

Patient Information

Date _____ Name _____ Gender _____
Age _____ Date of Birth _____ Ethnicity _____ SSN _____
Home Address _____
City _____ State _____ Zip _____
Marital Status _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____
Alternate Contact Name _____ Contact Phone _____
Referred by _____

Insurance Information

Primary Insurance Carrier _____
Name of Insured _____ Patient's Relationship to Insured _____
Policy # _____ Group # _____
Secondary Insurance Carrier _____
Name of Insured _____ Patient's Relationship to Insured _____
Policy # _____ Group # _____



Consent for Treatment

I hereby give consent to be provided counseling, psychotherapy, and/or psychological services from the Applied Psychology Group of Texoma, its employees, and its associates.

I understand that services are provided on a confidential basis and records are disclosed only when properly authorized.

I understand that all fees are due at the time of service unless prior arrangements have been made, and that I will be charged for appointments missed without notice having been given within 24 hours of my appointment.

I have also received a copy of the Patient's Rights and Responsibilities and do not have any questions about them.

I give consent for the Applied Psychology Group of Texoma to video- or audio-record any session for training purposes.

I have the authority to voluntarily agree to participate in behavioral health services provided in association with the Applied Psychology Group of Texoma.

I acknowledge that I have received a copy of the Applied Psychology Group of Texoma HIPAA Disclosure form.

I hereby give consent to the Applied Psychology Group of Texoma to utilize any of my psychological test data in archival research. Archival research is the study of past psychological test scores from your records to investigate scientific questions that arise in the future.

I understand that my identity will remain confidential. I understand that this data will be collected and stored without my name being identified and without any personal information from which I might be identified.

Print Name of Patient or Guardian

Date

Signature of Patient or Guardian

Financial Policy

We are pleased to welcome you to the Applied Psychology Group of Texoma. Our desire is to provide you with the highest-quality mental health care. **It is our policy to make definite financial arrangements with you before any treatment starts.** Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at time services are rendered. We accept cash, checks, and credit cards (VISA and MasterCard)
2. As a courtesy, we will file claims with your insurance for you and accept assignment of benefits. Some insurance companies will not accept assignment of benefits to our out of network providers. In this case, you are responsible for payment in full at time of services. We will still file the insurance for you upon request, and your insurance will send payment to you.
3. Our office will file your insurance claims a maximum of two times per appointment.
4. If the claim is not paid by your insurance carrier within sixty days, you will be responsible for the full balance, and further insurance appeal becomes your responsibility. We will be happy to provide you with a claim form so that you can follow up on your insurance claims personally.
5. You must provide the office with your insurance information prior to your appointment so the information can be verified. If at the time of the appointment you provide new insurance information, you will be responsible for payment of all fees. We will verify the insurance and file it for you in a timely manner, and your insurance company will pay you.
6. If insurance benefits are assigned to the provider, you will be responsible for paying your deductible and co-payments at the time of service. You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.
7. The office cannot carry balances longer than 90 days, regardless if the insurance payment is still pending.
8. We send monthly statements to notify you of any balance. If the account remains unpaid after 90 days, this office will be required to employ a collection service to collect payment. The responsible party agrees to pay all reasonable and related collection fees.
9. There will be a \$40.00 service charge on all returned checks. If the returned check is not paid within 10 days, it will be sent to the Grayson County District Attorney's office.
10. The parent or guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.

AUTHORIZATION

I have read and accept the above Financial Policy. I understand and agree to the terms set forth regarding payment.

Signature of Parent or Responsible Party

Date

Social Security Number of Responsible Party

Birthdate

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on 1/21/10 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided the law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our office.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established “minimum necessary” or “need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other healthcare professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care in case of any emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

HIPAA Notice of Privacy Practices

This form does not constitute legal advice and covers only federal, not state, law.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records, staff, outside health or management reviewers, and individuals performing similar activities.

Required By Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other state and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure, and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authority to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence, or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards, or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our office for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$1 per page. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our office for a fee and/or for an explanation of our fee structure.

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Amendment: You have the right to amend your healthcare information if you feel that it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health information. (This list would not include occasions in which we make a routine disclosure of your information to a professional for treatment and/or payment purposes.) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment, or healthcare operations.

Restrictions: You have the right to request that we place additional restrictions on our use of disclosure of your health information (except in emergencies). Please contact our office if you want to further restrict access to your health care information. This request must be submitted in writing.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our office. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us. In writing, request a complaint form from our office. We support your rights to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US

Practice Name: Applied Psychology Group of Texoma
Phone: (903) 893-0298
Fax: (903) 892-6323
Address: PO Box 1154
Sherman, TX 75091

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Demographic Information

Name _____ Date _____

Sex _____ Age _____ Date of Birth _____ Social Security # _____

Current Address _____

City _____ State _____

Current phone numbers _____

Lawyer _____ DFPS/CPS Caseworker _____

Name of court _____

Name of judge _____

Names and ages of children addressed by the court hearing _____

Names and ages of all other children to whom you are a parent figure _____

Please list all persons with whom you are currently living:

Name	Age	Relation
------	-----	----------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History

Work Status: Employed Unemployed Home with Children Disabled
 Retired Other _____

If working, please list information about your current employer:

Name of Employer Position Length of Employment Wage/Salary

Please list your past employment for the last ten years:

Name of Employer Position Period of Employment Wage/Salary Reason for Leaving

Financial History

Name all of your current sources of income:

Source Amount per month Length of time received When do you expect this income to cease?

How is your credit? (circle one) **Excellent** **Good** **Average** **Poor** **Bad** **None**

Describe:

Have you ever filed for bankruptcy? **No** **Yes**

If YES, please describe:

What goals or attitudes toward money would you like your children to have?

Educational History

Did you graduate from high school? **Yes** **GED** **No**

If NO, what is the last grade completed? _____

If YES, in what year did you graduate? _____

School name: _____ City, State _____

High school grades: (circle one) Failing F's Poor D's Average C's Good B's Excellent A's

Did you skip any grades? **No** **Yes** If YES, which grade(s) and why? _____

Did you repeat any grades? **No** **Yes** If YES, which grade(s) and why? _____

Did you receive any honors? _____

Did you receive special education services? **No** **Yes**

If YES, for what subjects and for what reason? _____

Did you attend college or technical school? **No** **Yes** If YES:

Years Institution Area of Study Degree

What other training have you obtained or have planned (e.g., certifications, licenses)?

What goals or attitudes toward education would you like your children to have?

Legal History

Have you ever been arrested? **No** **Yes** If YES, list all charges below:

Date Charge Disposition Sentence Length of
(dropped, convicted, not guilty) Probation/Parole

Are you currently on probation or parole? **No** **Yes** If so, which: Probation Parole
Name of probation/parole officer _____ Until when _____

Have you ever been involved with a lawsuit (other than divorce proceedings)? No Yes

What goals or attitudes toward the law and police would you like your children to have?

Marital/Relationship History

What is your current marital status? Single Married Common Law Married
(please circle) Engaged Cohabiting Divorced Widowed

Overall: # marriages _____ # of divorces _____ # cohabitations _____

What is your sexual preference: Heterosexual Homosexual Bisexual Prefer not to disclose

Current relationship:

Name Date Began Children produced (# of children and names)

List all *past* significant relationships: (marriages, cohabitations, long-term boy/girlfriends)

Name Age Began Length of Relationship Why did it end? Children Produced

Have you ever been the victim or perpetrator of spouse abuse? **No** **Victim** **Perpetrator**

If YES, please describe:

What have you learned about relationships that you would like your children to know?

Military History

Did you serve in the military? **No** **Yes** If YES, were you active duty? **No** **Yes**
If YES on either, which branch? Army Navy Air Force Marines Coast Guard
 Reserves National Guard
Discharge Status: Honorable General Dishonorable Medical
 Other Than Honorable Other _____
Dates of Service _____ Discharge Rank _____
Training Received _____

Religious/Spiritual History

Describe your religious/spiritual experience growing up:

Do you currently attend church / synagogue / temple / mosque? **No** **Yes**

Where?

How often?

What attitudes toward religion or spirituality would you like your children to have?

Childhood History

Where were you born (City, State)?

Where were you raised (City, State)?

Place Age began Age left Parent figures present

Please list all parent figures in your life:

	<u>Name</u>	<u>Relation</u>	<u>Current age or (age at death)</u>	<u>Education</u>	<u>Occupation</u>
1.	_____		(_____)		_____
2.	_____		(_____)		_____
3.	_____		(_____)		_____
4.	_____		(_____)		_____
5.	_____		(_____)		_____
6.	_____		(_____)		_____

Please list your siblings (brothers, sisters, stepsiblings, etc.)

	<u>Name</u>	<u>Relation</u>	<u>Current age or (age at death)</u>	<u>Education</u>	<u>Occupation</u>
1.	_____		(_____)	_____	_____
2.	_____		(_____)	_____	_____
3.	_____		(_____)	_____	_____
4.	_____		(_____)	_____	_____
5.	_____		(_____)	_____	_____
6.	_____		(_____)	_____	_____

Please list all significant events in your family during your childhood and adolescence (divorce, separation, death, serious illness, abuse, traumas, tragedies, etc.)

<u>Event</u>	<u>Age at time</u>	<u>Effect upon you</u>

Describe your experience growing up (in several sentences):

Parent Figures:

I was primarily raised by the following people / parent figures:

	<u>Name</u>	<u>Relation</u> (mother, father, stepparent, grandparent, etc.)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Parent Figure #1: Name _____

What was your parent figure listed in #1 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

Outgoing	Quiet	Organized	Disorganized
Friendly	Distant	Involved	Uninvolved
Loving	Stern	Spontaneous	Structured
Nice	Mean	Religious	Unspiritual
Easygoing	Demanding	Hard-working	Lazy
Playful	Serious	Listened well	Cold
Always present	Seldom present	A bad parent	A good parent

Other: _____

What was the most positive thing about your relationship with parent #1?

What was the most negative thing about your relationship with parent #1?

Parent Figure #2: Name _____

What was your parent figure listed in #2 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

Outgoing	Quiet	Organized	Disorganized
Friendly	Distant	Involved	Uninvolved
Loving	Stern	Spontaneous	Structured
Nice	Mean	Religious	Unspiritual
Easygoing	Demanding	Hard-working	Lazy
Playful	Serious	Listened well	Cold
Always present	Seldom present	A bad parent	A good parent

Other: _____

What was the most positive thing about your relationship with parent #2?

What was the most negative thing about your relationship with parent #2?

Parent Figure #3: Name _____

What was your parent figure listed in #3 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

Outgoing	Quiet	Organized	Disorganized
Friendly	Distant	Involved	Uninvolved
Loving	Stern	Spontaneous	Structured
Nice	Mean	Religious	Unspiritual
Easygoing	Demanding	Hard-working	Lazy
Playful	Serious	Listened well	Cold
Always present	Seldom present	A bad parent	A good parent

Other: _____

What was the most positive thing about your relationship with parent #3?

What was the most negative thing about your relationship with parent #3?

Parent Figure #4: Name _____

What was your parent figure listed in #4 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

Outgoing	Quiet	Organized	Disorganized
Friendly	Distant	Involved	Uninvolved
Loving	Stern	Spontaneous	Structured
Nice	Mean	Religious	Unspiritual
Easygoing	Demanding	Hard-working	Lazy
Playful	Serious	Listened well	Cold
Always present	Seldom present	A bad parent	A good parent

Other: _____

What was the most positive thing about your relationship with parent #4?

What was the most negative thing about your relationship with parent #4?

Siblings:

What were your brothers and/or sisters like? How did they treat you?

Circle all that apply regarding your relationships with siblings

- | | |
|-----------|-------------|
| Pleasant | Troublesome |
| Loving | Hostile |
| Fun | Conflicted |
| Close | Distant |
| Important | Abusive |

Friends:

Describe your experience with friends:

Circle all that apply regarding your friendships:

- | | |
|-----------------|-------------------------|
| Many | Few |
| Close | More like acquaintances |
| Supportive | Distant |
| Steady | Ever-changing |
| Good influences | Bad influences |
| Good behavior | Troublemakers |
| Long-lasting | Short-lived |

Were you ever physically, sexually, or mentally abused? **No** **Yes**

If YES, please describe:

Describe any other traumas, tragedies, or difficult circumstances you experienced during your childhood or in your life since then:

What influence do your experiences while growing up have on the way you parent your own children?

Medical History

Current Medical Conditions:

Please list all of your *current* illnesses:

Please list all your *current* physicians:

<u>Name</u>	<u>Location</u> (city)	<u>Specialty</u> (e.g., neurologist)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all your *current* medications (or attach list):

<u>Medication Name</u>	<u>Dosage</u>	<u>Date Began</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all your *current* psychiatrists, psychologists, and counselors:

<u>Name</u>	<u>Location</u> (city)	<u>Specialty</u> (e.g., counselor)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all your *current* psychiatric diagnoses or problems:

Past Medical History:

Were there any problems with your pregnancy or birth? **No** **Yes**

If YES, please describe:

Please list all of your *past* serious illnesses:

Please list all of your *past* surgeries:

Please list all your *past* psychiatric treatment:

<u>Date</u>	<u>Name of Provider</u>	<u>Length of Treatment</u>	<u>Problems Addressed</u>

Have you ever experienced an episode of serious depression? **Yes** **No**

If YES: Age first began _____

How often? _____ times total / _____ per week / month / year

Have you ever experienced an episode of serious anxiety? **Yes** **No**

If YES: Age first began _____

How often? _____ times total / _____ per week / month / year

Have you ever experienced an episode of panic attacks? **Yes** **No**

If YES: Age first began _____

How often? _____ times total / _____ per week / month / year

Other Information

Please list any:

Hobbies or interests:

Special awards/accomplishments:

Certifications:

Any other information you see as important:

Childraising

As a parent, what is the most important thing you do for your child(ren)?

How do you make sure your child feels happy or loved?

How do you make sure your child behaves?

Describe your strategies for discipline.

Describe your attitude toward spanking.

What kind of relationship do you want your child to have with your (ex) spouse?

How do you plan to support your child in relation to your (ex) spouse?

What are your strengths as a parent?

What are your weaknesses as a parent?

Your children

What are your goals and aspirations for your child(ren)?

How do you plan to assist your child in reaching those goals?

Your Child (1)

Name: _____

Age _____ Grade _____ School _____

Please describe your child's personality, interests, and characteristics _____

Please describe those things you like most about your child _____

Please describe those things you dislike most about your child _____

Please describe your child's relationship to adults _____

Please describe your child's relationships to other children _____

What challenges does this child present to you as a parent? _____

What unique concerns do you have for this child? _____

Please list any other important information about this child? _____

Your Child (2)

Name: _____

Age _____ Grade _____ School _____

Please describe your child's personality, interests, and characteristics _____

Please describe those things you like most about your child _____

Please describe those things you dislike most about your child _____

Please describe your child's relationship to adults _____

Please describe your child's relationships to other children _____

What challenges does this child present to you as a parent? _____

What unique concerns do you have for this child? _____

Please list any other important information about this child? _____

Your Child (3)

Name: _____

Age _____ Grade _____ School _____

Please describe your child's personality, interests, and characteristics _____

Please describe those things you like most about your child _____

Please describe those things you dislike most about your child _____

Please describe your child's relationship to adults _____

Please describe your child's relationships to other children _____

What challenges does this child present to you as a parent? _____

What unique concerns do you have for this child? _____

Please list any other important information about this child? _____

Your Child (4)

Name: _____

Age _____ Grade _____ School _____

Please describe your child's personality, interests, and characteristics _____

Please describe those things you like most about your child _____

Please describe those things you dislike most about your child _____

Please describe your child's relationship to adults _____

Please describe your child's relationships to other children _____

What challenges does this child present to you as a parent? _____

What unique concerns do you have for this child? _____

Please list any other important information about this child? _____

Other Documentation or Issues

Please provide in writing any other information you deem important to the custody decision regarding your child(ren). This may include any concerns you have about the other parties to the custody suit; any information regarding yourself; or reports and documents from others.