Helping Others Heal

Counseling to restore love and wholeness

1386 Old Freeport Road, Suite 3B, Pittsburgh, PA 15238

932 5th Avenue, Suite A, New Kensington, PA 15068

866-488-0493

Name: _____ Date of Birth:_____/____/_____

Social Security Number: _____-_____-_____ Gender: Male ___ Female ___

Current Marital Status (please circle): Single Married Domestic Partnership

Divorced (number of divorces/years) __/____ Widowed (how many years) _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about Helping Others Heal? _____

Employer Name & Phone Number: _____

Who is your emergency contact person? _____

Relationship to you/Phone Number: _____

Permission to share information with this person/other individual (please name)?: Yes No

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Insurance Information

Name of Insurance Company: _____

Member Identification: _____ Group: _____

Are you the primary cardholder? Yes _____ No _____

If no, please provide the primary cardholder's social security number and date of birth:

(SS#: _____-___-_____)(DOB:____/____/_____)

Mental/behavioral health phone # on back of card: _____

Consent for Treatment/Responsibilities in This Process:

As your therapist, it is my responsibility to inform you of the following; rates/insurance, session types, confidentiality and termination of therapy (voluntary and involuntary).

Rates: Intake session - $200.00; Individual session - $175.00/55 minutes; Extended individual sessions - $225.00/90 minutes; NSF check - $40.00; late cancellation fee (24 hours-notice for a cancellation is required) - $80.00. I offer a sliding fee scale with proof of income and low and/or no cost sessions with trained interns. The minimum on the sliding scale is $85/session. I currently accept the following insurance providers: Blue Cross Blue Shield and UPMC. I need to collect your copayments at the time of service (a condition of the insurance companies listed).

Please note: Helping Others Heal attempts to be accurate when detailing your copayment/deductible information to you. It is important for you to know that when your benefits are verified, the insurance company provides their BEST ESTIMATE of your fees. Therefore, there is no way to know exactly what your financial responsibility is, if any, until we receive your Explanation of Benefits (EOB) after the claim has been filed. Please know that if for some reason your insurance claim is denied or the balance due differs from what we have been quoted, you are 100% responsible for any monies due.

If you authorize your sessions to be paid through your insurance provider, they may ask for information regarding our sessions related to symptoms or diagnosis, your treatment planning goals (the purpose of you attending therapy sessions). the clinical notes/file and the dates that we met. Please note, if your record is requested, I must provide this information. In addition, if you provide a release of information for another third party to have access to your records from Helping Others Heal, such as a life insurance company, again, the nature of your diagnoses and notes may be disclosed. Please decide whether you are more comfortable with self-pay in more sensitive circumstances. Therapists are required to give you a Good Faith Estimate regarding the number of sessions/costs you will incur if you choose to self-pay. Emotionally Focused Therapy lasts from 6-20 successive, weekly/biweekly sessions in total. Our fees are clearly mentioned above. If treatment needs to continue beyond the 20 session duration, we will discuss that need together and make a determination on further sessions.

Confidentiality:

Standard confidentiality issues are well known but bear repeating. If I feel as though you are a danger to yourself, I must, in an effort to protect you, seek help through your emergency contacts or agencies, such as the police department or crisis units/hospitals. If you disclose to me that you have a desire to harm someone else and there is a clear intention and plan to do so, I must protect the life of that individual as well and call upon resources to help them. Please note that the law requires me to report any harm to a child or an elderly person disclosed to me.

Termination: Therapy has a natural end. This is normally agreed upon by the therapist and the client when progress has been made and all issues have been addressed. There are occasions, however, when this process is no longer a "good fit" for one or both parties (client or therapist) and I will refer you out so that you can connect with someone that is more suited to your needs. You have every right to inform me that you are not satisfied with my services and desire to cease the therapeutic process. Your file is closed after 60 days of not attending/scheduling sessions.

Client Signature: _____ Date: _____

Therapist Signature: _______________________________________ Date: ____________________