

Eric Jenkins, MSW, LCSW – Licensed Clinical Social Worker

INFORMATION for PATIENTS

Dear New Patient:

I would like to welcome you to the Alpine Counseling Center. Please read all of the following information. It gives helpful explanations about therapy, laws, policies, etc.

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. I am here to assist you in this process.

Therapy, like all learning, takes time. You will need to test and practice what you learn in therapy. In general, the individual commitment of the patient is one of the biggest determining factors in positive outcomes to therapy. Your work, both inside and outside of the therapy sessions, will greatly enhance your overall experience. 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 will a “hit and miss” approach. The sessions are yours to do with what you choose although I will have general guidelines and suggestions that will assist you in the therapy process. The outcome in therapy is directly related to your desire to change and receive help. While most people benefit from psychotherapy, there is no guarantee that you or your family member(s) will be helped.

ABOUT YOUR THERAPIST: I am a licensed clinical social worker and have extensive experience in mental health counseling as well as many areas of general social work. I hold a master’s degree in Social Work from the University of Utah. In addition to my work in this therapy office, I also work in other educational, psychological, and social work settings.

ABOUT CONFIDENTIALITY: You should know that whatever you say in counseling or whatever information you provide will be held strictly confidential, with the following exceptions:

1. When you wish to have information released to another agency, hospital, school, or other qualified persons. In such a case you will need to sign a legal release.
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 Child Protective Services and/or law enforcement agencies.
5. In the case of minors where information is gained which parents have a clear need to know. However, to maintain therapeutic rapport and progress with minors, I will use discretion in sharing information.

Confidentiality, privacy, and privilege are ethical and legal concepts governed by professional ethical guidelines and specific state and federal laws such as the HIPAA Privacy Rule. Copies of federal HIPAA policies are available.

ABOUT FEES AND INSURANCE: The fee for my service in individual, couples, or family therapy is \$150.00 per session, usually lasting for up to 1 hour. I may have a contract with your insurance company for a different rate and if so, that rate will apply. If you do not have medical insurance, my cash rate is \$60.00 per session. Except where negotiated otherwise, my outside the office services (home, hospital, court appearances, etc.) are billed at \$160.00 per hour including travel time. Where possible, I will take telephone calls outside the office if there is a pressing issue. I do not charge for brief phone consultations, however, calls that last longer than 10 minutes may be subject to a charge of \$30.00 per 15 minutes.

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 charge of \$50.00 will be made for appointments not cancelled at least 24 hours in advance.** You will be responsible to pay the “no-show” fee as this charge may not be billed to your insurance company. The billing for my services may be assigned to Alpine Counseling Center or other billing and collection services.

Patient Information:

Full Patient Name _____ Age _____ Gender M F
Primary Contact Phone _____ Home Cell Work Date of Birth _____
Secondary Contact Phone _____ Home Cell Work Email _____

(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 _____
House Number/Street City State Zip Code

Parent Name (s) (for minors) _____

Emergency 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 Code

Subscriber Name _____ Subscriber Date of Birth _____

Secondary Insurance Company _____ Policy # _____ Group# _____

Address _____ Phone _____
Street City State Zip Code

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 Mr. Jenkins 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 will be made for sessions where co-pay is not made when it is due. 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: Mr. Jenkins subscribes to all current legal requirements and ethical guidelines for mental health 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 both sides of this form and have received a copy of the ACC privacy practices.

Reviewed and Agreed: _____

Signature

Date