email at rmckeever8@gmail.com is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Email: Rebecca McKeever, LCSW only uses email to arrange or modify appointments. Please do not email her content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with her by email, be aware that all emails are retained in the logs of your and Rebecca McKeever's Internet Service Providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet Service Provider. You should also know that any email Rebecca McKeever, LCSW receives from you and any responses that she sends to you become part of your legal record.

Business Review Sites: You may find Rebecca McKeever's therapy practice on sites such as Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether or not the business has added itself to the site. If you should find Rebecca McKeever's listing on any of these sites, please know that her listing is NOT a request for a testimonial, rating, or endorsement from you as her client. It is unethical for Licensed Clinical Social Worker's to solicit testimonials. Of course, you have a right to express yourself on any site you wish. However, due to confidentiality, Rebecca McKeever, LCSW cannot respond to any review on any of these sites whether it is positive or negative. Also, be advised that if you are using these sites to communicate indirectly with Rebecca McKeever, LCSW about your feelings regarding her work with you, there is a good possibility she may never see it.

Use of Search Engines: It is NOT a regular part of Rebecca McKeever's practice to search for clients on Google, Facebook, or other search engines. Extremely rare exceptions *may* be made during times of crisis. If Rebecca McKeever, LCSW has reason to suspect that you are in danger and you have not been in touch with her via usual means (coming to appointments, phone, email) there *might* be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations, and if she ever resorts to such means, Rebecca McKeever, LCSW will fully document and discuss it with you when you next meet with her.

ACKNOWLEDGEMENT OF RECEIPT OF POLICIES AND CONSENT TO TREATMENT

Please sign below to acknowledge that you have read, understand, and consent to Rebecca McKeever, LCSW's professional and business policies, including your responsibility to inform her office 24 hours in advance of appointment cancellations. Your signature additionally serves as consent to treatment for yourself or your child/minor (if applicable).

Patient Name_____ Date_____

Signature of Guardian or Responsible Party _____

Relationship to Patient _____ Witness _____

Please bring this form to your first appointment.

NOTICE OF PRIVACY PRACTICES UNDER THE HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT (H.I.P.P.A.)

The effective date of this Novice of Privacy Practices is August 15, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

As part of our services, we maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. "Protected health information" (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present, or future physical or mental health or condition, the provision of health care services, or the past, present, or future payment for the provision of health care. The confidentiality of alcohol and drug abuse patient records is also specifically subject to additional restrictions under other state and federal law. We are required to comply with these additional restrictions.

Your Rights Regarding Your PHI: The following are your rights regarding PHI that we maintain about you:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies.
Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
Right to an Accounting of Disclosures. You have the right to request a copy of the required accounting of disclosures that we make of your PHI.
Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
Right to Request Confidential Communication. You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests and will not ask why you are making the request.
Right to a Copy of this Notice. You have the right to a paper copy of this notice.
Right of Complaint. You have the right to file a complaint in writing with us or with the Secretary of Health and Human Services if you believe we have violated your privacy rights. *We will not retaliate against you for filing a complaint.*

Other Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations:

Treatment: We may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, we may disclose your PHI to others of your current providers. We may also disclose your PHI to other health care providers who become involved in your care.
Payment: We may use your PHI in connection with billing statements we send you and our system for your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and medical necessity and utilization reviews.
Health Care Operations: We may use and disclose your PHI for the health care operations of our program in support of the functions of treatment and payment. Such disclosures would be to a Qualified Organization only or to a Business Associate/QSO (Qualified Service Organization) to provide services to the program and its patients for data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services to prevent or treat child abuse or neglect.

Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. For example, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
Audit and Evaluation: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your PHI.
Medical Emergencies: We may use or disclose your PHI in a medical emergency situation to medical personnel only.
Child Abuse or Neglect: We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
Research: We may disclose your PHI for use in a research project that an institutional review board has determined to be of sufficient importance to outweigh the privacy intrusion, to be impractical without PHI, to have specified safeguards against further disclosure in reports or otherwise, and, among other provisions, to require destruction or de-identification of your PHI.
Criminal Activity on Program Premises/Against Program Personnel: We may disclose your PHI to law enforcement officials if you have committed a crime on program premises or against program personnel or you have made a threat to commit such crimes. Such disclosure is limited to circumstances of the incident, including name, address, status as a patient, and last known whereabouts.

Qualified Service Organization: We may disclose your PHI to a Qualified Service Organization to provide certain services to the program and its patients, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accountant, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy. If a QSO has more than will be utilized, otherwise only a Qualified Service Organization Agreement will be used. In the case that the services are from a health care provider performing services to treat you, a Business Associate Agreement will not be utilized because you will have a direct patient-provider relationship.
Court Order: We may disclose your PHI if a court of competent jurisdiction issues an appropriate order.

Uses and Disclosures of PHI with Your Written Authorization:

We will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless we have taken a substantial action in reliance on the authorization such as providing you with health care services for which we must submit subsequent claim(s) for payment.

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers for my health care services.
- Conduct normal healthcare operations such as quality assessment and improvement activities.

I have been informed of my health care providers *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information (PHI). I have been given the right to review and receive a copy of such *Notice of Privacy Practices.* I understand that my health care provider has the right to change the *Notice of Privacy Practices*, and that I may contact this office to obtain a current copy.

I understand that I may request in writing that Rebecca McKeever, LCSW restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I understand that Rebecca McKeever, LCSW is not required to agree to my requested restrictions. If Rebecca McKeever, LCSW does agree, she is bound to abide by such restrictions.

Patient Name _____ Date _____

Signature of Responsible Party _____

Relationship to Patient _____

Please bring this form to your first appointment.