

**ADVANTAGE, PLLC
New Client Information
(Please print)**

Client's full name _____ Date of initial session _____

Address _____

City _____ State _____ Zip _____

Date of birth _____ Gender _____

Mobile number _____ Home number _____ Work number _____

Preferred email _____

School (when applicable) _____ Grade _____

Referred by _____

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*****if the client is younger than 18, please complete the following information*****

Parent or responsible party

Mother's name _____ Date of birth _____

Address (if different from above) _____

City _____ State _____ Zip _____

Mobile number _____ Home number _____ Work number _____

Preferred email _____

Father's name _____ Date of birth _____

Address (if different from above) _____

City _____ State _____ Zip _____

Mobile number _____ Home number _____ Work number _____

Preferred email _____

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Insurance Information [For Julia Frishtick's clients only]

Insurance Company _____ Phone number _____

Insured's name _____ ID# _____

Insured's date of birth _____ Insured's employer _____

Is there a deductible? _____ Co-pay amount _____

Please note that you are ultimately responsible for having the initial session pre-authorized. We bill most insurance companies as a courtesy to you; however, you are responsible for payment of this account.

[Office use only] Account # _____ Diagnosis Code _____

ADVANTAGE, PLLC
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Client's physician(s) _____

Date of last visit _____ Purpose of visit _____

Current medication/dosage _____

Has client received counseling, psychological, or psychiatric treatment in the past? _____

If so, professional's name _____ Dates _____

Please indicated which of the following problems the client has had in the past 12 months:

Excessive worries		Defiance	
Fears/anxieties/phobias		School problems	
Panic attacks		Work/career problems	
Indecisiveness		Medical problems	
Shyness/social problems		Headaches	
Low self-esteem		Concentration problems	
Low motivation		Memory problems	
Sadness/depression		Eating problems	
Suicidal thoughts/acts		Alcohol/drug problems	
Fatigue/low energy		Marital problems	
Sleep problems		Separation/divorce	
Angry outbursts		Death in family/friends	
Poor self-control		Family problems	

Primary reasons for seeking help at this time: _____

Please add any other information you believe would be helpful: _____

ADDVANTAGE PLLC

Treatment Consent

I _____ (for myself) or for (minor child's name) _____
do voluntarily consent to care and treatment by _____ and
ADDVANTAGE PLLC staff. I am aware that the practices of clinical psychology and clinical
social work are not exact sciences and that no guarantees have been made regarding the outcome
of this evaluation or treatment. I understand that I am an active participant in this process and
that I share responsibility for the evaluation and/or treatment process, goals, and termination. I
understand that if I choose to use insurance, confidentiality may be waived and information may
be shared to have sessions authorized and/or reimbursed, I also consent to ADDVANTAGE
PLLC sending an acknowledgement to the referring professional.

This form is fully understood by me or was explained to me, if requested.

Signature of individual requesting services (or parent/guardian)

ADVANTAGE, PLLC

Fees and Payment Policy

Welcome to *ADVANTAGE*. To maintain clear communications about our financial arrangements, please read the following.

Fee schedule with CPT Codes included for each procedure (CPT codes are used for insurance purposes)

- **Initial session** (90791): \$200.00 (typically one hour)
- **Individual therapy** (90834): \$160 (38 to 52 minutes); (90837): \$185 (53 to 60 minutes)
- **Family Therapy:** (80846, 90847): \$160 (38 to 52 minutes), \$185 (53 to 60 minutes)
- **School consultation:** \$200.00 per hour (we charge for preparation time, meeting time, and travel time to and from the school)
- **Psychological testing:** (96130, 90131): \$200.00 per hour (charges include face-to-face time as well as report preparation – typically one hour). Total test time varies based on the nature of the evaluation
- **Test Interpretation:** (90887): \$200.00 per hour (usually one hour)
- **Legal consultation:** \$250.00 per hour (charges include preparation time, travel time, and time spent testifying)
- **Telephone calls:** no charge for brief calls, but the usual hourly therapy rate may be charged for lengthy and/or ongoing telephone communications.
- **Correspondence:** no charge for brief notes, but the usual hourly therapy rate may be charged for lengthy or ongoing written communications, or for completion of lengthy forms

We expect payment at the time of service. For clients with insurance, charges include deductibles and co-payments. For minor children, we expect fees to be paid by the parent who initiates the appointment.

For services provided by Ms. Frishtick we will submit charges to your insurer, and we will wait up to 90 days for your insurer to respond. After that time, any charges not paid by your insurer will become your responsibility.

Services provided by Dr. Butnik, once paid, can be itemized on a superbill that you can submit to your insurer.

Any charges that are your responsibility that remain unpaid for longer than 90 days may accrue interest at a rate of 18% per year.

We reserve the right to charge you for sessions not canceled within 24 hours. Insurance typically does not reimburse for these missed appointments.

If your account has to be turned over to an attorney or collection agency because of nonpayment, you will be responsible for any and all costs associate with collection efforts.

Your signature indicates that you have read and have agreed to the conditions stated above.

Responsible party/for

Date

ADVANTAGE PLLC

HIPAA Compliance

The following information describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice and the information it contains is part of our practice's compliance with the recently enacted The Health Insurance Portability and Accountability Act (HIPAA).

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

ADVANTAGE, PLLC may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your written authorization.

To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”

Treatment is when one of our clinicians provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when they consult with another health care provider, such as your primary care physician or another therapist.

Payment is when your clinician obtains reimbursement for your healthcare. Examples of payment are when *ADVANTAGE, PLLC* discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage.

Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and case management and care coordination.

- “*Use*” applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our practice such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

ADVANTAGE, PLLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. **For your own protection, we cannot accept verbal authorizations for release of information.**

ADDVANTAGE, PLLC will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes made about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

Your *ADDVANTAGE*, PLLC clinician may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If your *ADDVANTAGE*, PLLC clinician has reason to believe that a child has been subjected to abuse or neglect, he or she must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – Your *ADDVANTAGE*, PLLC clinician may disclose protected health information (PHI) regarding you if they reasonably believe that you are a victim of abuse, neglect, self-neglect or exploitation.
- *Health Oversight Activities* – If your *ADDVANTAGE*, PLLC clinician receives a subpoena from the Virginia Board of Health Professions because they are investigating this practice, your clinician must disclose any PHI requested by the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law. *ADDVANTAGE*, PLLC will not release such information without your written authorization or a court order. **The privilege does not apply when you are being evaluated by a third party or when the evaluation is court ordered.** You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate to your *ADDVANTAGE*, PLLC clinician a specific threat of imminent harm against another individual or if your *ADDVANTAGE*, PLLC clinician believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your clinician may make disclosures that he or she believes are necessary to protect that individual from harm. If he or she believes that you present an imminent, serious risk of physical or mental injury or death to yourself, he or she may make disclosures that he or she considers necessary to protect you from harm.

IV. Patient’s Rights and Clinician’s Duties

Patients’ Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.

- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know you are seeing one of our clinicians. On your request, *ADVANTAGE, PLLC* will send bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health records and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy (or both) of Psychotherapy Notes unless we believe the disclosure of the record will be injurious to your health. On your request, we will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, your *ADVANTAGE, PLLC* clinician will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from *ADVANTAGE, PLLC* upon request, even if you have agreed to receive the notice electronically.

Clinician's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, you will receive an updated notice.

V. ADVANTAGE, PLLC Practices and Policies

In our efforts to provide the highest quality of care, the staff of *ADVANTAGE, PLLC* meet together regularly for case conferences. To provide the best case management and care coordination, issues regarding your care may be discussed with other *ADVANTAGE, PLLC* clinicians.

VI. Complaints

If you are concerned that any psychologist or social worker associated with *ADVANTAGE, PLLC* has violated your privacy rights, or if you disagree with a decision they have made about access to your records, you may contact the

Virginia Department of Health Professions
6606 West Broad Street
Richmond, Virginia 23230-1717
Phone 804-662-9900

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on April 14, 2003.

I have reviewed the policies and procedures outlined above and, if I request, will be provided a copy of this notice.

Name (print)

Patient's name (if different)

Signature

Date