

Ed Nottingham, PhD, ABPP

Clinical Psychology
Licensed Marital and Family Therapist
Board Certified in Clinical and Behavioral Psychology by the
American Board of Professional Psychology (ABPP)

Registration Information & Client Information¹

Client's Name _____ Age _____ Sex _____ Marital Status _____

Home Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____

Work Address _____ Work Phone (_____) _____

City _____ State _____ Zip _____

Daytime phone number where you wish to be reached regarding appointments _____

Calls will be discreet, but please indicate any restrictions regarding calls: _____

Client's Date of Birth _____ Social Security # _____ E-Mail Address _____

May I use e-mail in order to communicate with you, e.g., appointment reminders, responding to your e-mail? _____ Yes _____ No

Insured/Responsible Party (if other than client) _____

Insured's Relationship to Client _____ Insured's SS#: _____

Insurance Company* _____

Insurance Company's Address _____

Insured's Place of Employment _____ ID/Policy #/Group # _____

Who referred you to me? _____ Date symptoms first noted _____

Date(s) of any previous therapy/treatment _____

Who provided the previous treatment? _____

Who is your primary care physician? _____

Primary Care Physician's Address _____

When was your last comprehensive medical evaluation? _____

Please list any medication you are currently taking and dosage _____

*If you have two (2) insurance companies, please provide information on both, **AND** please make sure I have a copy of your insurance card(s).

¹This form is based in part on the work of Eric Harris, J.D., Ed.D., and Bruce Bennett, Ph.D. and the American Psychological Association Insurance Trust.

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you have so we can discuss them. Once you sign this, it will constitute a binding agreement between us as well as your consent for us to begin therapy/treatment. Additional information on federal privacy standards is also available.

PSYCHOLOGICAL SERVICES

I offer a variety of services including counseling/therapy for individuals and couples, psychological assessment, stress management, and consultation. "Therapy" or "counseling" are not easily described, and vary depending on the personality of both the therapist and the client, and the particular types of problems being presented. However, the type of therapy that I generally provide is called Rational Emotive Behavior Therapy or REBT, and was developed in 1955 by Albert Ellis, Ph.D., ABPP. I view my role as a coach or "personal trainer for emotional muscle," and teach REBT so that people can not only "feel better" but more importantly get better and stay better. This approach to change emphasizes that we feel *largely* because we think, and we become empowered when we learn to change our unhealthy thinking in order to eliminate undesirable, unhealthy feelings and behaviors.

As a psychologist, I do not provide any medication or perform any medical treatments. If medication seems indicated, I maintain close working relationships with a number of physicians and psychiatrists, and I will gladly refer you to these practitioners. Although I typically do not do inpatient work, I do maintain hospital affiliations with some facilities in our area in the event a referral is needed. (For more information on my education, training, experience, board certification, etc., please refer to the brochure you received or ask for a copy of my vita.)

When I work with people, one of my goals is to help them identify the underlying "stinking thinking" that is associated with undesirable feelings, actions, and behaviors. One potential benefit of therapy is the ability to detect, challenge, and change those beliefs and attitudes that create, maintain, and worsen feelings such as depression, anxiety, panic, anger, frustration, etc. Therapy can also help us gain new understanding about our problems and learn new ways of coping and solving problems. With new skills, people often report a significant reduction in their feelings of distress, improved general functioning, and improved relationships.

Unfortunately, there are no guarantees, and there are potential risks. Risks may include experiencing uncomfortable levels of feelings like sadness, anxiety, anger, frustration, etc., and people may recall unpleasant aspects of their personal history. People also sometimes report feeling worse before feeling better. Over the years, I have also noticed that when people are in individual therapy and start to make positive changes and improvement, on occasion they may change in such a way as to grow apart from their partners. However, please note that my preference is for relationships to grow stronger, but remember, it takes two to build a positive relationship, otherwise it is the "sound of one hand clapping."

To build physical strength and muscle takes hard work, effort, and dedication. Overcoming problems and building emotional muscle also takes effort. I believe in a team approach to change, and as one member of the team, I will work diligently to provide my professional skills, knowledge, and services. I will regularly review with you your goals and progress, and want you to be open and honest in providing input, feedback, and suggestions. At any time during our work together, you have the right to decide to end treatment, and there is no moral, legal, or financial obligation other than to pay for the services already rendered. If you are thinking about ending therapy, I encourage you to discuss this with me, and if you wish, I will be glad to provide you with the names of other mental health providers.

MEETINGS

My normal practice is to conduct an evaluation which will last from 1 to 4 sessions. During this time, we can both decide whether I am the best person to provide the services which you need in order to meet your treatment objectives. Our first session is probably one of the most important. During this session, I will want to get to know you, and I will want to get an idea about the specific problem areas. It is also important that you "check me out," and please feel free to ask me any questions so that your decision to work with me is as informed as is reasonably possible. I generally allow myself about an hour for first appointments, and subsequent sessions are 45 minutes (which allows time for required documentation [feel free to ask if you have questions about how I document], telephone calls, etc.), although extended appointments are available. Sessions start on time, and will end 15 minutes before the hour so that I can complete necessary documentation, place needed telephone calls, etc.. **Unless 24 hours notice is given, you will be expected to pay for the appointment unless we both agree that you were unable to attend due to circumstances beyond your control and insurance companies/managed care organizations rarely if ever pay for missed appointments.** In the event of extremely bad weather such as ice and snow, it is advisable to call just to make sure the office is open.

My office hours vary and are subject to change, but are generally Monday and Tuesday, 8:00 a.m. until 5:00 p.m. and Wednesday, 8:00 a.m. until 12:00 p.m. In the event that an appointment is scheduled outside of these times, I reserve the right to apply an after-hour charge.

TELEPHONE CALLS

I strive to return telephone calls between sessions. I am not interrupted during sessions for incoming calls. Generally, I do not believe that the telephone (nor is e-mail) is the best manner to deal with therapy issues, and telephone calls that exceed five minutes may be charged at the normal therapy fees, and if you request that I respond to an e-mail, I also reserve the right to charge for my time. In the event of a life threatening emergency, my office or answering service can always reach me or the person who is covering for me in the event that I am out of town.

PROFESSIONAL FEES

Since initial evaluation appointments require considerably more time and paper work, I charge \$135.00 for the first appointment. Thereafter, my hourly fee is \$115.00 for individual and couples/family therapy lasting 45 minutes. Brief sessions (25-30 minutes) are \$80.00. Psychological assessment/testing fees are based on the time required for assessment, tests administered, interpretation, and report writing, and if testing is requested I will be able to give you an estimate of the costs prior to testing. If group therapy is available, the fee is \$60.00 per session. If inpatient treatment is provided fees are billed at the hourly rate, as will any extended sessions or consultations. As noted, fees for telephone consultations exceeding five minutes will be billed as a therapy session. Charges for responding to e-mail which exceed five minutes of my time may also be billed as a full therapy session. If it is requested or required (e.g., by an insurance company) that I complete a report such as a treatment plan, I reserve the right to charge for the time involved unless otherwise prohibited by an insurance company or managed care contract. Such charges will be based on my hourly fee. While I gladly file insurance forms after each session, if a request is made at a later date to submit new claims, refile claims previously submitted, and/or provide a comprehensive statement or review of your records, an administrative fee of \$40.00 (or higher depending on time required) may be charged. (This fee also applies to providing copies of your records.) **As noted earlier, missed appointments or failure to give adequate notice (24 hours) of a cancellation will likely result in a full session charge, and insurance companies generally do not cover charges for missed appointments.**

Should I become involved in any legal matter such as giving testimony, depositions, etc., the fee is \$200.00 per hour for preparation, review of materials, travel time, court time, and any other time involved. I charge a retainer fee based on the estimated time involved which is to be paid in advance of any work, and there is a minimum charge of \$500.00.

All fees are subject to change, and in the event of fee changes, you will be notified at least 30 days prior to such changes. There is a \$25.00 service charge on all returned checks.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agreed otherwise or you have insurance coverage or a managed care company which requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan, but such are to be discussed and agreed upon in advance.

As a courtesy, I will file insurance for you. However, please remember that I have a professional relationship with you and not with your insurance company. Fees are charged to the client, and I cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. Unless specifically stipulated by a managed care contract, you are responsible for your bill regardless of the action of your insurance company. If I am not a provider on your MCO, I will provide you with billing statements which you can use to file, but I will not file insurance claims for those companies with which I do not participate. Co-payments are due at the time of service as are any yearly deductibles. If your insurance company requires refiling of claims, special reports (other than required treatment plans), or other activities requiring additional time, you may be billed for this time, as noted above. Balances may not exceed \$400.00 after a 30-day billing cycle, unless arrangements have been made in advance.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment including attorneys, collection agencies, or small claims court. Further, upon nonpayment, I also reserve the right to report the "bad debt" to relevant credit bureaus. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim, and the client or responsible party will be responsible for all costs of collection, litigation, and attorney's fees. In such cases, the only information that is released about a client's treatment would be the client's name, the nature of the services provided (e.g., individual therapy), dates of services, and the amount due.

The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits which sometimes makes it difficult to determine exactly how much mental health coverage is available. Additionally, "managed health care plans" such as PPOs and HMOs often require advance authorization before they will provide reimbursement for mental health services. Many such plans emphasize "brief" or "short-term" therapy, which certainly fits with my approach. However, many clients feel that more services are necessary after insurance benefits expire, and some managed care companies will not allow me to provide services to you once your benefits are no longer available. If other arrangements cannot be made between us so that therapy can continue, I will do my best to find you another provider so that you can continue your therapy.

You should also know that insurance companies and managed care companies almost always require outpatient treatment plans or reports as a condition for certifying or recertifying treatment. Information requested may be as simple as a diagnosis and type of treatment, but may also be of a personal nature requiring more detailed information. Some companies have even requested a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies/managed care companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases, they may share the information with a national medical information data bank (such as the MIB - Medical Information Bureau). If I am required to submit a report in writing, I make every effort to complete it prior to our scheduled appointment and review it with you. However, this is not

always possible. Because of the potential for loss of privacy, some clients prefer to make other financial arrangements and not file insurance claims.

CONFIDENTIALITY

Within the limitations discussed below, the information you reveal to me during our professional relationship will be kept confidential and will not be released to anyone without your written consent. However, certain conditions do require that confidentiality and privileged communication be breached including: (1) if you present a danger to yourself; (2) if you present an imminent danger to another person; (3) if there is reason to believe that child or elder abuse or neglect is present a report must be filed with the appropriate state agency; (4) if a legitimate court order is issued; (5) if the treatment is ordered or under the supervision of the court; and (6) as discussed above, an insurance company or managed care company requires you to consent to release of records and/or information to them as a condition for reimbursement. As noted, if you want me to file insurance for you, your signature(s) below indicates your permission to release any and all information requested to your insurance company or its representative such as a managed care company. When such is released, I cannot control how the information is treated, nor will I be responsible for any injury or claim for damages arising from the release of records or information as required by the insurance company or managed care organization. No clinical/psychological information is revealed to the staff of the Executive Business Center (EBC) (my office location) other than information that you provide when calling or presenting for appointments. While I have discussed the legal and professional necessity of confidentiality with the owner of EBC and have been assured that his staff treats information (such as your being my client) as confidential, I have no control over their actions. Obviously, if you pay for services using a personal check or an insurance company issues a check, your name is likely to appear on the check. I deposit checks with my bank, and while I provide no information on the nature of deposits, some psychologists have argued that a bank employee could surmise a professional relationship between us. While the likelihood of such a breach of confidentiality is low in my opinion, your signature below authorizes me to make such deposits of checks (and/or credit card processing).

Information revealed in marital therapy is protected by privileged communication in Tennessee and requires permission of both to waive. When working with couples, I adopt a “no secrets” rule. That is, should I speak individually with either party (e.g., via telephone), I reserve the right to disclose any information to the other party if I believe such information is relevant to the therapy process.

Special Note: When a family is confronted by parental separation or divorce, it is very hard on everyone. It is important then when working as a couple, each person feels safe to speak openly and honestly, without fears that material revealed in therapy will be revealed in court and used in a negative fashion. In order to provide a safe environment for couples work, it is important that you agree not to call me as witness or to attempt to subpoena records in the event you choose to pursue divorce. While a judge may overrule this agreement and issue a court order for information, your signature(s) below reflect your agreement not call me as a witness nor attempt to subpoena psychological records.

In order to provide clinical coverage for me when I am out of town, it may be necessary for me to release general information to the licensed psychologist who covers for me. However, if an emergency required me to be out of the office suddenly, I would be guided by the American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* regarding the type of information disclosed.

While I can be contacted via e-mail (nottingham@bellsouth.net), please be aware that e-mail is **NOT CONFIDENTIAL**. Please keep this in mind when sending me e-mail or requesting that I respond to e-mail that you have sent me. I cannot be responsible for any information that might become public in e-mail you send me or in an e-mail reply you request for me.

As noted earlier, if because of nonpayment of your bill I pursue legal remedies, certain information will not be considered confidential and will be released, but this would be limited to the minimum that is necessary to achieve the purpose.

In addition to the professional standards of confidentiality, the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** required regulations to protect personal health information including “Standards for Privacy of Individually Identifiable Health Information.” All health care entities are required to provide a Privacy Notice, a copy is available for your review, and a copy will be provided if requested.

AGREEMENT

I have read this information fully and completely, I have discussed any questions I had about the information, and I understand the information. I understand that there are no guarantees stated or implied, and I accept the risks inherent in the course of therapy. I have familiarized myself with the fees and charges for services provided by Ed Nottingham, Ph.D., and I understand and agree that the psychological services rendered will be charged to me and not to any third-party payer unless required by a managed care contract. I acknowledge responsibility for payment of services, and I understand I am responsible for all costs of collection and litigation together with attorney’s fees if the charges for services must be collected by an action of law. I consent and agree that Dr. Nottingham may release such information required by my insurance company and/or managed care company for payment for services rendered, and I agree to hold Dr. Nottingham harmless for any injury or claim for damages arising from release of records or information as required by my insurance company/managed care company. No one can predict the course of human relationships, and as we learn more about each other, it may be necessary to amend prior agreements.

Client (s) _____ Date _____

Responsible Party/Guardian _____ Date _____