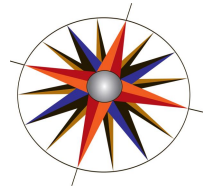


# Christopher Mundale, Ph.D.

Licensed Clinical Psychologist

PSY 16147



## NEW CLIENT REGISTRATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone: [Home] \_\_\_\_\_ [Work] \_\_\_\_\_ [Cell] \_\_\_\_\_

Which number should I use to reach you? \_\_\_\_\_ Email: \_\_\_\_\_

If client is a minor, list responsible parties: \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Do you have a secondary policy that covers mental health benefits?

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Yes No

Insured's Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you currently in treatment with any other mental health professionals? Yes No

Are you taking medications for this or any other problems? Yes No

If yes, please list: \_\_\_\_\_

Please check if the reason for this visit is  an auto accident  other accident  employment

Is this visit related to a legal matter? Yes No

If yes, please give details: \_\_\_\_\_

*Please read the second page of this form carefully. It provides basic information about psychological services, as well as the office and financial policies of my practice.*

## CLIENT INFORMATION

### Treatment:

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Psychotherapy typically involves regular sessions, usually 50 minutes in length. Duration of treatment varies depending on the nature of the problem and your individual needs. Please note that insurance companies generally only reimburse for solution-oriented, medically necessary treatment.

**Once an appointment hour is scheduled, you will be expected to pay the full contracted rate (not the copayment) unless you provide 24 hours advance notice of cancellation, or we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Please initial here to indicate your understanding of this policy.**  \_\_\_\_\_

You have the right to end therapy at any time and are obligated only to pay for completed sessions.

### Confidentiality:

Today my office will provide you with a personal copy of my Notice of Privacy Practices. This notice explains your rights, my legal duties and my privacy practices. It also describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. In addition to what is listed in the Notice, please note that I am obligated to break confidentiality in cases where I have reasonable suspicions of child abuse, elder abuse, threats of violence against others, or risk of suicide.

### Contacting Me:

I am in my office Monday through Thursday; however, when I am with a client I am unable to answer the telephone. If I am unavailable, or if it is after business hours, your call will be transferred to my voicemail. I respond to all voicemail messages as promptly as possible. If your call is an urgent situation, follow the instructions to leave an "urgent message" in my voicemail and I will be notified, twenty-four hours a day. In case of emergency, you should always dial 911.

### Fees:

My regular hourly fee is \$140. Other services, including report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, etc., will be billed at the same rate. You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Because of the complexity of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.

Checks returned for insufficient funds will result in a \$20 charge. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of hiring a collection agency to secure the payment. If such legal action is necessary, its costs will be included in the claim.

If you wish to use your mental health insurance coverage, I will bill your carrier and assist with insurance reimbursement. However, please be aware that, in all cases, charges are the patient's responsibility. In addition, any co-payment necessary should be made at the time of the session. Please initial here to indicate your agreement with this policy:  \_\_\_\_\_

*I have read and understand this statement of office and financial policy and agree to its terms. I hereby give my consent for evaluation and/or treatment of myself/ my child. If I am seeking evaluation or treatment for a minor child I further certify that I have the legal authority to do so without the consent of another parent with custodial rights, or any other person. I also acknowledge receipt of the Notice of Privacy Practices.*

Name (printed):  \_\_\_\_\_

Signature:  \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_