



Intake Form and Informed Consent

Date: _____ Referred by: _____

Name: _____

Name of parent/guardian (if under 18 years): _____

*****Please submit paperwork showing legal guardianship*****

Birth Date: ____/____/____ Age: _____ SSN: _____

Sex: Male Female Other _____

Address: _____

(Street and Number)

(City) (State) (Zip)

If using insurance please provide the name, birthdate, and address of the policy holder if different than patient:

Home Phone: _____ May we leave a message? Yes No

Cell/Other Phone: _____ May we leave a message? Yes No

May we send text message appointment reminders? Yes No

In Case of Emergency

Please notify: _____ Relationship: _____

Home Phone: _____ Cell/Other Phone: _____



COUNSELING INFORMATION, FEES and GUIDELINES

Therapy and counseling is a joint process that requires the active participation of both therapist and client. Our therapists work to create a safe environment and use their education and training to best meet your therapeutic needs.

Please review and sign below only when all is clear and agreeable to you. If any information below is unclear or questions arise, please speak with your therapist before signing.

Licensure: Ryan Clifford (License # 01395) Licensed Marriage and Family Therapist.
Kathleen Clifford (License # 01460) Licensed Marriage and Family Therapist
La Risa Renner (License # 01442) Licensed Marriage and Family Therapist
Elizabeth Tamietti (License # 01517) Licensed Marriage and Family Therapist

Confidentiality: Confidentiality applies to information you share in session or phone contact except where limited by law. In the event your therapist believes you may harm yourself or another, or in the occurrence of child or elder abuse, we are required by law to make a formal report to the appropriate agencies. In the event of a court order, therapist must comply.

In the event that you come into contact with your therapist in a public/community setting, your therapist will not acknowledge or initiate communication. If you initiate contact, your therapist will keep the interaction brief and will not discuss topics related to your therapeutic process. This is to ensure your confidentiality.

If you want your therapist to exchange or provide information to others concerning your treatment, we will need a written release of information signed by you.

Counseling Process: The counseling process holds great potential for positive change. Gaining the most from therapy often involves discussing and working through uncomfortable, difficult, or even painful emotions. Throughout the therapeutic process you may experience “it gets worse before it gets better.” In these circumstances we strongly recommend discussing this with your therapist, as ending services abruptly during this time is not recommended. Counseling/therapy sessions last **40-55 minutes** depending what your insurance allows and clinical appropriateness.

Fees: Fees cover the charge for therapy sessions as well as administrative services which includes but is not limited to appointment reminders, case management, treatment coordination, letters of attendance, billing insurances, telephone calls less than 5 minutes, and providing client records upon request, etc. Payment is due at the end of each session unless prior arrangements have been



made. We keep records of your account and provide billing receipts upon request. If at any time you have a balance (unpaid fees) for greater than 45 days your account maybe be turned over to collections.

Covered fees are billed at the contracted reimbursement rate with your insurance (covers the actual session), however, you are still responsible for your co-pay, deductible, or co-insurance.

Non-covered fees are fees your insurance does not reimburse for. This would include but is not limited to appointment reminders, case management, treatment coordination, phone calls outside of therapy session lasting longer than 5 minutes, letters of attendance, billing insurances, and providing client records upon request, etc.

Insurance: In order to bill insurance you must meet the criteria for a mental health diagnosis based on the diagnostic criteria from the DSM-5. You are responsible for any charges not covered by insurance. This includes loss or change of insurance plan during treatment. It is your responsibility to know if mental health is covered under your insurance policy and/or if you have met your deductible. By signing below, you are giving Silver State Counseling and Therapy permission to bill your insurance.

Canceled/missed appointments: Please give 24 hour notice if you need to cancel a session. If you are unable to keep an appointment without 24 hour notice, a \$50 no show/late cancellation fee will automatically be charged to the debit/credit card on file except in the case of an extreme emergency. Extreme emergencies include natural disasters or when life or limb is at stake. Car failure, traffic jams, detainment at work, childcare or other family responsibilities do not constitute extreme emergencies for the purpose of this policy. If you have **two no show/no calls** you will be placed on the waiting list or discharged.

We require a debit or credit card on file for self-pay and for insurance use. This will be used only if your insurance has not reimbursed Silver State Counseling and Therapy after 45 days. You will be informed that your insurance has not paid after 30 days and given the option of paying out of pocket or attempting to correct the insurance issues on your own. If after 45 days you still have an unpaid balance we will provide you a super bill (so your insurance company can reimburse you) and we will charge your remaining balance to the credit or debit card on file.

Punctuality: If you are late and we have not received a message from you, your therapist will wait for 15 minutes before assuming you are not keeping the appointment. If you arrive late, within this 15 minute period, we will proceed when you arrive and will end at our usual time. Though unlikely, in the event that your therapist is delayed, we ask that you extend to the same 15-minute waiting period.



Phone calls: Please note that our therapists do not communicate through e-mail or text messaging. If you need to reach your therapist, please leave a message at 775-622-8890. We check our messages regularly and will return your call within the same business day, or if on a weekend, the following business day. We do not offer 24-hour crises services. If emergency services are needed and we are unavailable you may call 911 or one of the following:

Mobile Crisis 775-688-1670

Crisis Call Center at 775-784-8090

Social Media: Our therapists do not engage with clients through any form of social media. This is to maintain your confidentiality as well as ensure that our focus remains on the therapeutic process.

Court: Our therapists make all efforts to not be present in court. In the event that this policy is not respected and your therapist is required to attend court, your hourly therapy rate will not transfer and you will be responsible for reimbursing at a rate of \$200 per hour. This rate is established due to the significant schedule rearrangement and cancellation of established appointments required to be present.

Concluding services: The length of time you and your therapist will work together depends upon your goals and pace of work. You are ultimately the best judge of when that process is complete enough to end counseling, yet it is often a mutual decision discussed throughout therapy. Because a therapeutic relationship is developed over time, we recommend devoting at least one session to address to the ending of therapy services.

Your signature indicates that you have read, understood and agree to all 4 pages of this document:

Client Printed Name

Client Signature

Date

Client/Guardian Printed Name

Client/Guardian Signature