

**Wendy Iglehart, MA, LCPC, LLC
10 Warren Road, Suite 120
Cockeysville, Maryland 21030
443-824-0222**

New Patient Information

Patient's Name: _____

Date of Intake: _____

Street Address: _____

Date of Birth: _____ Age: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Referred By: _____

Previous Mental Health Treatment: _____

Primary Care Physician & Last Date of Physical: _____

Phone of PCP: _____

Allergies, serious accidents, illnesses, or hospitalizations: _____

Medications: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

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Welcome Packet and Contract

Welcome to my practice. This document contains important information about the services and business policies. Please read this carefully and ask any questions you might have. When you sign this document, it will represent an agreement between us.

Psychotherapy Services

Psychotherapy varies depending on personalities of the therapist and the client and the particular problems you bring forward. I will utilize many different approaches to deal with the problems that you hope to address. You play an active role in the therapy process with the commitment of time and energy.

There are benefits and risks in participating in psychotherapy. You could experience uncomfortable feelings like sadness, guilt, anger, and so on while discussing difficult or unpleasant aspects of your life or situation. On the other hand, psychotherapy has also been shown to have benefits for those who go through it successfully. It could lead to better relationships, a reduction in feelings of distress, and solutions to specific problems.

The first few sessions will involve an evaluation of your needs and determining how we work together. After the initial interview, I will provide you with some first impressions of what our work will include and treatment goals. During our time together, I will keep you informed of the progress and process of our work.

(Occasionally, I could provide a referral which is given with best intentions. However, I am not liable for outcome of referral.)

Couple Psychotherapy

Information discussed in couple's therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. By signing the contract, it is agreed upon that I will not be subpoenaed for or against either party or to provide records in a court action. There will be times when I may appear on either person's side but it is really on the side of the relationship and marriage. If the relationship terminates and either or both of you wish to re-contract with me for individual psychotherapy, the decision with whom I continue working is at my discretion. In some circumstances a referral will be made. If I see either member of the couple for individual sessions during couple treatment, secrets will not be kept and I reserve the right to pass on information that furthers therapeutic goals.

Meetings

I recommend weekly sessions, which are usually 55-minute durations. We will determine the length of treatment depending upon the situation and problems that need to be addressed. Once the appointment is scheduled you will be expected to pay for the service unless you provide 24-hour advance notice of cancellation. Should you not show for an appointment or cancel without 24-hour notice, you will be charged the fee of the session, which will be due at the next scheduled session. Exceptions could be made for sudden illness, emergencies, or inclement weather. I will also try to find another time to reschedule the appointment during the week.

Professional Fees

My hourly fee varies depending on the type of service and the duration of the session.

Individual initial evaluation (90791), 55-minutes - \$150.00

Individual session (90837), 55-minutes - \$150.00

Couple initial evaluation (90791), 55-minutes - \$200.00

Couple session (90847), 55-minutes - \$200.00

Court fees, composing documents per hour - \$250.00 (copies per page of records - \$.20)

Billing and Payments

You will be expected to pay for each session at the time of service it is held, unless we agree otherwise. I will accept cash or check made to the order of Wendy Iglehart, LLC. There will be a \$40 dollar charge for insufficient funds or returned checks. In circumstances of unusual financial hardship, I will be willing to negotiate a payment installment plan.

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. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is the client's name, the nature of service, and the amount due.

Insurance Reimbursement

You are responsible for reimbursement if you have mental health coverage. You must bring the forms for reimbursement and I will complete the paperwork for you. However, I do not accept assignments and you must submit and collect benefits under your coverage from your insurance company. I will also provide receipts of services rendered.

Contacting Me

I am often not available by telephone when I am with a patient. Before or after hours, I will make every effort to return your call within 24 hours or same day with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that your condition is such that you cannot wait for me to return your call, contact your family physician; or contact the nearest emergency room and ask for the crisis counselor on call; or contact the Maryland Crisis Hotline at 1-800-422-0009. *Although I have a business email address, the best way to contact me or leave a message is via my phone.* If I will be unavailable for an extended time, I will provide you with the name and number of a colleague to contact, if necessary.

Professional Records

The laws and standards require that I keep treatment records. You are entitled to receive a copy of your records or I can prepare a summary. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

Confidentiality

Precaution is taken in protecting confidentiality of visits, communication, and clinical records. I can release information about our work to others only with your written permission. To ensure quality of care, peer consultation may be obtained.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, involving your emotional condition, a judge may order records or my testimony if the judge determines that the issues demand it.

However, there are a few exceptions. In some situations I am legally obligated to take action to protect you or others from harm. If I believe that a child, elderly person or disabled person is being abused, I am required by law to file a report with the appropriate state agency. Also, if you have been physically or sexually abused in the past and the abuse had not been reported to the proper authorities, I must report even if the perpetrator is deceased.

If I believe that a client is threatening seriously bodily harm to another (including deliberate intent spread of HIV/AIDS), I may be required to take protective actions. These may involve notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself, I may be obligated to seek hospitalization for the patient, to contact a family member or others who can help provide protection.

I, the patient, have read, understand, and accept the above business policies, and agree to be responsible for all charges incurred.

I, the patient, have been provided with a copy of the Notice of Privacy Practices of Wendy Iglehart, LCPC, LLC and have been given the right to review the Notice of Privacy Practices prior to signing this document.

I, the patient, consent to psychotherapy services and treatment for myself and have voluntarily {given}{not given} consent to the use and disclosure of my protected health information by Wendy Iglehart, LCPC, LLC for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct Wendy Iglehart's, LCPC, LLC health care operations.

_____ (SEAL)
Signature of Patient

Date

Printed Name of Patient