WEST COUNTY PROFESSIONAL COUNSELING SERVICES, LLC
MICHELLE PARKER, LPC, NBCCH

PATIENT REGISTRATION FORM

Patient Name: DOB: Today's Date:

Cell Phone Number: Personal Email:

May we contact you by phone and email for regarding appointments?

Full Home address (including Zip):

Referral Source:

Marital Status: Children/Age(s) Step-children/Ages(s)

Occupation: Education: Hobbies/Interests:

Emergency Contact Person, Phone, Relationship (will only be used for emergency):

Current Provider for Mental Health (Psychiatrist/PCP): Previous/ Current MH diagnosis:

Previous Psychotherapists/Psychiatrists and est. date of last visit:

Permission to discuss treatment with current psychiatrist/PCP if needed?

Meds prescribed for mental health symptoms: Current meds: Past meds:

Current/Previous Mental Health diagnosis by provider:

Other Medical Issues:

Family History of Mental Health/Substance Abuse Issues:

Current/Previous Substance Abuse or Dependency Issues (What/When):

Reasons for seeking Professional Counseling Services Today:

Current Stressors/Triggers: When did this stressor become a problem?

Goals of Therapy:

How important are these goals to you? How would you rate your motivation level to participate actively in therapy?

What would you like your therapist to know about you that has not been asked before?

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FINANCIAL INFORMATION

Please provide your most up to date Credit Card/HSA Debit Card information, to be authorized for the payment of any fees not collected at the time of services, including; copays, deductibles, balances on account, and broken appointment fees. The information collected will only be managed by this therapist and will be encrypted and stored with your HIPAA compliant medical chart.
Rates of service: Initial Visit: $150, Follow up appointments (50 mins) $125, Broken appointment fee (1st missed) $75, Broken appointment fee (2 + missed) $125. Insurance will not reimburse for broken appointment fees.

Signatures of cardholder:	**Date:**
Type of Card:	**Card Number:**
Expiration Date (mm/yyyy):	**Security Number on back of Card:**
Exact Name on Card:	**Zip code for Card:**

INSURANCE INFORMATION (PLEASE BRING CARD TO 1ST VISIT)

Clients are responsible for calling their insurance to verify Michelle Parker, LPC is an in-network provider for their plan, as well as benefit information (copay amounts, the amount of their deductibles that have not been met, and the number of sessions insurance will cover per year). Please have this information available for your first appointment.

Insurance Carrier:	**Policy/Group #:**
Copay for Mental Health Services (sometimes "specialist" copay):	**Deductible amount:**
Is there a limited number of visits per year?:	

CONSENT FOR TREATMENT AND PRACTICE POLICY

Your signature below indicates that you understand and agree to the Informed Consent Document.

Signature:	**Date:**
Print Name:	**Parent/Guardian print and sign):**

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Informed Consent Document

Welcome to my practice. I am a Master's level Licensed Professional Counselor and a National Board Certified Clinical Hypnotherapist. Please carefully read this document, for it contains important information about my professional services and business policies. Although these documents are long, it is very important that you understand them. When you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PROFESSIONAL COUNSELING SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. To be most successful, you should work on things we discuss outside of sessions.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, once per week, at a time we agree upon; although sessions may be as frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24-hours notice. If you miss a session without canceling, or cancel with less than 24-hours notice, my policy is to charge $75 for the first occurrence and $125 for subsequent broken appointments. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the fee as described above. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PAYMENTS

Counseling appointment charges, copays, payments toward insurance deductibles, broken appointment fees, and account balances are due at the time of your appointment. My clients are responsible for calling their insurance companies to verify that I am a provider for their specific insurance plan, as well as benefit information (copay amounts, the amount of their deductibles that have not been met, and the number of sessions insurance will cover per year). Please have this information available for your first appointment.

For ease of payment for counseling fees (copays, deductibles, balances on account, broken appointment fees), please provide credit card or HSA card information to be added to your account. Your credit card will be charged, the day of your appointment, for services rendered including; private pay sessions, copays, fees not covered by insurance, and broken appointments. The credit card information will be stored in a secure, confidential file with your chart records.

If you have questions about your account balance or reimbursement from your insurance company, please contact Shelli Katzenberger, at 636-942-2223 or KatzMedical@aol.com. Mrs. Katzenberger is my Business Billing

WEST COUNTY PROFESSIONAL COUNSELING SERVICES, LLC
MICHELLE PARKER, LPC, NBCCH
and Accounts Manager for West County Professional Counseling Services. She will have the most accurate and up to date information on your account.

RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Any emails containing information that is relevant to your treatment, will be added to your chart. Due to confidentiality issues, I would recommend that email correspondence be limited to scheduling appointments. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. If at any time, you wish to share (or revoke) your information to a third party, a written release must be signed.

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows: Duty to Warn and
Protect, Abuse of Children and Vulnerable Adults, Prenatal Exposure to Controlled Substances, Minors/Guardianship, Insurance Providers (when applicable).

CONTACTING ME

At times, I am not immediately available by telephone or email. I do not answer my phone or return emails when I am with clients, out of the office, or otherwise unavailable. Should you need to reach me, you may leave a message on my confidential voice mail (636) 777-7804 or email (parker@westcocounseling.com) and I will respond as soon as possible. Please note that it may take a day or two for non-urgent matters. If you do not hear from me or I am unable to reach you, and you feel you cannot wait for a response because you feel unsafe: 1) contact Behavioral Health Response at (314) 469-4908, 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. I am unable to respond to text messages or social media requests, due to confidentiality issues (HIPAA) and Ethical Codes of Conduct, defined by the American Counseling Association.

OTHER:

IF YOU ARE UNHAPPY WITH WHAT IS HAPPENING IN THERAPY, I HOPE YOU WILL SPEAK WITH ME, SO THAT I CAN RESPOND TO YOUR CONCERNS. SUCH COMMENTS WILL BE TAKEN SERIOUSLY AND HANDLED WITH CARE AND RESPECT. YOU MAY ALSO REQUEST THAT I REFER YOU TO ANOTHER THERAPIST AND ARE FREE TO END THERAPY AT ANY TIME. YOU HAVE THE RIGHT TO SAFE AND RESPECTFUL CARE, WITHOUT DISCRIMINATION AS TO RACE, ETHNICITY, COLOR, GENDER, SEXUAL ORIENTATION, AGE, RELIGION, NATIONAL ORIGIN, OR SOURCE OF PAYMENT. YOU HAVE THE RIGHT TO ASK QUESTIONS ABOUT ANY ASPECTS OF THERAPY AND ABOUT MY SPECIFIC TRAINING AND EXPERIENCE. YOU HAVE THE RIGHT TO EXPECT THAT I WILL NOT HAVE SOCIAL RELATIONSHIPS WITH CLIENTS OR WITH FORMER CLIENTS.