

# Jared Landvatter ◇ Clinical Mental Health Counselor

## INFORMATION for PATIENTS

Dear New Patient:

Please read all of the following information. It gives helpful explanations about therapy, Alpine Center policies, and other issues.

**About Therapy:** In general, counseling is a process to assist people with problems in their individual, family, or interpersonal living. Such problems have often been building up for some time. When entering therapy it is helpful to realize that close personal examination of feelings and relationships may be emotionally difficult.

Therapy, like all learning, takes some time. You will need to test and practice what you are learning in therapy. There will be ups and downs but I will do everything I can to help you continue progressing toward your goals. Please share with me any concerns or questions that may develop during therapy, no matter what they are. Even if they are painful they may be related to the issues you need to deal with. Attending sessions consistently will make therapy more effective than with a hit and miss approach. Appointments should be missed only in the event of an emergency or special circumstance. Your progress will depend largely on your willingness to approach therapy in these ways

**About Your Therapist:** I hold a masters degree in educational counseling from the University of Phoenix. I am currently a clinical mental health counselor (CMHC). My bachelors degree was in Excercise and Sports Science from the University of Utah. I believe in a holistic approach to therapy that includes keeping a balance in life physically, mentally, emotionally, and spiritually. In addition to my work at the Alpine Center I also work for the Alpine School District as a coueslor for at-risk youth, I am married and have three children, I enjoy reading, spending time with my family, bouldering, and water-skiing,

**About Confidentiality:** You should know that whatever you say in counseling or whatever information you provide will be kept confidential, with the following exceptions.

1. When you wish to have information released to another agency, hospital, school, or other qualified persons.
2. When a proper court order requesting information is made.
3. When it appears that you may be a danger to yourself or others, or you give information that another person is in the same situation.
4. When information is obtained suggesting child abuse or neglect. I am required by Utah law to report such information to state agencies or police.
5. In the case of minors where information is gained which parents have a clear need to know.

**About Fees and Insurance:** The fee for my services at the Alpine Center is \$140 per professional hour for individual and family therapy. *I may have a contract with your specific insurance company for a different rate and if so that rate may apply.* If you do not have medical insurance my cash rate is \$75.00. Sessions will generally last 55 minutes with the remainder allowed for note writing, consultations, etc. Psychological evaluations and testing are billed at a standard per-test rate with a charge of \$400.00 for a complete psychological evaluation. You will be notified in advance of any deviations or changes in these fees.

I will take telephone calls outside the office if there is an emergency or pressing issue. I do not charge for brief consultaions. However, if more time is required, an in-office appointment should be made or there will be a consultation charge for time on the telephone. Outside of the office services (home, hospital, court appearances, etc) are billed at a hirgher rater, as arranged.

I have limited number of appointment times at the Alpine Center. **As such, a charge of \$50 will be made for any appointments not cancelled at least 24 hours in advance.** You will be responsible for the full no-show fee, as this charge may not be billed to your insurance company.

Many health insurance plans include mental health benefits. We are happy to provide the service of billing your insurance company. However, health insurance is a contract between you and the insurance company and you are ultimately responsible for any charges you incur.

**A Final Note:** Again, please share with me any concerns you have at any time during your therapy. Thank you for your trust. I look forward to working with you.

*Please read both sides of this document, then sign it to verify that you have read it in its entirety and agree to the conditions outlined. You will be provided a copy if you desire.*

**Patient Information**

Full Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M  F

Primary Contact Phone \_\_\_\_\_  Home  Cell  Work E-mail \_\_\_\_\_

Secondary Contact Phone \_\_\_\_\_  Home  Cell  Work Date of Birth \_\_\_\_\_

What method do you prefer our office use to make appointment reminders? **(We do not guarantee a reminder will be made & reminders will be sent to the Primary Contact Phone provided above unless we're otherwise notified.)**

Text  Phone call  Email

Mailing Address \_\_\_\_\_  
Street City State Zip

Parent Name(s) (for minors) \_\_\_\_\_

In case of emergency, who should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Insurance Information**

You may provide a copy of your insurance card and skip this section if you prefer. If your insurance requires pre-authorization, please provide the **authorization number here:** \_\_\_\_\_ # of Sessions \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Subscriber Name \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Subscriber Name \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_\_

**Professional Services Agreement**

*Consent:* By signing this form you consent to treatment and to the policies and procedures listed on both sides of this form. You acknowledge that emergency services may not be available at all times and that Jared Landvatter is not responsible for your actions.

*Agreement to Pay:* By signing this form you acknowledge that this is a contract that you are undertaking and that you will be responsible for all charges as noted herein, including the prior page. If your insurance company makes any payments, these will be credited to your account. You further agree to make, at the time of your appointment, any co-payment required by your insurance. A \$10.00 service fee may be made for sessions where a co-payment is not made. You agree to provide my office with valid contact information until such time as your account is paid in full. If your account is not paid as agreed or becomes delinquent past 90 days, you agree to pay a collection fee of 33% of your unpaid balance in addition to the account balance. In the event that it is necessary to commence legal action to collect your bill, you agree to pay reasonable attorney's fees and court costs

*Consumer Rights & Privacy:* Jared Landvatter subscribes to all current legal requirements and ethical guidelines for a psychological practice as outlined here and as contained in the Alpine Counseling Center Privacy Practices and Consumer Rights Policies and Procedures. By signing here you acknowledge that you have read this form and received a copy of the ACC privacy practices.

**Reviewed and agreed:**

\_\_\_\_\_

Signature

Date