Northstar
Psychological Services

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West Des Moines, IA 50266
Phone: 515-225-6653
www.northstarpsychservices.com

Client Information

Client Name: _____ **Nickname:** _____ **Date:** _____

Date of Birth (DOB): _____ **Gender:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Primary Phone: _____ **Alternative Phone:** _____

I give permission to leave voicemail messages at: ☐ **Primary Phone** ☐ **Alternative Phone**

School: _____ **Grade:** _____

Parent or Legal Guardian Information (or if an adult client is covered by parent insurance)

1. Parent Name: _____ **Relationship to client:** _____ **DOB:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Primary Phone: _____ **Alternative Phone:** _____

I give permission to leave voicemail messages at: ☐ **Primary Phone** ☐ **Alternative Phone**

2. Parent Name: _____ **Relationship to client:** _____ **DOB:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Primary Phone: _____ **Alternative Phone:** _____

I give permission to leave voicemail messages at: ☐ **Primary Phone** ☐ **Alternative Phone**

An email appointment reminder will be sent ahead of your appointment if you wish. Please provide the email address you would like this reminder sent to: _____

Insurance Information

Primary Insurance

Insurance Company: _____ **Insurance ID Number:** _____

Group Number: _____ **Policy Holder Name:** _____

Policy Holder DOB: _____ **Policy Holder Employer:** _____

Secondary Insurance

Insurance Company: _____ **Insurance ID Number:** _____

Group Number: _____ **Policy Holder Name:** _____

Policy Holder DOB: _____ **Policy Holder Employer:** _____

Additional Information

Reason for today's appointment: _____

_____

_____

Previous mental health services/providers (psychological testing, outpatient therapy, day treatment, psychiatric hospitalization or PMIC) or mental health concerns/diagnoses: _____

_____

_____

_____

Current psychiatric medications/dosages: _____

_____

Medical concerns/conditions: _____

_____

Who does the client live with (parents/guardians, step parents, siblings, other relatives, etc): _____

_____

Extra-curricular activities: _____

_____

Employment: _____

Any legal involvement that the client is currently involved with (DHS, criminal case, probation):

_____

_____

Outpatient Services Contract

Welcome to Northstar Psychological Services, PLC. I look forward to working with you and/or your child/adolescent. Below you will find important information about my professional services and business policies. If you have any questions, please let me know and we can discuss them before you check mark or sign. When you check mark the boxes in designated areas and sign this document, it will represent an agreement between us for psychological services.

PSYCHOLOGICAL SERVICES

Psychological services include initial evaluation, and may also include formal assessment (testing), short-term consultation, psychotherapy, or a combination of more than one of these services. Each client's needs are unique and depend on their individual circumstances. All new clients, as well as clients who have not been seen within six months, will first undergo an initial evaluation. From there, I will be able to offer you impressions and recommendations for next steps, which may include but are not limited to assessment (testing), short-term consultation, or psychotherapy. I may be able to provide some of these services to you, or I can provide recommendations for alternative providers, resources, or services as appropriate.

Initial Evaluation

The initial evaluation takes place during your first session and is 45-50 minutes of face-to-face time. Please arrive 15 minutes prior to the session start time to complete intake paperwork or you may access it from the client portal or download it from the website for completion ahead of time and bring with you to the session. This session includes both the child/adolescent (the identified client) and parent(s). For adolescents, some of this session may be spent individually with me. I kindly request that alternative arrangements be made for other children in the family during this session, as there tends to be a lot of information to cover initially, as well as to provide some privacy to the child/adolescent being seen, as some of the information covered may be sensitive.

In this session, background information and history are gathered, questions/concerns prompting evaluation are discussed, and a plan is made for moving forward. In some cases, initial checklists/screening measures may be provided to be completed by the client, parents, and/or teachers to gather further information. A follow-up session may be scheduled to review these checklists, continue to gather information, discuss initial diagnostic impressions or recommendations, or plan for further services if necessary.

Assessment (Testing)

Psychological assessment (also referred to as "testing") is a time-limited service designed to provide clarification or answer specific questions about areas of concern. Some clients receive diagnoses and treatment without formal psychological testing, but for others it can be helpful in providing clarification around diagnosis, providing new insights to assist in treatment, providing documentation of eligibility for additional services, or supporting access to accommodations in the educational setting. Testing typically takes place over one to four sessions after the initial evaluation session(s). I will select the tests to be administered based on the questions or concerns presented in the initial evaluation. Some insurance plans require pre-authorization of testing services, so in some cases, the test administration sessions will be scheduled after pre-authorization is obtained. In other cases where pre-authorization is not required, test administration sessions may be scheduled at the end of the initial evaluation.

Testing includes both face-to-face administration time and indirect time (test scoring, interpretation, integration of information, report writing). Test administration sessions typically last approximately two hours each. The pace of these sessions is determined by the client's age, ability level, focus level, cooperation, etc. Breaks in between testing tasks may be taken to assist with this process. I typically meet with the child/adolescent individually for test administration. I request that parents remain in the waiting room during the testing sessions in case their assistance is needed at some point during the assessment, unless otherwise discussed with me. Once all test administration sessions are completed, I will score, interpret, integrate, and write into a report the results of the testing, including any recommendations or diagnosis. This report will be sent to you after it is completed. Please note that this may be up to 4-6 weeks after completion of all test administration. I make every effort to complete and return this as quickly as possible, but this is an estimation of time and it is important to note that there may be other factors that impact its completion.

After you have a chance to review the testing report, a feedback session is recommended to be scheduled with me. This session lasts 45-50 minutes and is an opportunity to review together the test results, address further questions, and discuss recommendations. Typically, the therapeutic relationship ends at the conclusion of this process. However, in some cases, you may wish to follow-up with me for consultation on a short-term basis after the assessment to discuss specific topics. Topics that may prompt short-term consultation may include accessing/implementing educational plans (504/IEP), discussing strategies for use at home or school to best support client, or assisting with accessing additional resources that may be helpful. If ongoing therapy or psychiatric (medication) services are needed, I may provide referrals to you for these ongoing services.

Psychotherapy

I see children, adolescents, and some young adults for therapy to address a variety of concerns. Parents may also be involved to a certain extent in the therapy process with their child/adolescent to assist in providing information or insights, building parenting strategies in light of what their child/adolescent is working on, or to address relationship/communication concerns with their child/adolescent. Therapy appointments involve 45-50 minutes of face-to-face time. The number of therapy sessions recommended varies depending on each client's circumstances for being seen. Building a solid therapeutic relationship is an important part of this process. It is also essential that a child/adolescent being seen is ready, willing and able to participate in the therapy process. If there are concerns in these areas, I will address these with you to see if this can be worked through to continue therapy. If obstacles remain, determinations will be made about continuing therapy at that time or I may provide recommendations for alternative resources, services, or providers that might be a better fit.

I operate from primarily cognitive-behavioral and developmental perspectives. This means assisting a client in understanding how their thoughts, feelings, and behaviors impact one another, as well as taking into consideration the context of where a client is in their developmental process. Therapy sessions may include talking through concerns, but may also include the use of therapeutic games, writing/drawing activities, or the use of stories/books/visual resources to assist in processing through concerns or building insight/skills, especially with younger clients.

Benefits and Risks

All psychological services can have benefits and risks. Because these services sometimes involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychological services have also been shown to have benefits for people who go through it. Psychological services can often assist people in bettering their

relationships, providing clarification, guidance or solutions around specific problems, and significantly reducing feelings of distress. However, there are no guarantees as to what you will experience.

Psychological services involve a significant commitment of time, money, and energy, so you should be very careful about the provider you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I would certainly encourage and support you to arrange a meeting with another mental health professional for a second opinion.

COST FOR SERVICES

Some insurance plans provide coverage for psychological services, which can assist with some to all of the cost. Northstar Psychological Services, PLC works with Wellmark Blue Cross/Blue Shield and Midlands Choice (which includes Cigna and some HealthPartner plans). Northstar Psychological Services, PLC will make every effort to work with your insurance to obtain coverage, but I also recommend that you contact your insurance company to ask about your coverage for psychological services. Please note there may be different coverage for psychotherapy versus psychological assessment/testing. For psychological assessment/testing, some insurance companies require pre-authorization before these services are approved, which I will submit. Although psychological assessment/testing may be a covered service through your insurance plan, depending on the type of testing requested, your insurance may or may not authorize the testing, or set limits around it. If assessment/ testing is a covered service through your insurance plan, but you have a deductible, please note that assessment/ testing may go towards the deductible. If there are out-of-pocket costs for the assessment/testing, I will do my best to provide a general estimation of this cost ahead of starting the assessment/testing. You are responsible for all balances not covered by your insurance plan.

Northstar Psychological Services, PLC also accepts private pay for services. My hourly fees are $240 for an initial evaluation (first appointment or first appointment after a break of 6 months or more), and $180 per hour for all follow up sessions, including assessment/testing, consultation, or psychotherapy. Please note that hourly fees cover 45-50 minutes of face-to-face time and 10-15 minutes for me to conduct clinical documentation.

I know that your time is valuable, and I hope that you value mine as well. When you schedule an appointment, this is professional time set aside specifically for you. I will make every effort to keep and begin your session at the scheduled time. If you are running late for your appointment, we may be able to meet for a shortened session. If you are more than 15 minutes late for your appointment, we will typically need to reschedule. If you are unable to keep your scheduled appointment, I request **24 business hour notice** to cancel therapy, test feedback, or consultation sessions, and **48 business hour notice** to cancel test administration appointments (as these are typically scheduled for longer time slots than one hour). If you miss your appointment without giving this notice or cancel with less than 24 or 48 business hour notice depending on your appointment type, a fee of $75 per scheduled hour will be applied. If you are scheduled for test administration, please note this includes $75 per hour of testing scheduled. Exceptions may be offered in extenuating circumstances (i.e.: severe weather or emergencies) at my discretion. Please call or email me ahead of your appointment in these circumstances and we can discuss. Missed or late cancel fees are not covered by insurance. If there is a pattern of missed or late canceled appointments, Northstar Psychological Services, PLC reserves the right to terminate all services.

I charge the $180 per hour rate (although I will prorate it if I work for periods of less than 1 hour) for other professional services you may require of me, which might include but are not limited to preparation of treatment

summaries, other paperwork, or letter writing. Please allow 5 business days for completion of any paperwork. This completion time may be extended if I am out of the office when the request is made. This $180 per hour rate also includes telephone conversations, with you or other professionals involved in your care, lasting longer than 10 minutes. If copies of records are requested to be sent to other providers, facilities, insurance companies, or other entities, a charge of $35 applies. A current, signed release of information is required before any paperwork, letters, or records are sent out or telephone communication occurs with other parties. Links to release of information forms are available on the website.

Legal Proceedings

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although my responsibility to your child may require my helping to address conflicts between the child's parents, my role will be strictly limited to providing assessment/testing or treatment to your child. I do not conduct child custody/visitation evaluations. You agree that in any child custody/visitation proceedings, neither parent will seek to subpoena my records or ask me to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing my opinion about parental fitness or custody/visitation arrangements.

If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, I will provide information as needed, if appropriate releases are signed or a court order is provided, but I will not make any recommendation about custody/visitation. Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at the rate of $400 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

Billing/Payment

If you are using insurance, Northstar Psychological Services, PLC will submit claims for services rendered. As noted above, there are times when insurance companies may also require pre-authorization for certain psychological services we discuss, such as assessment/testing. Northstar Psychological Services, PLC will also submit these pre-authorizations. **By using your insurance, you authorize Northstar Psychological Services, PLC to release such information for claims or authorization to your insurance company. We will try to keep that information limited to the minimum necessary.** Please provide me with any changes to your insurance at the time of your visit so that we have accurate and up-to-date information for billing.

All co-pays, coinsurance, deductibles or other fees for services will be due at the time of service. You may pay by cash or credit card. You are responsible for all balances not covered by your insurance plan. "Past due" accounts are those which are not paid in full within thirty days of the date of the original invoice. Interest will be charged at the rate of 1.5% per month on all "past due" accounts. Northstar Psychological Services, PLC reserves the right to deny further services to clients with past due account balances. If an account becomes significantly delinquent, Northstar Psychological Services, PLC reserves the right to refer these accounts to a collection agency or small claims court. In this case, the client will be responsible for the reasonable costs, fees and expenses incurred to collect on the past due amount. In most collection situations, the only information Northstar Psychological Services, PLC will release regarding a client's services is his/her name, the dates, times, and nature of services provided, and the amount due. Any account that is sent to a collection agency will result in the termination of services. I genuinely hope that this does not become the case for any client, so please discuss this with me promptly if you are having an issue with payment.

Northstar Psychological Services, PLC employs business associates (electronic health records, billing services) who are subject to HIPPA laws for protecting your health information. **You consent to allow Northstar Psychological Services, PLC to use these services for business purposes.**

☐ **I consent to the Cost for Services policies of Northstar Psychological Services, PLC**

COMMUNICATION

Office hours are by appointment, Monday - Thursday. The office is closed on Fridays. The most preferred way to reach me outside of your appointment is by telephone or email, but please note I am not usually immediately available and I do not have in-house support staff. You may leave a confidential voicemail, which I typically check throughout my office hours, with your first and last name and reason for calling. I will make every effort to return your call as quickly as I possibly can, unless I am out of the office for an extended period of time. If this is the case, I will indicate when I will return on the voicemail greeting. For current clients, we will also make arrangements for your care ahead of time during any extended absence. Please be mindful of the communication you send through email, as I cannot guarantee the confidentiality of these communications.

If your reason for calling is an emergency, please call 9-1-1 or go to your nearest emergency room and ask to speak with the psychologist/psychiatrist on call.

Please note, I do not provide therapeutic interventions/advice or testing feedback via telephone or email. If these matters need to be discussed, this needs to occur during an appointment.

To further protect your privacy, I do not communicate with clients over social media, such as Facebook, Twitter, Instagram, etc.

☐ **I consent to the Communication policies of Northstar Psychological Services, PLC**

CONFIDENTIALITY

In general, the privacy of all communications between client and psychologist is protected by law, and Northstar Psychological Services, PLC can only release information about our work together to others with your written permission (please see Release of Information form). However, there are a few exceptions. Please see the HIPPA Notice of Privacy Practices for further details. If you have any questions about this information, please let me know at any time. The major exceptions to confidentiality include when I need to share information about a client's work with me without the written consent of the client or parent/legal guardian in cases where I am legally obligated to take action to protect others from harm. This may include, for example, cases where I suspect a child or vulnerable adult is being or has been abused or neglected. In these cases, I am obligated to make a mandatory report to the Department of Human Services, a state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is

important to our work together.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.

Confidentiality and Minors

Mental health services are most effective when a trusting relationship exists between the psychologist and the client. Privacy is especially important in earning and keeping that trust. As a result, it is important for children and adolescents to have a "zone of privacy" where they feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

If your child or adolescent is seeing me for therapy, it is my policy to provide you with general information or periodic updates about your child/adolescent's treatment, but not to share specific information they have disclosed to me without their agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child/adolescent at risk of serious and immediate harm. However, if your child/adolescent's risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether they are in serious and immediate danger of harm. If I feel that your child/adolescent is in such danger, I will communicate this information to you. Even when we have agreed to keep your child/adolescent's treatment information confidential, there may be times where you are asked to participate in a session or I may believe that it is important for you to know about a particular situation that is going on in your child/adolescent's life. In these situations, I will encourage your child/adolescent to tell you, and I will help them find the best way to do so. Also, when meeting with you, I may sometimes describe your child/adolescent's problems in general terms, without using specifics, in order to help you know how to be more helpful to them.

If your child/adolescent is being seen for assessment/testing, this is a process that typically involves much more communication between the child/adolescent, parents and psychologist, as well as others involved in their care, such as other healthcare providers or educators. The extent of this varies related to the concerns being addressed in the assessment/testing. This communication may be verbal or written, or involve completion of checklists, inventories, etc. as a part of the assessment/testing. The results will also be communicated in a written report sent to the parents of the child/adolescent at the end of the assessment/testing process and often times also involves a feedback session to discuss the results.

Protected Health Information and Records

Northstar Psychological Services, PLC is legally and ethically obligated to originate and maintain written and/or electronic record containing your Protected Health Information (PHI). This includes records describing your health history, symptoms, test results, diagnosis, treatment, and any plans for future care or treatment.

Northstar Psychological Services, PLC is required by the Health Insurance Portability & Accountability Act of 1996 (HIPPA) to make sure that your PHI is kept private and also to inform you of our privacy practices. Your PHI can and will be used as:

- A basis for planning your care and treatment
- A source of information for applying your diagnosis and procedure information to your bill

- A means by which a third-party payer can verify that services billed were actually provided
- A tool for routine health operations such as quality assurance

Under HIPPA, and as further explained in Northstar Psychological Services, PLC's Notice of Information Privacy Practices you have the following rights and privileges:

- The right to review the notice prior to signing this consent
- The right to request restrictions as to how you PHI may be used or disclosed.

Northstar Psychological Services, PLC is not required to agree to the restrictions requested. You may revoke this consent, in writing, except to the extent that the organization has already taken action in reliance thereon. By refusing to sign this consent or revoking this consent, Northstar Psychological Services, PLC may refuse to treat you as permitted by Section 164.506 of the Code of Federal Regulations.

I wish to have the following restrictions to the use or disclosure of my health information:

_____

Northstar Psychological Services, PLC reserves the right to change the privacy notice and practices from time to time.

If you would like a more detailed account of these policies and procedures concerning the privacy of your PHI, a copy of Northstar Psychological Services, PLC's Notice of Privacy Practices and Client's Rights and Responsibilities Statement is available at any time from Molly Daniel, Psy.D. or on the office website, www.NorthstarPsychServices.com.

The client, or the parent or legal guardian of the client, has the right to access a copy of the client's record, or I may prepare a summary instead. I reserve the right to use my clinical judgement in responding to requests for records.

In working with minors, parents have access to their child/adolescent's records until they turn 18 years old. I strongly encourage that parents or legal guardians refrain from requesting copies of their child/adolescent's records to assist in maintaining a "zone of privacy" for treatment and opt for a summary instead if general information is needed. In assessment/testing cases, a copy of the written report will be kept in the client's record. A parent or legal guardian of the client may access copies of this report until the client turns 18, at which time, the client would need to authorize access to copies of this report going forward.

☐ **I consent to the Confidentiality and privacy policies of Northstar Psychological Services, PLC**

INFORMED CONSENT FOR SERVICES

I agree and consent to participate in behavioral health services provided by Molly Q. Daniel, Psy.D. at Northstar Psychological Services, PLC. If the client is under the age of eighteen or unable to consent to treatment, I attest that I have the legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

If the client is less than 18 years of age, the parent/legal guardian completing this paperwork shall assume financial responsibility for all services rendered.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

_____ _____

Client/Parent or Legal Guardian Signature Date