

Barbara Winter PhD PA

psychologist • sexologist • csat

2295 Corporate Blvd NW #231 • Boca Raton, FL 33431 • 561.995.4004

www.drbarbarawinter.com • barbara@drbarbarawinter.com

CLIENT INTAKE

NAME _____ AGE _____ DOB _____ DATE _____

PARENT/LEGAL GUARDIAN (IF UNDER 18) _____

ADDRESS _____
Street City State Zip Code

HOME PHONE _____ CELL/WORK PHONE _____ E-MAIL _____
(Please indicate which numbers may/may not be used to contact you and/or leave a message/Email correspondence is not considered confidential)

EMPLOYED BY _____ ADDRESS _____
Street City State Zip Code

MARITAL STATUS _____ SPOUSES NAME _____ PHONE _____

CHILDREN'S NAME AND AGES _____

DRIVERS LICENSE # _____ STATE _____

PRIMARY CARE PHYSICIAN _____ PHONE _____

TREATING PSYCHIATRIST _____ PHONE _____

PERSON FINANCIALLY RESPONSIBLE FOR THIS BILL _____

WHO MAY WE CONTACT IN CASE OF EMERGENCY? _____ PHONE _____

WHOM MAY WE THANK FOR REFERRING YOU TO US? _____ PHONE _____

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on both sides of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status of the above information.

SIGNATURE

DATE

PARENT (If Minor)

DATE

*"My signature below acknowledges that I have received a copy of a typed 3-page document of my psychologist's explanation regarding his office policies and practices as they pertain to protecting the privacy of my and/or my child's medical and psychological health information in accordance with the **HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA)** (August 1996)"*

Patient and/or Parent Signature

Date

INSURANCE/MEDICARE ASSIGNMENT. I authorize Barbara Winter, Ph.D. P.A. to release to Social Security Administration, or its intermediaries or carriers, any information needed for this or a related claim. I request that payment of authorized benefits be made of behalf of the patient. I assign the benefits payable for services to Barbara Winter, Ph.D. P.A.

Patient and/or Parent Signature

Date

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CLIENT HISTORY

NAME _____ AGE _____ DOB _____ DATE _____

Briefly describe your reason for coming here _____

What significant life changes or stressful events have you experienced recently? _____

Please list any previous psychiatric, psychological or counseling treatment. Indicate the problems for which you sought treatment, the dates of treatment, and the provider _____

Please indicate whether you have ever had any testing for psychological/educational/vocational purposes. Describe the nature of the testing, dates and the provider _____

Have you ever attempted suicide? _____ If so, age at last attempt _____ Please explain _____

Are you currently under the care of a physician? _____ If so, by whom and for what? _____

Current medication(s) & dosage _____

Alcohol use _____ Tobacco/Vape Use _____ Drug Use _____

Please include any information which might aid in understanding and helping you _____

Please describe what you wish to accomplish in therapy _____

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PATIENT SERVICES AGREEMENT

Welcome to my practice. This document (Agreement) contains important information about my professional services and business policies. It contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for the use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. This Notice is available on my website.

When people start therapy they usually have a lot on their minds and do not always remember details about my office arrangements. Therefore, I am providing my policies in writing. I encourage you to take the time to read through these before your first appointment. Please feel free to bring up any questions you may have. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

PROFESSIONAL SERVICES: Psychotherapy has both benefits and risks. While it has been found to assist with symptom reduction, increased confidence, enhance problem solving, improve relationships and generally benefit the lives of those involved, there are times when painful emotions emerge and dealing with sensitive issues can become uncomfortable. Outcome in psychotherapy is difficult to predict. It is a function of the patient, the issues involved and the treatment provided. Psychotherapy is most useful when it is a collaborative process, that is, it involves participation on both the part of the patient and the therapist. While I have training and experience in various treatment modalities, not every person is for every therapist. Because psychotherapy is a large investment in time, money and energy it is important to carefully evaluate your decision in selecting a therapist. Should you choose to no longer continue treatment, it is important to have a termination session, where your concerns can be addressed and, if needed, a referral to another practitioner can be made.

APPOINTMENTS: Psychotherapy appointments are scheduled on, at least, a weekly basis. It is best to arrange your appointments for the same time each week. I make every effort to begin and end sessions on time. Unless urgent, phone calls are not taken during sessions. Since successful treatment requires continuity, you should plan ahead to avoid any problems in coming to your appointments.

FEES & PAYMENT: There is a standard office fee for psychotherapy sessions, depositions and testimony (billed portal to portal). Fees for telephone/email/text consultations, that exceed ten (10) minutes, are the same as for the session, prorated to the actual time. Testing fees are reviewed at the time of the testing. There is no charge for brief (less than 10-minute) treatment-related telephone consultations with patients or collateral professionals (clinicians, school staff, psychiatrists, attorneys, etc.). More in-depth telephone consultations will be charged for at the hourly rate.

Payment is expected at the time of your session; new patient appointments and weekend appointments require payment at least 48 hours prior to the appointment. Intensives require payment (50%) at the time of booking. Your sessions can be submitted directly to your private insurance carrier on your behalf.

This office reserves the right to charge **interest** (1.5% per month) on any unpaid balance and to provide confidential information to third party collection companies/attorneys in cases of nonpayment.

Accepted payment includes cash, check, Venmo and credit cards.

PSA-Page two

INSURANCE: Many of the costs of outpatient psychotherapy are covered by health insurance. It is recommended that you check your insurance coverage prior to the first session. There are an infinite number of insurance carriers. Each carry with it a different deductible, co-pay and/or coinsurance and annual limit. I am **not contracted** with any insurance company other than Medicare. *You, and not your insurance company, are legally responsible for full payment of my fees.*

A note to Medicare patients: I participate with Medicare and **not** Medicare Replacement or "Complete" Plans; as such I am not required to take plans outside of Medicare. This office does **not** bill secondary insurance plans; therefore, you must have automatic crossover/coordination of benefits OR you will be required to pay the co-pays at the session and seek reimbursement from your secondary carrier.

CANCELLATIONS: Cancelled appointments **24 hours** in advance will relieve you of any financial obligation for that time slot. Failure to cancel within **24 hours**, for any reason, will result in your being billed the full fee of your scheduled session unless we both agree that you were unable to attend due to circumstances beyond your control. An inability to attend due to most illnesses or babysitting conflicts can often be handled with Tele-therapy. Insurance companies do not provide reimbursement for these sessions. Since this time slot is set aside only for you, I thank you for respecting my professional boundary.

CONFIDENTIALITY: Your communications, conversations and records, as well as the knowledge that you are a patient are confidential and privileged information, as defined by professional ethics and the laws of the state of Florida. This is outlined in the HIPAA statement.

Information cannot be released to anyone without your expressed consent. The exceptions to this rule are situations involving dangerousness to self or others, child abuse and certain legal situations, in which case the appropriate authorities need to be notified. If you wish for information to be released to others, you will need to complete and sign a "Consent for Release of Information" form.

If you are seeing a psychiatrist or family physician for psychotropic medication, you will need to provide a written release of information so that I may confer with your doctor for the purpose of furthering your treatment.

In the event that a subpoena for records or testimony is received, you will be notified and asked to provide a release of information from this office. Should you wish to refuse the subpoena, either you or your attorney will need to provide written documentation to this effect. Forensic services are not covered by insurance carriers and are subject to the forensic rates.

In some cases, your contract with your health insurance company will require that I provide them with information relevant to the services provided in order to receive authorization and/or payment for psychotherapy sessions. In some cases, they may request details and even a copy of your confidential record. You will be notified if they require more information such as reports and/or treatment plans and those forms made available to you should you request them. If you have a problem with this, you need to notify me immediately.

MESSAGES & TELEPHONE CONSULT: Since the practice is primarily for outpatient diagnostic and psychotherapy services, there is no guarantee of around-the-clock availability. The voicemail/text takes messages 24 hours a day. Please leave a message and a number where you can be reached. Every attempt is made to return your phone call the same day. If you leave a non-urgent message on the weekend, your call will be returned the next business day. I am also accessible by email (barbara@drbarbarawinter.com) and can generally respond within a few hours. You may use phone/text/email for scheduling purposes as well; no email is completely secure. Please do not use SMS (mobile phone text messaging) or messaging on social networking sites such as Facebook, Twitter or LinkedIn as these sites are not secure and I may not get your message in a timely fashion. Do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship as it could potentially compromise your confidentiality.

COUPLES THERAPY: Please note that the patient is the couple. There are however exceptions, such as when I meet privately with you to resolve individual issues, e.g., prior trauma. I do not employ a strict no-secrets policy with every couple; this is agreed upon per couple. With regards to the former, however, the nature of the private consultation needs to be revealed within the couple's session. The exception to this is what happens in discernment counseling.

SOCIAL NETWORKING POLICY: This section outlines my office policies related to use of Social Media. It is important that you understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Twitter, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. I keep a Facebook Page for my professional practice to allow people to share my blog posts, pertinent articles and practice updates with other Facebook users. You are welcome to view my Facebook Page and read or share articles posted there, but I do not accept clients as

PSA-Page 3

Fans of this Page. I believe having clients as Facebook creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of Fans to know that they will not find client names on that list. If you have questions about this, please bring them up when we meet and we can talk more about it.

I publish a blog on my website and I post psychology news on Facebook, Twitter and LinkedIn. I have no expectation that you as a client will want to follow my blog, LinkedIn posts or Twitter stream. There are private ways to follow me on Twitter, such as using an RSS feed or a locked Twitter list, which would eliminate you having a public link to my content. I will not follow you back. I do not follow current or former clients on blogs or Twitter. I believe that casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangements towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share, please bring them into our sessions where we can view and explore them together, during the therapy hour.

USE OF SEARCH ENGINES: It is not a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (attending appointments, phone or email) there might be an instance in which using a search engine (to find you or someone close to you) becomes necessary as part of ensuring your welfare. In such cases, this will be discussed with you and documented fully.

BUSINESS REVIEW SITES: You may find my psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site.

You have a right to express yourself on any site you wish. Due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. Please do not use this medium to communicate indirectly with me about your feelings about our work, as it is likely that I may never see it. Should you intend to post an adverse review, I encourage you to speak about it prior to posting. If you choose to write something on one of these sites, I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

ASSOCIATION: Dr. Winter is in independent practice and not in legal or business association with anyone who may be working out of the same office, suite, floor or building.

Thank you for taking the time to review my Patient Services Agreement and Social Media Policy. If you have any questions or concerns about any of these policies and procedures or regarding our potential interactions on the internet, I encourage you to bring them up when we meet.

Print Name of Client

Signature of Client

Date