

Megen A. Macdonald, LMHC, LMFT
950 S. Tamiami Trail, Suite 202
Sarasota, FL 34236
(941) 400-8736

New Client Information

Client Name: _____ Today's Date: _____
Home Address: _____
Date of Birth: _____ Age: _____ Contact Number: _____
Employment: _____ Location: _____
Person Responsible for Payment: _____
Referred By: _____
Emergency Contact _____

Household Members

Name	Age	Relationship	Are you the Legal Guardian?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Information

Highest Level of Education: _____
School Attended: _____
Married or in a committed relationship? _____
Do you have children? If yes, please list names and ages: _____
What activities do you do for fun? _____
How do you relax? _____
How do you take care of yourself? _____

What concern(s) brought you to counseling?

What positive changes in yourself would you like to make as a result of counseling?

Medical History

Doctor's involved in your health care	Specialty	Frequency seen
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Please list any current health problems or concerns

Are you currently taking any medications? Yes___ No___

Prescription Medication(s)	Dosage	How often	Reason for taking
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Have you been hospitalized in the past? Yes___ No___

If Yes, was it Medical___ Psychiatric ___ Chemical Dependency ___

Dates	Reasons	Hospital/facility
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Have you had past counseling or therapy?

Therapist (s) name	Dates seen	Reason	Helpful?
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Consent for Treatment

I, the undersigned, hereby voluntarily request to receive services from Megen A. Macdonald, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist.

I understand that these services may include individual, family and /or marital therapy. I acknowledge that no guarantees have been made to me as to the effect of therapeutic assessments, therapy, treatment or care of my condition. I further understand that before beginning any treatment procedure, I will be given an explanation of the nature and purpose of such treatment and any probable risks involved. I may refuse any and all treatment at any time.

I understand that the information I share with the therapist will be held in the strictest confidence with the exception of the following reasons as outlined by Florida Statutes: 1) You consent in writing, 2) Someone's life or safety is seriously threatened, 3) Disclosure is required by law, and 4) You file a benefit claim and the claims payor requires information.

I understand that I am responsible for the full payment of all services,

Signature: _____ Date: _____

Megen A. Macdonald, LMHC, LMFT
950 S. Tamiami Trail, Suite 202
Sarasota, FL 34236
(941) 400-8736

Privacy Policy

This notice describes how information about you may be used and disclosed and how you get access to this information. Please review carefully. Megen A. Macdonald, LMHC, LMFT, is committed to treating and using protected health information about you responsibly. The notice of health information practices, describes how she may use and disclose your protected health information to carry out treatment, payment, or health operations and for other purposes that are permitted or required by law and is effective on April 15, 2003. It also describes your rights as they relate to your protected health information.

"Protected health information", means health information including demographic information, collected from the patient and created or received by the practitioner, and other healthcare provider, a health plan, patients employer or a healthcare clearinghouse. This protected information is related to your past, present, or your future physical or mental health or condition that identifies you.

Use and disclosure of protected health information based upon your written consent:

You will be asked to sign a consent authorizing the practitioner to use and disclosure protected health information for treatment, payment and healthcare operations. By refusing to sign this consent or by revoking this consent, this organization may refuse to treat you as permitted by section 165. 506 of the Code of Federal Regulations.

I will use your health information for treatment: I will use and disclose your protected health information to coordinate, or manage your healthcare and any related service. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you. This includes the coordination of management of your health care with a third-party that has already obtained your permission to have access to your protected health information such as a home health agency that provides care to you.

I will use your health information for payment: Your protected health information will be used as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approved or pays for the healthcare services we recommended 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.

I will use your health information for regular health operation:

I may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to the person's involvement in your care or payment related to your care.

I may use or disclosure protected health information as necessary, to contact you to remind you of an appointment via phone confirmation and or text message at the number you have provided.

I may share your protected health information with third-party business associates that perform various activities (e.g. billing, transcription service, collection agency, etc) for the practice.

I may use or disclosure 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 must contact my office in writing to request that any of the above items not be performed in relation to your care.

Uses and disclosures of protected health information based upon your written authorization:

Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revise this authorization, anytime, in writing, except to the extent that your physician or physicians practice has taken action in reliance on their use of a disclosure indicated in the authorization.

Other permitted and required uses and disclosures that may be made without your consent, authorization, or opportunity to object:

I may use or disclosure 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.

I 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 information. The disclosure will be made for the purposes of controlling disease, injury, or disability.

I 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 a risk of contracting a communicable disease or condition.

I may disclose your protected health information to a Health oversight agency for activities authorized by law, such as audits, investigations, and inspections, oversight agency seeking this information include government agencies that oversee the healthcare system, government benefits program, other government regulatory programs and civil rights laws.

I may disclose your protected health information to a public health authority as it is authorized by law to receive reports of child abuse or neglect. In addition, I may disclosure protected health information if I believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal state laws. I may disclose health information for law-enforcement purposes required by law or in response to a valid subpoena.

In conclusion:

I am required to abide by the terms of this notice of health information practices. I reserve the right to change the terms of our notice, anytime, and to make the new provisions effective for all protected health information I maintain. Upon your request I will provide you with any revised Privacy Policy at your next appointment or by mail with written notice.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services Office of Civil Rights, about violations of the provision of this notice or the policies and procedures of my office.

Contact for more information:

**For more information about HIPPA or to file a complaint:
The US Department of Health & Human Services Office of Civil Rights:**

200 Independence Ave. SW.
Washington, D. C. 20201
202 -619-0257
Toll-free: 1-877-696-6775

I have received a copy of this Privacy Policy for Megen A. Macdonald, LMHC LMFT.

Name

Date

Megen A. Macdonald, LMHC, LMFT
950 S. Tamiami Trail, suite 202
Sarasota, FL, 34236
(941)400-8736

Office policies and general information agreement for psychotherapy services:

This form provides you (client) with information that is additional to that detailed in the notice of privacy practices.

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except for when disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the notice of privacy practices that you received with this form.

When disclosure is required by law: Some of the circumstances where disclosure is required by law are: where there is reasonable suspicion of child abuse, dependent or elder abuse or neglect and where a client presents a danger to self, to others, to property, or is gravely disabled. (for more detail see also notice of privacy practices forms.)

When disclosure may be required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in the dictation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me in couple and family therapy, or when different family members are seen individually. Confidentiality and privilege do not apply between the couple or among family members. Megen A. Macdonald, LMHC, LMFT, will use her clinical judgment when revealing such information. Megen A. Macdonald, LMHC, LMFT, will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or if in the future after termination, where Megen A. Macdonald, LMHC, LMFT, becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do what ever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

Health insurance and confidentiality of records: Disclosures of confidentiality information may be required by your health insurance carrier of HMO/PPO/MCO/EAP in order to process the claim. If instructed by you, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier. Megen A. Macdonald, LMHC, LMFT, has no control or knowledge

over what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for your reimbursement carries a certain amount of risk with regards to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

Confidentiality of electronic communications: It is very important to be aware that email and cell phone communications can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communications can be compromised. Emails and other electronic communications are vulnerable to such unauthorized access due to the fact that services have unlimited and direct access to all emails that go through them. Faxes can also easily be sent erroneously to the wrong addresses. Please notify Megan A. Macdonald, LMHC, LMFT, at the beginning of treatment if you decide to avoid or limit in anyway the use of any or all of the above mentioned communication devices. Please do not email, text or fax for emergencies.

Litigation limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injury, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Megan A. Macdonald, LMHC, LMFT, to testify in court or any other proceedings, nor will disclosure of psychotherapy records be requested.

The process of therapy/evaluation: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that lead you to seek therapy. Working towards these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Megan A. Macdonald, LMHC, LMFT, will ask for your feedback and views on therapy, it's progress, and other aspects of therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, anxiety, depression, or insomnia. Megan A. Macdonald LMHC, LMFT, may challenge some of your assumptions and perceptions and may propose different ways of looking at, thinking about and handling situations that cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as a personal or interpersonal relationship, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Changing will sometimes be easy and swift, but more often it will be slow and even frustrating. During the course of therapy, Megan A. Macdonald, LMHC,

LMFT, is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you.

These approaches include behavioral, cognitive/behavioral, psychodynamic, existential, systems/family, developmental (adult, child, family), or psycho-educational.

Discussion of treatment plan: Within a reasonable period of time after the initiation of treatment, Megan A. Macdonald, LMHC, LMFT will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risk to you or Megan A. Macdonald, LMHC, LMFT's, expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and if there are risks and benefits. If you could benefit from any treatment that she does not provide, she has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, Megan A. Macdonald, LMHC, LMFT, will assess if she can be of benefit to you. She does not except clients who in her opinion, she cannot help. In such a case, she will give you numbers of referrals that you can contact. If at any point during psychotherapy, Megan A. Macdonald, LMHC, LMFT, sees that she is not effective in helping you reach the therapeutic goals, she's obligated to discuss it with you and if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and provide a written authorization, she will talk to the psychotherapist of your choice in order to help with the transition. If at anytime you want another professional opinion or wish to consult with another therapist, she will assist you in finding someone qualified, and, if she has a written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you if you choose to do so, you will have the option of being provided with the names of other qualified professionals whose services you might prefer.

Consultation: Megan A. Macdonald, LMHC, LMFT, consults regularly with other professionals regarding her clients. However, the clients name or other identifying information is never mentioned. The clients identity remains completely anonymous and confidentiality is fully maintained.

*Considering all the above exclusions, if it is still appropriate, upon your request, information will be released to any agency/person you specify unless Megan A. Macdonald, LMHC LMFT concludes that releasing that information might be harmful in anyway.

Telephone an emergency procedures: If you need to contact Megen a Macdonald, LMHC, LMFT, between sessions, please leave a message on her voicemail at 941 400-8736 and your call will be returned within 24hrs. Messages are checked a few times daily, Monday through Friday. If your need is urgent, please indicate it clearly in your message. If you are having an emergency call 911.

Payment and insurance reimbursement: Clients are expected to pay the standard rate of \$150 per 60 minute session at the end of each session. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate unless indicated or otherwise agreed upon. Please notify Megen A. Macdonald, LMHC, LMFT, if any other problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance must remember that professional services are rendered and charged to the client directly and not to the insurance companies. Unless agreed-upon otherwise, you will be provided with a copy of your receipt on a monthly basis which you then submit to your insurance company for reimbursement if you so choose. As indicated in the section health insurance and confidentiality of records, you must be aware that submitting mental health invoices for reimbursement carries a certain amount of risk. Not all issues/condition/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

Mediation and Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall be first be referred to mediation, before, and as a precondition of, initiation of arbitration. The mediator shall be a neutral third-party chosen by agreement of Megen A. Maconald, LMHC, LMFT, and client(s). The cost of such mediation, if any shall be split equally unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to the agreement should be submitted and settled by binding arbitration in Sarasota County, in accordance with the rules of the American Arbitration Association which are in effect at the time that arbitration is filed. Notwithstanding the forgoing, in the event that your account is overdue (unpaid) and there is no agreement on a claimant plan, legal means (court, collections agency, etc.) can be used to obtain payment. The prevailing party in the arbitration or collections proceeding shall be entitled to recover reasonable sums for attorneys fees. In the case of arbitration, the arbitrator will determine that sum.

Dual relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sex or any other dual relationship that impairs therapy subjectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Megen A. Macdonald, LMHC, LMFT, will assess carefully before entering into nonsexual and nonexploitive dual relationships with clients. Sarasota is a small community and many clients know each other. Consequently, you may bump into someone you know in the waiting room. Megen A. Macdonald, LMHC, LMFT, will never aknowledge working therapeutically with anyone without his/her

permission. Nevertheless, she will discuss with you, her clients, the often existing complexities, potential benefits, and difficulties that may be involved in such relationships. Megen A. Macdonald, LMHC, LMFT, will always listen carefully and respond accordingly to your feedback. Dual relationships will be discontinued if it is found to be interfering with the effectiveness of the therapeutic process or the welfare of the client.

Cancellation: Since scheduling an appointment involves the reservation time specifically for you, a minimum of 24 hours notice is required for rescheduling or canceling an appointment. This must be done by reaching Megen A. Macdonald, LMHC, LMFT, by phone or by leaving a voicemail message at her office of 941- 400-8736. Unless a different agreement is reached, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above agreement and office policies and general information carefully. I understand them and agree to comply with them.

Client name

Date

Therapist

Date