



NEW PATIENT INFORMATION

Client Information		Financially Responsible Person (if different)	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Home phone #		Home phone #	
Work phone #		Work phone #	
Cell phone #		Cell phone #	
Social security #		Social security #	
Birth date		Relationship to client	
Age		Employer	
Ethnicity		Insurance Information	
Relationship status		Insurance company name	
Employer		Address to mail claims	
Occupation		City/State/Zip	
Primary care physician		Phone #	
Psychiatrist		Policy holder's name (if different)	
How did you hear about me?		Policy holder's SS#	
Emergency Contact		Policy holder's birth date	
Name		Policy #	
Relationship to client		Group #	
Phone #		Date form completed	

Alison Cobb, PhD

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CONTRACT

This contract establishes our agreement to the various policies outlined in the New Patient Packet. Your initials and signature indicate that you have read the information provided and agree to abide by the Practice Policies, the Financial Policy, and the HIPAA Privacy Notice.

1. I have read the Practice Policies and agree to abide by their terms. **Initials:** _____
2. I have read the Financial Policy and agree to abide by its terms. **Initials:** _____
3. I have been provided a copy of the HIPAA Privacy Notice. **Initials:** _____
4. **Assignment and Release:** I acknowledge that Alison Cobb, PhD may release to third party payers requested medical and/or other information necessary to process my claim(s). I recognize that this information may include medical, psychological and psychiatric information and diagnosis. I hereby assign to Alison Cobb all benefits which are or shall become payable from any third party payer who is responsible for payment of my charges. I authorize and direct all third party payers to pay all benefits directly to Alison Cobb. **Initials:** _____

Patient and/or persons legally and financially responsible for patient's medical bills agree to pay patient's account regardless of the existence of insurance or other third party liability. Full payment will be made promptly unless other credit arrangements are made. Alison Cobb is free to declare the entire balance to be due and payable if any scheduled payments are missed.

If at any time a balance due is more than 30 days old and appropriate payment arrangements have not been made, or the agreed upon payment plan is defaulted on, a suit may be brought in court, and the prevailing party may, in the discretion of the court, be entitled to recover all costs, including reasonable attorney fees, costs of court, service of process fees, and levying fees. Further, any unpaid balance or damages owed may be placed with a third party collection agency either before or after a suit is brought, or in the absence of a suit. In the event any amount is placed for collection with any third party collection agency, the fee charged by the agency may be added to the total amount due and shall be in addition to any other costs (such as court costs and attorney fees—including attorneys' fees incurred by either party or the agency), incurred directly or indirectly to collect amounts owed.

I agree to pay all costs of collection, including fees described above, if the account is not paid on time. **Initials:** _____

I authorize treatment of the person named below and agree to pay all fees and charges for any services. **Initials:** _____

Client Name (printed) Client Date of Birth Client Signature Date

Parent/Guardian Name (printed) Parent/Guardian Signature Date

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PSYCHOTHERAPY

PRACTICE POLICIES

I am pleased to welcome you to my therapy practice, 121 Psychotherapy, PLLC. This document contains important information about how I run my practice, and once you sign it, it serves as a contract between us. Please read it carefully and jot down any questions you have so we can discuss them.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring in. There are many approaches to therapy, and together you and I will decide which will work best for you. One thing you can count on is that you will play a very active role in your therapy, helping to set our direction in each session and working on your own between sessions.

Psychotherapy can have benefits but also risks, about which you need to be informed. Because it often involves discussing painful aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, or helplessness. Typically, however, therapy results in benefits such as improved relationships, solutions to specific problems, and specific reductions in feelings of distress. But there are no guarantees of what you will experience.

Sessions

I usually schedule one 50-minute appointment per week, although length and frequency of sessions may vary. Our first session will be billed as a “diagnostic interview,” and our first few sessions will be devoted to getting to know each other and evaluating what you need and whether I can help you. During this time, we can both decide if we are a good match. Once therapy is begun, clients usually end treatment once they feel their goals have been met. I depend on your feedback to be the most effective therapist for you, and I invite you to raise questions about your progress and therapy termination at any point. I also appreciate it when clients tell me what they find helpful and what is ineffective.

Contacting Me

Unless we have made other arrangements, I only use phone contact for scheduling, billing, or other logistical concerns; therapeutic issues will be discussed in session only. I do not email clients because it is not a reliable or secure enough mode of communication. If you are having a mental health crisis or emergency and I am not available, contact your physician or the nearest emergency room and ask for the Mental Health Professional on call.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they contain a lot of jargon that is specific to psychology; they can be easily misinterpreted or upsetting to untrained readers. Thus if you wish to see your records, I recommend that you review them in my presence so that I can answer your questions. I may charge a copying fee. Please see the HIPAA notice for more information.

(continued)

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Confidentiality

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, however, such as those involving child custody or those in which your emotional condition is an important issue, a judge may order my testimony.

There are some situations in which I am legally obligated to take action to protect others from harm, even if it means I have to break confidentiality. For example, if I believe that a child or a vulnerable adult is being abused, I must file a report with the appropriate state agency, which may mean I have to reveal some information about a client's treatment.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions—including notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client is at high risk of suicide or serious self-harm, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If such a situation does arise during our work together, I will make every effort to fully discuss it with you before taking any action, and I will disclose the least amount of information possible.

I may occasionally consult with other professionals about a case. During a consultation, I do not disclose the identity of my client, unless you have given me a release to do so. The consultant is also legally bound to keep the information confidential. If you don't object, I won't tell you about these consultations unless I feel it is important in our work together.

Finally, I need to disclose some information to your insurance company or other third party payer in order to bill and collect payment. Typically, I only disclose session date and length, procedure code, and diagnosis. At times, third party payers request more detailed information; in this case, I will make every effort to review with you the information to be disclosed before I release it. As with the other situations above, I always disclose the least amount of information possible.

Minors

If you are under 18 years old, the law may give your parents/guardians the right to examine your treatment records. It is my policy to ask that parents respect your confidentiality and not request access to your records. If they agree to this, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will do my best to discuss it with you before giving them any information.



PSYCHOTHERAPY

FINANCIAL POLICY

Fees and Payment Options: You may pay your out-of-pocket costs at the time of service by check or cash.

Service	Fee	CPT Code
15 minute consultation	free	
First session (diagnostic interview; 1 hour)	\$225	90801
Subsequent 50-minute sessions	\$150	90806
Couples sessions (80 minutes)	\$225	90847 or 90808

If you pay the session fee at the time of service, I will provide a \$10 discount. I will also give you a bill for you to send to your insurance company; they will then reimburse you directly.

Insurance Coverage: Many insurance companies require pre-authorization and/or referral prior to obtaining specialty care. It is your responsibility to contact your insurer to determine the need for a referral and/or pre-authorization. Failure to obtain the referral and/or preauthorization may result in lower payment or claim denial from the insurance company.

Please bring your insurance card with you to your first appointment as well as your co-pay.

I collect copays at the time of service. If you do not know what your copay is, please call your insurance company to find out. You can provide them the relevant CPT codes listed above.

Worker's Compensation Clients: Please bring the name, address and phone number of your worker's comp carrier as well as the claim number assigned to your case.

Motor Vehicle Accident/Legal Claim Clients: MVA patients and other clients whose therapy is paid for by a legal settlement are ultimately self-pay. I will provide you with a statement that you can submit to your carrier/attorney.

Past Due Accounts: For unpaid balances, you will be billed monthly. I do not make appointments with clients who have more than a \$200 balance, until payment arrangements are made.

If at any time you have a balance due which is more than 30 days old and have not made appropriate payment arrangements with me, or if you have established a payment plan and you default on the agreed upon plan, a suit may be brought in court, and the prevailing party may, in the discretion of the court, be entitled to recover all costs, including reasonable attorney fees, costs of court, service of process fees, and levying fees. Further, any unpaid balance or damages owed may be placed with a third party collection agency either before or after a suit is brought, or in the absence of a suit. In the event any amount is placed for collection with any third party collection agency, the fee charged by the agency may be added to the total amount due and shall be in addition to any other costs (such as court costs and attorney fees—including attorneys' fees incurred by either party or the agency), incurred directly or indirectly to collect amounts owed. In any of these events, the fact that you received treatment at our office may become a matter of public record.

Returned Check Fee: In addition to amounts your bank may charge you, I may charge \$30 for any returned/dishonored check as well as any other statutory penalty allowed by law.

Missed Appointment Fee: The second time a client does not show up on time for an appointment, or cancels with less than 24 hours notice, a missed appointment fee will be charged. This fee must be paid before our next appointment. Clients with two or more missed appointments may be asked to transfer their records to another provider.

Divorce: The parent authorizing treatment for a child will be the parent responsible for the charges related to that care. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Effective Date: Once you have signed our contract, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

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PSYCHOTHERAPY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice please contact our Privacy Officer, Alison Cobb, PhD.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your provider, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your provider’s practice.

Following are examples of the types of uses and disclosures of your protected health information that your provider’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other providers who may be treating you. For example, your protected health information may be provided to a provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another provider or health care provider (*e.g.*, a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your provider.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your provider’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We will share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

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We may use or disclose your demographic information and the dates that you received treatment from your provider, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for

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conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your provider created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your provider and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

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Your provider is not required to agree to a restriction that you may request. If your provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider. You may request a restriction in writing.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your provider amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Alison Cobb, at the number below for further information about the complaint process.

This notice was published and becomes effective on May 16, 2011.

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