

Dr. Virginia Foster, Psychological Services

Intake Information Sheet

Date \_\_\_\_\_

Client's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Best Telephone number: \_\_\_\_\_

What is your marital status? \_\_\_\_\_

Who is your employer? \_\_\_\_\_

What do you do? \_\_\_\_\_

What is your educational level? \_\_\_\_\_

Have you been in psychotherapy before? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Family Composition:

NAME	AGE	REMARKS
Husband	_____	_____
Wife	_____	_____
Children	_____	_____

\_\_\_\_\_

---

---

DR. VIRGINIA FOSTER  
Licensed Psychologist PSY8202  
7590 Fay Avenue, Suite 522  
La Jolla, Ca. 92037  
(858) 699-1353

## PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

Welcome to my practice. You have made an important decision in seeking psychotherapy. This document contains Information about my professional services and business policies. Please read it carefully and jot down any questions you have so that we can discuss them. When you sign this document, it will represent an agreement between us.

This document contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protection and patient rights with regard to the use and disclosure of your Protected Health Information used for the purpose of treatment, payment and health care operations. The notice explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information.

## PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular Issues you bring forward. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger or frustration. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. There are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. I will offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinion of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. If you have questions about

my procedures, we should discuss them whenever they arise. I will always be willing to help you set up a meeting with another mental health professional for a second opinion.

Normally, you will be seen for a 50-minute session each week at a time we agree on.

Later in treatment, sessions may be spaced every other week or monthly. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Insurance cannot be billed for missed sessions.

## PROFESSIONAL FEES

My fee is \$100 per 50-minute session, payable at the time of each consultation. I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone consultations, attendance at meetings with other professionals you have authorized and preparation of records or treatment summaries. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$175 per hour for preparation and attendance at any legal proceeding.

## BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have EAP or insurance coverage which requires another arrangement. In order for us to set realistic treatment goals, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever

assistance I can in helping you receive the benefits to which you are entitled; however, you (not your Insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your Insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator (the 800 number is on your card). Of course, I will provide you with whatever information I can based on my experience and will be happy to help you understand the information you receive from your Insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising cost of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will

not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such a treatment plans or summaries. This Information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once It is in their hands. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

#### CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it. If you are difficult to reach, please inform me of some times when you will be available. Since I use a cell phone, you may not want to discuss personal information over the

phone. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If it is a true emergency dial 911. When I am on vacation my voice mail will refer you to the psychologist on call for me.

#### CONFIDENTIALITY:

All information disclosed within sessions is strictly confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is reasonable suspicion of child or elder abuse, where there is a reasonable suspicion of danger to self or others, or when pursuant to a legal proceeding. If you have any questions about confidentiality, please talk to me about them. The HIPAA form you received today describes how medical information may be used and disclosed and how you can get access to this information in greater detail.

#### EMERGENCY INFORMATION:

It is helpful (and optional) for you to provide me with the name and phone number of a relative or a friend who I may contact in an emergency.

name\_\_\_\_\_

phone number\_\_\_\_\_

CONSENT FOR TREATMENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship and that you have received the HIPAA notice form described above.

date \_\_\_\_\_ signature

\_\_\_\_\_ printed

name \_\_\_\_\_ legal

guardian, if minor \_\_\_\_\_