

PORTSMOUTH
and
EXETER MENTAL HEALTH
ASSOCIATES, INC.
500 Market Street, 1-G
Portsmouth, NH 03801

Voice - (603) 433-2656
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Richard Carr,
M.Ed., LCMHC Meghan
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M.A., LCMHC

30 Mirona Rd EXT Suite 3
Portsmouth, NH 03801

Thomas McCormack,
M.S.W, LICSW Rebecca
Varner,
M.S.W, LICSW

PLEASE FILL OUT IN FULL AND BRING WITH YOU AT YOUR
APPOINTMENT ON _____ AT _____

DATE _____ Dx _____

PATIENT INFORMATION SHEET

LAST NAME _____

FIRST _____ MIDDLE _____

STREET _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____

DATE OF BIRTH _____ SOC.SEC.NO _____

PATIENT'S EMPLOYER _____

BUSINESS ADDRESS _____

NEXT OF KIN _____

ADDRESS _____ TEL NO _____

HOME PHONE _____ WORK PHONE _____

IF THIS CLIENT IS A CHILD: (Names & addresses of other legal guardians involved in
the parenting of this child)

I HEREBY AUTHORIZE P.E.M.H.A. to send a letter to the non-accompanying legal
guardian notifying them that their child has been referred for treatment.

(signature of accompanying guardian)

PARTY RESPONSIBLE FOR PAYMENT _____
(please do not list insurance company)

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

I HEREBY AUTHORIZE P.E.M.H.A. to release any billing information to "party responsible
for payment."

Patients Signature _____ Date _____
(Guardian/Parent's signature if a minor)

PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD:

NAME	AGE	RELATIONSHIP
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REFERRED BY _____

NAME OF FAMILY PHYSICIAN _____

ADDRESS _____ TEL NO _____

DATE OF LAST VISIT _____ //

Do you (patient) want this office to contact your Primary Care Physician? _____

IF YES, PLEASE COMPLETE RELEASE OF INFORMATION

ARE YOU CURRENTLY BEING TREATED FOR ANY MEDICAL ILLNESS? IF YES PLEASE DESCRIBE:

PLEASE LIST ANY MEDICATIONS THAT YOU HAVE TAKEN?

WHAT MEDICATION(S) ARE YOU CURRENTLY TAKING?

HAVE YOU EVER SEEN A PSYCHOTHERAPIST BEFORE? IF SO, PLEASE LIST THERAPIST ADDRESS AND DATE OF TREATMENT

HAS ANYONE IN YOUR FAMILY HAD EMOTIONAL DIFFICULTIES OR PSYCHIATRIC PROBLEMS?

**PORTSMOUTH
and
EXETER
MENTAL
HEALTH
ASSOCIATES, INC.**

AUTHORIZATION TO RELEASE INFORMATION

I AUTHORIZE EXETER/PORTSMOUTH MENTAL HEALTH ASSOCIATES
AND THOSE LISTED TO RELEASE MEDICAL INFORMATION
NECESSARY TO BILL FOR AND SUBSTANTIATE.

One Cate Street, 5th floor
Portsmouth, NH 03801
(603) 433-2656
Fax (603) 433-2736

Name of Patient

PRIMARY INSURANCE CO. _____

SUBSCRIBER _____ EFF. _____
(Employee's name)

SUBSCRIBER'S ADDRESS, IF DIFFERENT FROM PATIENT _____

Richard Carr, M.Ed. LCMHC

SUBSCRIBER'S EMPLOYER _____

CERTIFICATE/ID NO. _____ GROUP NO. _____

Deirdre Emerson Foye, M.S.
LMFT

SECONDARY INSUR. PLAN, IF AVAILABLE _____

SUBSCRIBER NAME _____

SUBSCRIBER'S ADDRESS, IF DIFFERENT FROM PATIENT _____

Catherine K. Lamond Psy.D

CERTIFICATE/ID NO. _____ GROUP NO. _____

Thomas McCormack, M.S.W.,
B.C.D

I understand I am responsible for verifying insurance benefits and obtaining necessary prior
authorizations and referrals. I also understand that I am responsible for all fees, regardless
of my insurance coverage. I have read the above statements and understand them.

Christyn B. Sieve, Psy.D

I FURTHER UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT
ANY TIME SHOULD I DESIRE BY NOTIFYING THE OFFICE IN WRITING

Date

Signature of Patient or
Legal Representative

Megan Sjurson-Rich, M.A.,
LCMHC

Rebecca Varner, M.S.W., B.C.D.

**PORTSMOUTH
and
EXETER
MENTAL
HEALTH
ASSOCIATES, INC.**

**PORTSMOUTH AND EXETER MENTAL HEALTH ASSOCIATES,
INC.
TREATMENT AGREEMENT**

Welcome to our group private practice. This document contains important information about our professional services and business policies. Please read it carefully and we can discuss any questions you may have in our next meeting.

One Cate Street, 5th floor
Portsmouth, NH 03801
(603) 433-2656
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MEDICAL and PSYCHOLOGICAL SERVICES

As a practice, we offer a variety of comprehensive services. These are members of our group who specialize in individual group, family, couples therapy, medication evaluation, to highlight a few. Each therapist's training and treatment approaches may differ, offering a wide spectrum of treatment modalities. It is our practice to consult regularly and frequently with colleagues within our group practice regarding clinical matters, in order to enhance the professional services we provide.

Richard Carr, M.Ed. LCMHC

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings or recalling unpleasant aspects of your history. However psychotherapy has been shown to have benefits for people who invest in the process with commitment and realistic expectations. It often leads to significant reduction in feelings of distress, better relationships, and resolution of problems. However, we cannot guarantee and particular resolution to problems or a particular response to treatment.

Deirdre Emerson Foye, M.S.
LMFT

Therapy involves a commitment of time, money, and energy, so you would be careful about the therapist you select. If you have questions about any procedures, it is important to discuss them whenever they arise. If your doubts persist, an appropriate consultation with another mental health professional may be beneficial.

Catherine K. Lamond Psy.D

SESSIONS

Thomas McCormack, M.S.W.,
B.C.D

The first three sessions are considered evaluation sessions. During this time, we will clarify your reasons for seeking treatment, gather pertinent information and history, and determine the best course of treatment to help you meet your objectives.

Christyn B. Sieve, Psy.D

EMERGENCY OR GENERAL CONTACT

During the weekdays Monday through Thursday, our receptionist will take a message from you during the hours of 9:30 a.m. to 4:00 p.m. The receptionist will not be in on Fridays. When a therapist is out of the office, he/she will call in to get messages and will return your call as soon as possible.

Megan Sjurson-Rich, M.A.,
LCMHC

Rebecca Varner, M.S.W., B.C.D.

However, if it is an emergency it is imperative that you state this to the receptionist right away. She will make every attempt to contact your therapist. In instances where the primary therapist is unavailable or on vacation, the "on call" clinician will be notified.

We offer twenty-four hour coverage, with each clinician in the group rotating the on-call coverage. If you call after the usual daytime hours, and it is not an emergency, please leave a message on the answering machine and your therapist will return your call the next working day. If it is an emergency, the telephone number for our answering service is on our answering machine.

PROFESSIONAL FEES

As independent practitioners, each professional in the practice sets his/her own fees based on experience and expertise. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide advance notice of cancellation, please consult your therapist directly about his/her policy. If you are unable to attend due to circumstances, which were beyond your control, we will need to discuss it. Fees will also be assessed for phone consultations, school evaluations/meetings and appearing in court. If you require a service from your therapist or doctor outside of psychotherapy, please discuss fees ahead of time.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless it is agreed otherwise or you have insurance coverage, which requires another arrangement. In circumstances of unusual financial hardship, it may be possible to negotiate a fee adjustment or a payment plan with your therapist. All balances over 60 days will be charged interest of 1-1/2% per month. There will be a \$15.00 charge for returned checks. In the event of any concerns or questions about your bill, the therapist will do whatever he/she can do to address them. In the event that difficulties surface in paying your outstanding balance, it is important to discuss the possibility of implementing a payment plan with your clinician. If your account is more than 120 days in arrears and suitable arrangements for payment have not been agreed to, you need to be aware that the option of using legal means to secure payment, including collection agencies or small claims, may be initiated. If we are forced to pursue collection, you will be responsible for all costs of collection, including reasonable attorney's fees.

INSURANCE REIMBURSEMENT

In order to set realistic goals and priorities together, it is important to evaluate what resources are available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, insurance plans vary widely in what they will and will not cover.

It is very important that you determine exactly what mental health services your insurance policy covers. Read your insurance coverage booklet carefully. If you have questions, make sure you contact your plan and inquire. Our office administrator or your therapist will try to assist you in deciphering the information you receive from your carrier.

Managed Health Care plans, such as HMO's, often require prior authorization before they will reimburse mental health services. These plans typically cover medically necessary, short-term treatment designed to alleviate acute and severe problems that interfere with one's every-day functioning. In such plans it is necessary to seek approval for additional sessions if those authorized are not sufficient. Although much can be accomplished in short-term therapy, some clients feel that more services are necessary after insurance benefits expire.

You should also be aware that all insurance agreements require you to authorize the therapist to provide clinical information such as diagnosis, clinical treatment plans, or a copy of the entire record. Once in the hands of the insurance companies, we have no control over what they do with the information. If you request it, the submitted report can be shared with you.

Once information about insurance coverage options are clear, it is important to discuss what we can expect to accomplish with the benefits that are available and what will happen should your benefits expire before you feel ready to end treatment. It is important to remember that you always have the option to pay for services yourself and not involve your health insurer at all.

CONFIDENTIALITY

A. In order for therapy to be successful, it is often necessary to safely reveal private, sensitive information about yourself in the course of treatment. Ethically and legally, all Portsmouth and Exeter Mental Health professionals are bound to keep all of this information strictly confidential and not release it to any party without your written permission. However, there are certain exceptions to this rule of which you should be aware.

1. The following are some situations, which a therapist is legally bound to act, even if doing so should breach therapeutic confidentiality.

First, if a clinician believes that a child under the age of 18 has suffered, is suffering or is in danger of suffering serious physical or emotional abuse, or has been or is being sexually abused, a report must be made to the proper government authority. The same holds true for the elderly or disabled persons who are suffering or have died due to abuse or neglect.

Secondly, if a professional believes that you are threatening immediate harm to yourself, through a plan of action or inaction, he/she is required to contact a family member or other person who can help protect you, or have you evaluated for hospital admission.

Finally, if you were to threaten physical violence against another person, there exists the obligation to take some action to protect that person by notifying him/her and the police, and seek to have you hospitalized to prevent harm from coming to them and to you.

It is our practice, whenever possible, to discuss this with the patient before taking any action.

2. In legal proceedings, the courts usually respect your rights to confidentiality in the treatment relationship, and we are ethically bound to protect that right when testifying in legal or administrative procedures, even when a lawyer issues a subpoena. However, there are circumstances when a judge may over-rule the privilege. For example, confidentiality privileges are waived in a contested custody procedure in a divorce.
3. As previously mentioned, it is our practice to consult within the practice regarding clinical matters and on-call coverage. Full confidentiality, therefore will be maintained within our group of clinicians. However, the information shared is only that necessary for the consultation or to insure effective clinical intervention. If you know someone within the practice in a nonprofessional capacity, please inform your therapist right away. Your treatment will not be discussed/consulted with that person or in the presence of that person.

B. MINORS

1. In cases of therapy with minors, parents or legal guardians have rights to information regarding treatment. However, in order for therapy to be effective the child must have assurance of confidentiality. Because of this, it is policy to ask parents to waive their rights to confidentiality information. Information will be shared only with the child's permission, except in the situations where the child's welfare is being compromised by maintaining the confidentiality.
2. When the parents of a minor are divorced or separated, it is expected that both parties be privy to the therapeutic process. We ask that the parent initiating therapy take responsibility of informing the child's other parent that such services are being sought.

C. COUPLES and FAMILIES

When there is more than one person involved in treatment, such as in couples and family therapy, confidentiality is more complicated. In these cases, the unit is defined as the couple, or the family. Usually, and unless otherwise specified, information that is shared by a member of the unit within the context of that therapy cannot be concealed from other members of the unit. Such secrets can disrupt the trust necessary for effective treatment.

D. GROUP THERAPY

In group therapy, any and all information shared within the group sessions by any group member must be kept confidential by all group members.

E. OFFICE POLICIES

All administrative and office staff are bound to confidentiality and cannot disclose any information. This becomes especially sensitive when relatives call the office requesting even simple information, such as, an appointment time for their husband/wife or partner. Even under these simplest of situations, office personnel cannot acknowledge that they know the person, nor can they disclose any information about her/him. If you would like to have contact with a family member, a release will need to be signed. All requests for records must be accompanied by a signed release of information. It is our office policy to keep records for 10 years from the date the record becomes inactive.

IN CLOSING

It is important that you understand and are comfortable with the issues outlined above. Please feel free to address any questions or concerns you might have with your therapist.

PLEASE SIGN

I HAVE READ, UNDERSTOOD AND RECEIVED A COPY OF THE ABOVE INFORMATION

(Patient)

Date

(Therapist)

Date