



Our Counseling Office.com

8124
east
cactus
road

suite
410

scottsdale
az
85260

3040
east
cactus
road

suite
6

phoenix
az
85032

602
494
1515

fax
602
494
3131

**“creating
opportunities
for
growth”**

a group of
independent
behavioral
health
professionals

www.Our
Counseling
Office
.com

TO: New Clients
FROM: Mark Rohde, Ph.D., Psychologist
RE: Your First Appointment

Thanks for selecting us for counseling. If you complete the attached paperwork, please arrive at the time of your scheduled appointment. If you wish to complete the paperwork at our office, please arrive about 15 minutes early so we can have the full session with you. The attached paperwork includes 1) admissions information, 2) a treatment agreement, 3) a government-mandated privacy notice, and 4) a *release of information* that will allow us to obtain information from other providers.

You will find that we are VERY interested in the strengths within the individual & family as well as challenges so please be prepared to discuss both.

You should plan to pay for services at the time of the appointment or expect that we will charge your credit card monthly, unless other arrangements have been made. The only insurance plan for whom we are *in-network* is for Mayo Clinic employees. We can file *out-of-network* claims on your behalf. If you want us to file insurance for you, please copy of both sides of the health insurance ID card. Please also make a copy of the credit card that you'll be using to provide payment. Service provided by a practicum student or intern cannot be submitted for insurance reimbursement, but is provided at a reduced fee.

Our North Scottsdale office is at 8124 E. Cactus Road, Suite 410. It is a grey block building on the northeast corner of Hayden & Cactus Roads. If you come from the north or south, the 101 Freeway is convenient; just get off at Cactus and drive west about 3/4 mile. Upon your arrival, please press the notification button in the waiting room to let us know that you have arrived.

Our North Phoenix office is at 3040 E. Cactus Road. Mark Rohde, Ph.D. is in Suite 6 and his intern, John Patterson, MSP is in Suite A. The Phoenix office is a tan slump block structure with parking in the rear on the north side of Cactus Rd. If you come from the north or south, the 51 Freeway is convenient; just get off at Cactus and drive west about 1/3 mile. From western Phoenix, travel east on Thunderbird Rd until it turns into Cactus Rd and continue to our office.

If a potentially life-threatening difficulty emerges before our appointment, please contact your family physician, go to an emergency room or dial 911.

See you soon and thanks again.



Today's Date - -

Date of Birth - -

Client's Name

Address City Zip

Phones (home) (work) (cell) SSN - -

Email Referred by Religious Affiliation

Client's Physician Current Medications

Guarantor Relationship to Client self parent guardian

Social Security # Date of Birth email

Home Address City Zip

Employer Title Wk/Cell Phone

Health Ins. Co. ID# Group #

Are our services covered by this plan? Yes No Uncertain May we communicate with you by email?* Yes No

Co-Guarantor Relationship to Client self parent guardian

Social Security # Date of Birth email

Home Address City Zip

Employer Title Wk/Cell Phone

Health Ins. Co. ID# Group #

Are our services covered by this plan? Yes No Uncertain May we communicate with you by email?* Yes No

Please list each professional, program or hospital that has provided behavioral health care to you or your family

professional, program or hospital location dates seen

Please List Each Close Family Member (parents siblings, spouse, children, significant other, etc).

name relationship age any mental health, drug or alcohol problem

What Are The Goals for Counseling? (single check any area of concern - double check the most important challenges)

- reduce / eliminate sad feelings
improve self-confidence
reduce/eliminate suicidal thoughts
reduce apathy
reduce negativity in attitude
reduce anxiety
reduce obsessive/compulsiveness
reduce / eliminate fears & panic
enhance decision making
reduce overuse of video games/tech
strengthen social skills
improve family /marital communication
minimize problems with authority
improve sibling relationships
develop independent living skills
reduce mood swings & moodiness
develop / improve work ethic
resolve traumatic memories
improve ability to identify own feelings
reduce / eliminate alcohol use/abuse
reduce / eliminate drug use/abuse
reduce angry or provocative behavior
improve honesty
improve focus / attention
improve impulsive control
enhance organizational skills
minimize symptoms of a thought disorder
improve coping skills
reduce academic challenges
reduce / eliminate nightmares
correct sleep problems
cope with death / loss
improve coping with abuse
improve skills for coping w/stress
resolve concerns about sexual issues
improve acceptance of counseling
improve compliance with medication

Please plan to make payment at the time of your visit and make any check payable to Mark Rohde, Ph.D.

Provide us with a copy of both sides of your health benefit card(s) if you would like us to file a claim on your behalf.

* Please be aware that email is NOT a secure form of communication. Your use of email denotes your acceptance of any potential risks.

OVER PLEASE

Treatment Agreement

Privacy: A federal law known as "HIPAA" (Health Insurance Portability and Accountability Act) was enacted in 1996. A part of this law, the Privacy Rule, became effective on 4-14-03 and requires that psychologists follow certain standards regarding safeguarding and disclosure of patient information. To help you understand the Privacy Rule and how it will affect your work with us, we have prepared a document entitled, "Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information." A copy of this document is attached and is available upon request. Your signature below acknowledges that you have received the HIPAA notice. Please read this document so we can discuss any questions that you may have. You may also call us between sessions to discuss any questions.

X _____
signature of client (or parent if client is a minor) _____ date

More About Confidentiality: When Dr. Rohde is unavailable, another professional will cover crisis calls and may be advised of issues that could arise for you. If group counseling services are provided, we cannot be held responsible for a breach of confidentiality on the part of another client. Having a safe private place to explore challenges is an important part of counseling. If the client is an older child or adolescent, we require that you respect the privacy of their communication with Dr. Rohde including an agreement to refrain from requesting records or testimony regarding divorce, custody, or other legal matter. If it is uncomfortable for you to grant your older child or adolescent this privacy, you need to seek services with another professional.

Benefits and Emotional Risks: The majority of individuals and families benefit from counseling. Self-exploration, gaining insight, learning new skills, or venting difficult feelings are generally useful, but there are some risks. As counseling is begun, understand that examining issues may produce some discomfort. These feelings are a difficult, but natural part of the counseling process. Important personal decisions are often an outcome of counseling. These decisions, including changing behavior, substance use patterns, schooling & relationships, may produce new opportunities and as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed differently by another. Please discuss treatment goals, procedures, or your impressions of the services that we are providing. If ever you don't understand a suggestion or statement from Dr. Rohde or his staff, please ask for clarification.

Hours / Availability: The office manager is typically available from 12:00 noon until 3:30 p.m. Monday to Wednesday. The office is usually open for counseling from 12:15 p.m. to 8:30 p.m. on Tuesday & Thursday and till 6:20 p.m. on Monday & Wednesday. If it is very important that you reach Dr. Rohde, please call the office and leave the message as "urgent." If a crisis exists and Dr. Rohde is not immediately available, contact a crisis intervention service, your primary care physician, call 911, or go to an emergency room. If you wish to leave a message for Dr. Rohde, please do so well in advance of your appointment as voice mails, texts, or emails are typically reviewed in the early morning and late evening.

Release of Information: To provide the most appropriate care, please allow us to obtain records from previous providers. Complete a *Release of Protected Health Information (PHI)* for each professional who has treated the client in the past. A *Release of PHI* for the client's physician(s), school, or other treating professionals is apt to be helpful.

Intern / Practicum Student Services: I provide supervision to masters-level and doctoral students at several local universities. If you work with a trainee in counseling or psychology, you will receive quality services at a reduced rate. I will maintain close supervision of your care and will communicate weekly with the intern. You can call Dr. Rohde anytime if there is ever a question or concern.

Fees & Payment: Full payment is expected at the time of service or we will bill your credit card monthly. The only health plan that we work with is the Mayo Clinic employee plan. **While we may help with filing claims, you are ultimately responsible for what health benefit programs do not cover. It is your responsibility to know what your health plan will and will not cover including which types of counseling are a covered benefit.** Feel free to discuss insurance coverage with the office manager. Delinquent accounts are referred for collections. We **cannot** enforce the terms of divorce decrees for payment of services. **A charge of \$120 will apply to appointments missed or canceled without 24 hours notice. Court-ordered treatment is not eligible for insurance reimbursement.** The following charges will apply unless our insurance contract dictates a different fee:

Initial Interview	\$240
Individual & Family Therapy	\$175 per 45 min. session
Individual & Family Therapy	\$240 per 60 min. session
Individual & Family Therapy	\$120 per 30 min. session
Services by a Student / Intern	\$75 per session.
Group Counseling	\$60 per 55-70 min. group session
Court Testimony	\$300 per hr (including travel & waiting)
Drug Testing / Urinalysis	\$10-\$100 (depending on the test)
Letters, reports, professional consults, email responses, & misc. services	\$240 per hr (in 10 min. increments)

- I agree to have my VISA or Master Card billed for charges (shown below).
- I wish to have my Health Savings or Flex Account Card billed for charges.
- I will pay in full at the time of each visit.
- If I have verified insurance coverage as a Mayo Clinic employee, I will satisfy my deductible and guarantee payment of any balance by authorizing Dr. Rohde's office to use the credit card shown below.

VISA Master Card

card # _____ exp / _____

cardholder _____ CVV _____

I / We have reviewed the information on this page and have had any questions answered. I / We accept these understandings, and agree to have my /our self, son, daughter, ward, and/or spouse participate in treatment. Do not sign here unless you fully agree and accept these conditions.

X _____
signature of client

X _____
signature of parent _____ date

X _____
signature of parent _____ date

To Assign Health Benefits, please complete the following: As an employee of the Mayo Clinic, I hereby assign insurance benefits for treatment to my self, son, daughter, ward, or spouse to Mark Rohde, Ph.D. It is mutually understood, however, that I am financially responsible to Dr. Rohde for any charges not paid by my health benefit plan.

X _____



This Notice Describes How Psychological and Medical Information about You May Be Used and Disclosed, and How You Can Get Access to this Information. Please Review it Carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may *use* or *disclose* your protected health information (PHI) for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”:
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician, a previous therapist, or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. The Protected Health Information (PHI) in your Medical Record may include the Intake Assessment & Treatment Plan, Medical Record Progress Notes, printed information we may receive from other professionals, psychological test scores & reports, legal, billing, and insurance information. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I would need to obtain a separate and special authorization in the event that Psychotherapy Notes were to be released. “Psychotherapy Notes” are brief notes that I may make during individual, group, or family counseling sessions, which are kept separate from your Medical Record. These notes are given a greater degree of protection than PHI and are not typically released.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* - I am required to report PHI to the appropriate authorities when I have any reasonable basis for believing that a minor is, or may have been, the victim of neglect, physical abuse, or sexual abuse.
- *Adult and Domestic Abuse* - I am required to disclose PHI when I have a reasonable basis to believe that abuse or neglect of an incapacitated or vulnerable adult has occurred or that exploitation of the adult's property has occurred.
- *Health Oversight Activities* - If an Arizona board of examiners is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.
- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Family Court* - If you or a family member are receiving services under a court order from a family court, myself and other providers of service are obligated to share information that may be deemed to be in “the best interest of the children.”
- *Serious Threat to Health or Safety* - If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe you have the intent and ability to carry out such a threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If I believe there is an imminent risk that you will inflict serious harm on yourself, I may disclose information to other appropriate parties in order to protect you.
- *Worker's Compensation* - I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction you request.
- *Right to Receive Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me; on your request, I will send you bills to another address.)
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- *Right to Inspect and Copy* - You have the right to inspect and/or obtain a copy of PHI in my behavioral health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from me upon request.
- *Request for Modification* - If you object to any provision in this Notice, you may request a modification from me in writing and I shall respond in a timely manner, but it should be understood that many provisions in this Notice and nearly all of the aforementioned provisions are a part of either HIPAA Rules & Regulations, State Law, or Federal Law.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures while you are still receiving psychotherapy services from me, I will make available a revised copy at the next psychotherapy session following the date of implementation of the change.

V. Other Issues Regarding Privacy

- *Group Counseling* - If you or your minor child are in a counseling group, it should be understood that we cannot be held responsible for a breach of confidentiality on the part of another group member. If you are not comfortable with this, it is important that you decline participation in group counseling for yourself or your minor child.
- *Electronic Communication* - E-mail may be used to communicate with clients or other service providers unless you object, in writing, in advance, to our doing so.
- *Video Security* - For your safety and ours, video cameras are present in some locations for security purposes. The time-lapse video recordings are afforded the same level of protection and confidentiality as medical records. Audio recording is rarely done and only with advance written permission from the client.
- *Confidentiality for Minor Children* - Trust and privacy are especially important to older children and adolescents. If the client is an over ten years of age, we ask that our relationship with him or her be confidential unless you provide us with an objection in writing. We also ask that you not request access to a minor's records, nor attempt to subpoena records for use in divorce, custody, or other legal matter unless you have previously objected to this in writing.
- *Coordination of Care* - While federal law may allow communication of PHI between treating health professionals, it is only under unusual circumstances that communication will take place without a signed *release*. Please tell me about professionals who provided previous care.

- *Continuity of Care /Crisis Coverage* - When I will be away from the office, I may share PHI with another clinician who would be responsible to provide crisis coverage in the event that such care is necessary unless you decline, in writing, to accept this provision. In the event of my death, another professional will have access to clinical records in order to facilitate a positive transition to ongoing care by another clinician and handle requests for release of records.

VI. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision I made about access to your records, please discuss this with me. You may also contact my *privacy officer* at:

Jon Willoughby, M.C. 8124 East Cactus Road, Suite 410
Scottsdale, AZ 85260
(602) 494-1515

You may additionally send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice is effective on October 10, 2019. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If I revise my policies and procedures while you are still receiving psychotherapy services from me, a copy of any revised notice will be available in the reception area of my office.

