

Date: _____ Referred by: _____

Name: _____

Last First Middle

Address: _____

Street/PO Box City State Zip

Billing Address: _____

Street/PO Box City State Zip

Birth date: _____ Sex: _____ Social Security #: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Number the following in order you prefer to be contacted and **NO** by any you do not want to be contacted:

Home: _____ Cell: _____ Work: _____ Email: _____ Text: _____

Spouse/Parent Name: _____ Contact #: _____

Emergency Contact? _____

Name Number

Insurance Information

Primary Insurance Company: _____

Policy Holder's Name: _____

Social Security/Policy #: _____ Name of Employer: _____

Secondary Insurance Company

Primary Insurance Company: _____

Policy Holder's Name: _____

Social Security/Policy #: _____ Name of Employer: _____

I understand that my insurance is filed as a courtesy, but the bill is my responsibility. I authorize Nicole Bauer Counseling, PLLC/Nicole Bauer, LPC to use my health care information and may disclose such information to the above named insurance company(s) and their affiliates for the purpose of determining benefits and obtaining payment. I understand that Nicole Bauer Counseling, PLLC/Nicole Bauer, LPC does not provide court evaluations and will not release information including letters, statements or copies of record(s) to lawyers.

Appointments not canceled with 24 hour notice may be subject to a \$50.00 fee.

Patient/Guardian Signature: _____

Client Name: _____ Date of Birth: _____

**Consent to Treatment
For Clinical Intake & Outpatient Therapy**

I do hereby seek and consent to take part in treatment with Nicole Bauer Counseling, PLLC. I understand that developing a treatment plan with Nicole Bauer, LPC and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by Nicole Bauer, LPC.

I am aware that I may stop my treatment with Nicole Bauer, LPC at any time. I will be responsible for paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, Nicole Bauer, LPC may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

Signature of client and/or Legal Guardian for client

Date

Printed Name

Relationship to client (if necessary)

I, Nicole Bauer, LPC/Nicole Bauer Counseling, PLLC have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Nicole Bauer, MA, LPC

Date

☐ Copy accepted by client ☐ Copy to EHR (Electronic Health Record)

This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.

Notice of Privacy Practices/HIPAA

Nicole Bauer Counseling, PLLC only releases information in accordance with state and federal laws and the ethics of the counseling profession. Nicole Bauer Counseling, PLLC treats all Protected Health Information as confidential and privileged information. Your medical information will be used for treatment, payment, and in healthcare operations. This notice describes policies related to the use and disclosure of the client's healthcare information. Nicole Bauer Counseling, PLLC is required by law to protect the privacy of health care information about you and that identifies you. This may be information about the care I provide to you or payment for care provided to you.

In this Notice of Privacy Practices, you, as a client have rights under state and federal law HIPAA (Health Insurance Portability and Accountability Act). "Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes."

TREATMENT Use and disclose health information to:

- provide, manage or coordinate care.
- referral sources.
- primary care physicians (to acquire Carolina Access Referral and NPI for billing purposes).

PAYMENT Use and disclose health information to:

- verify insurance and coverage.
- process claims and collect fees / obtain payment from third-party payers.

HEALTHCARE OPERATIONS Use and disclose health information for:

- review of treatment procedures.
- review of business activities.
- certification.
- compliance and licensing activities.

PERSONS INVOLVED IN CARE May disclose medical information about you to a relative or other person you identify if that person is part of your care. If the client is a minor, information may be disclosed to a parent, guardian or other person responsible for the minor.

REQUIRED BY LAW Will use and disclose healthcare information about you whenever required by law. There are many state and federal laws that require us to use and disclose healthcare information. State law requires me to report abuse or neglect to the Department of Social Services.

NATIONAL PRIORITY USES AND DISCLOSURES When permitted by law, Nicole Bauer Counseling, PLLC may use or disclose medical information about you for various activities are recognized as national priorities. The government has determined that under certain circumstances, it is important to disclose medical information without the client's permission. Medical information disclosed about you in the following circumstances will be permitted by law: threat to health and safety; public health activities; abuse, neglect or domestic violence; health oversight activities; court proceedings; law enforcement; research organizations; certain government functions.

PROTECTED HEALTH INFORMATION

The following uses and disclosures of Protected Health Information will be made only with a client's (or authorized representative's) written authorization: 1) most uses and disclosures of psychotherapy notes, if applicable; 2) uses and disclosures of Protected Health Information for marketing purposes; 3) uses and disclosures that constitute a sale of Protected Health Information; and 4) other uses and disclosures not described in the Notice of Privacy Practices provided to you. Individuals will be notified if there is a breach of unsecured Protected Health Information.

CLIENT RIGHTS: Nicole Bauer Counseling, PLLC will only disclose information with your permission by Release of Information. Other uses and disclosures without your consent may consist of: mandated reporting (of abuse and neglect), emergencies, and in legal proceedings.

Right to inspect and copy your medical billing records:

- right to have a copy records.
- counselor may deny this request, if documentation in the record may be detrimental to the client.
- there may be charges for copying, mailing, etc.

You have a right to release your medical records:

- through written authorization to release records to others (Release of Information).
- right to revoke Release of Information in writing.
- revocation is not valid to the extent that you have acted in reliance on such previous authorization.

Right to add information or amend your medical records:

- may request to amend record.
- the counselor may deny the request.
- if denied, right to file disagreement statement.
- disagreement state and your response will be filled in the record.
- amendment request must be in writing.

Exceptions are:

- disclosure for treatment, payment or healthcare operations.
- disclosures pursuant to a signed release.
- disclosure made to client.
- disclosures for national security or law enforcement.

Right to request restrictions on uses and disclosures of your Healthcare Information:

- This request must be in writing.

Initial the following:

- _____ You agree to communicate via text message for reminder of appointments.
- _____ You agree to communicate via email for reminder of appointments.
- _____ You agree to allow Nicole Bauer Counseling, PLLC to leave a voice mail message if you are unavailable.

**By signing below, I acknowledge receipt and understanding of the
Notice of Privacy Practices/HIPAA with Nicole Bauer Counseling, PLLC.**

Client Signature

Date

Parent/Guardian Signature

Date

Nicole Bauer, MA, LPC

Date

LPC Professional Disclosure Statement

Thank you for choosing me to be your therapist and walk alongside you on this journey. I look forward to working with you. The purpose of this document is to provide you with information about my background, my therapeutic approach, the counseling process and our professional relationship. If you have questions regarding anything covered in this document, I encourage you to contact me immediately so that I can answer your questions.

My Qualifications

I hold a Bachelor of Science in Psychology from the University of South Carolina and a Master of Arts in Marriage and Family Therapy from Liberty University in Lynchburg, VA. I am licensed as a Licensed Professional Counselor in the State of North Carolina (12778).

Counseling Background

For more than 12 years, I have worked in Community Mental Health as a program manager, community director and clinical director. I have supervised several mental health programs to include Mobile Crisis Management for 8 counties, several Multisystemic Therapy teams, Intensive In-Home Therapy teams and a FEMA sponsored disaster response counseling team. I have been the director of a mental health clinic that included outpatient therapy as well as psychiatric services. In my experience with community and facility based mental health services, I have worked with youth, families, individuals, schools, law enforcement, hospitals and community members to create a collaborative environment for change. While, my work as a director of mental health services was challenging and quite rewarding, I am thankful for the time I am now able to spend working with my clients at Nicole Bauer Counseling, PLLC to help them navigate life's challenges, build their "tool box" and achieve the goals they have established for themselves.

Clients I have worked with in the past include children, adolescents, adults, couples and families. I have also worked with adults struggling with substance abuse and addiction. The main theoretical orientation I use in counseling is Client Centered Therapy, Cognitive-Behavioral Therapy (CBT) and Eye Movement Desensitization Reprocessing (EMDR). However, it is my belief that there is not one particular theory or approach that works for every individual and every situation. So, together, we will identify specific goals and based on those goals, I will adjust my techniques to best meet the client's individual needs.

When counseling children and adolescents, I feel that parent participation and input is vital to the child's success in counseling and I like to remind parents that they are the biggest instrument of change in their child's life. In my work with couples and families, we work from a strengths based perspective and build upon those skills and strengths to increase understanding, respect and warmth.

Session Fees and Length of Service

Therapy session will last 50 minutes unless we agree together to have an extended session. The fee for an initial session is \$125. Each session thereafter is \$100. Other fees will only be charged after being discussed and agreed upon (ie., workbooks, counseling tools, etc.).

I accept Blue Cross/Blue Shield of NC, Aetna, Magellan, Cigna, Tricare and Medcost. Depending on your specific insurance plan, you will likely be required to pay a co-pay. That will be collected at the beginning of each session. I accept payment in the form of cash, money order, credit card, debit card and ApplePay. Your fee has been agreed upon at \$_____.

At the end of each session, we will schedule the next appointment. To make sessions more effective, please try to do the following:

- Be prompt for your appointment, if you are 15 minutes late, you may not be seen and will have to reschedule.
- If you need to cancel an appointment, please do so as soon as possible; at least 24 hours in advance. If you do not show for your appointment and do not give prior notice, you may be charged a \$50 no-show fee.
- Progress in therapy is dependent on consistency in attendance to therapy.

If I am requested by you, your attorney or someone from the court to speak on testify or participate in court proceedings, I will charge an hourly fee of \$250 for time required for preparation with my personal attorney, travel and attend the court proceedings. This payment will be due upon immediate receipt of my invoice.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have a “mental health disorder” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

All of our communication becomes part of the HIPAA protected, clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: Complaints@ncblpc.org

Acceptance of Terms:

I/We agree to these terms and will abide by these guidelines.

Client Signature

Date

Parent/Guardian Signature

Date

Nicole Bauer, MA, LPC

Date

FINANCIAL INFORMATION/AGREEMENT

Client's Name: _____

Health Insurance Company: _____

Name of Policyholder (if not the client): _____ DOB of Policyholder: _____

Policy #: _____ Certificate/Group #: _____ Co-Pay : _____

Fees for Service

Nicole Bauer Counseling, PLLC accepts BC/BS, NC Health Choice, REACH EAP, KV Consultants & Associates EAP, Cigna, United, Tricare and Self-Pay. Methods of payment accepted at the time of service: cash, credit card, debit card, Health Savings Plan debit card & ApplePay. **Depending on your insurance, you may be required to pay a co-pay, of which will be collected at the time of each session.** The following fees apply and are due, via check or cash, at the time of service, unless you are only required by your insurance to pay a co-pay:

- Clinical Intake \$125.00/per incident
- 50+ minute session for Individual Therapy \$110.00 /per session
- Family/Couples Session \$110.00/per session

You are responsible for all charges not covered by your insurance. You will be billed any remaining charges your insurance does not cover. You will be expected to pay this balance within 30 days of the date of the bill.

CANCELLATION/NO-SHOW OF APPOINTMENTS

Please notify Nicole Bauer, LPC/Nicole Bauer Counseling, PLLC within 24 hours of your appointment, if you need to cancel. Not contacting Nicole Bauer, LPC/Nicole Bauer Counseling, PLLC regarding a cancellation or reschedule within 24 hours of the appointment, as well as a NO-SHOW for an appointment, may result in a "no-show/late cancelation fee", of which you will be expected to pay before your next Outpatient Therapy visit. Should you NO-SHOW for your appointment a letter will be sent by Nicole Bauer Counseling, PLLC. If you do not respond within 2 weeks of the date of the letter, Nicole Bauer Counseling, PLLC will assume you want to discharge from Outpatient Therapy services.

If you arrive more than 15 minutes after your scheduled appointment time, your appointment will need to be rescheduled and you may be charged the NO-SHOW fee, of which will be due before your next Outpatient Therapy appointment.

ASSIGNMENT OF BENEFITS

I give this office permission to release any information obtained during examinations or treatment of this client that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself. By signing this Financial Agreement, I give Nicole Bauer, LPC/Nicole Bauer Counseling, PLLC permission to bill with the above Health Insurance carrier, as well as communicate with the Health Insurance carrier about the billing process. I understand the above health insurance carrier may request information from the client's record, including diagnosis, service and treatment plans, and progress notes (with client's permission).

I understand that I am responsible for all charges, regardless of insurance coverage.

I hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to the therapist above. A photocopy of this assignment is to be considered as good as the original.

Client's (or Parent/Guardian's) signature

Date