



32392 S. Coast Hwy, Ste. 250

Laguna Beach, CA 92651

(949) 499-2265

**PATIENT INFORMATION**

				<b>DATE</b> / /		<b>DOB</b> / /	
Patient Name Last First Middle Initial				Gender	Marital Status		Age
Home Address City State Zip Code				Home Telephone			
Employer/School		Employer/School Address				Work Telephone	
Occupation		Social Security Number		Driver's License # / State		Cell Phone	
<b>Preferred Phone Number :</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Consent to Leave a Voice Message? <input type="checkbox"/> Yes <input type="checkbox"/> No		Consent to Leave Confidential Info? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Preferred Email Address:</b>		Consent for Staff/Clinicians to Email You? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Preferred Pharmacy (Name &amp; Phone Number):</b>			
Name/Address of Financially Responsible Person (Where to send billing statements <i>if other than patient</i> ):				Cell Phone (if applicable)		Email (if applicable)	
Health Insurance Co. Name & Plan Type (HMO/PPO)		Name of Policy Holder & Relationship to Patient			Consent to Coordinate Financial/Billing with Policy Holder ( <i>only if needed</i> ): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Co. Phone Number (back of card)		ID/Policy Number		Group Number		Policy Start Date / /	
						Policy End Date / /	
Referred By: <input type="checkbox"/> Friend/Family <input type="checkbox"/> Insurance <input type="checkbox"/> Therapist <input type="checkbox"/> Primary Care <input type="checkbox"/> ER/Hospital <input type="checkbox"/> School <input type="checkbox"/> Laguna Family Website <input type="checkbox"/> Psychology Today <input type="checkbox"/> Internet Search <input type="checkbox"/> Yelp <input type="checkbox"/> Other _____						Name of Referral Source (if applicable)	

**COLLABORATION OF CARE AGREEMENT**

<b>Name of Primary Care MD/NP:</b>	City: Phone Number:	Consent to Collaborate on Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Current Therapist (if applicable):</b>	City: Phone Number:	Consent to Collaborate on Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Current Psychiatrist/Psych NP (if applicable):</b>	City: Phone Number:	Consent to Collaborate on Care? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name(s) of Additional Specialists/Healthcare Professionals you would like us to collaborate with in your health care (*if applicable*):\_\_\_\_\_  
Patient / Guardian Signature\_\_\_\_\_  
Date

## **LATE CANCEL & NO-SHOW OFFICE POLICY: 24 BUSINESS HOURS**

It is our goal to provide services to you in the most comfortable and timely manner as possible. In order to achieve this we must require you to be on time for your appointments. Our clinicians will make every effort to also be on time, however *due to the nature of the practice and acuity of patient issues / symptoms, clinicians may run late on occasion.*

Once your appointment is scheduled, you will be expected to pay for it unless you provide at least **24 business hours** advance notice of cancellation. *Business hours* are considered the weekdays between Monday and Friday. This means that if you have an appointment on Monday at 4 pm, you must cancel by Friday at 4 pm to avoid being charged. Please note, insurance companies will not reimburse for missed or late cancel sessions nor can they be billed. As a reminder, **credit card(s) on file will be charged for any of these fees**, as consented below.

If you do not provide at least 24 business hours notice, or fail to show for a scheduled appointment, you will be responsible for the **FULL** private pay cost of the session. **Fees range from \$175-\$195 for 20-30 min follow-ups to \$175-\$295 for 60 min therapy sessions.** A list of office visit fees can be requested and is also listed on our website.. Many practices overbook on purpose so that no-shows and cancellations won't limit access for other patients as well as cause a financial hardship for the practice. Our practice chooses not to do this common practice as we prefer to focus on individualized care that is not rushed or expedited. We pride ourselves on offering care that is outside of the norm of managed health care and that allows each client the time needed to address their specific needs. Because of the focus of our practice and shortage of mental health providers, many of our clinicians have waiting lists and thus, no-shows or late cancels can take away from other clients seeking treatment. We understand that certain emergencies can arise that are beyond your control. Please discuss any concerns with our staff in these circumstances.

*I have read and understand the above-mentioned policies and will abide by these for services at Laguna Family Health Center.*

---

Patient / Guardian Signature

Date

## **CREDIT CARD AUTHORIZATION & POLICY**

It is our office policy to collect credit card information from all patients or their responsible parties and to maintain this information on file in a HIPAA compliant and confidential manner. We maintain this information for three purposes:

- 1) We require that **insurance co-payments/fees be paid on the date of your visit.** If a patient is not able to pay their co-payment or fees at the time of the visit with cash or check, we will have their credit card information on file and will process the payment for them. It is too costly for our practice to regularly bill a patient for their co-payment/fees unless this has been agreed to in advance.
- 2) If an appointment is **cancelled in less than 24 business hours or a patient no shows for a scheduled appointment**, the full fee is due and will be charged to the card on file. No-shows and late cancels cannot be billed to insurance.
- 3) If a patient becomes **90+ days overdue, with any balance**, we will process the payment using the credit card information or they may set up a monthly installment plan as agreed on by office administration. This would only occur if multiple attempts to reach the patient and/or set up a payment plan have not been returned.

Laguna Family Health Center, Inc. does not accept patients without a valid credit card on file unless agreed to on a case by case basis.

*I, \_\_\_\_\_, am authorizing Laguna Family Health Center to charge my credit card for the reasons stated above. Furthermore, for outstanding payments equal to or greater than 90 days, I authorize Laguna Family Health Center to charge my credit card for the full amount due. I am aware that my card will be manually entered and thus no signature obtained but I am consenting to this per the above parameters. I will not dispute charges for sessions I have received or that I have not cancelled less than 24 business hours in advance. If I choose to dispute a charge to my credit card company, a copy of this credit card authorization will be provided.*

Card Type (circle one):    Visa    MasterCard    American Express

Name on Card: \_\_\_\_\_ Relationship to Patient (circle one):    Self    Parent    Spouse    Other

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

---

*Signature of Cardholder (if different then patient)*

Date

---

Patient / Guardian Signature

Date

## **COMMUNICATION & EMERGENCY CONTACTS**

Please list **ALL** individuals whom you consent may discuss your care with our office: (please note any limitations, if applicable):

1. _____			
Name	Phone	Email	Relationship
2.. _____			
Name	Phone	Email	Relationship
3. _____			
Name	Phone	Email	Relationship

**IN CASE OF AN EMERGENCY ONLY, please list the individuals whom we may inform:**

1. _____			
Name	Phone	Email	Relationship
2. _____			
Name	Phone	Email	Relationship

## **POLICIES & CONSENT FOR TREATMENT OF A MINOR (IF APPLICABLE)**

### **OVERVIEW OF THERAPY WITH KIDS/TEENS:**

Confidentiality in working with kids/teens can be difficult for parents/guardians to understand. Children/teens won't feel safe to open up in therapy unless they can be assured that what they say will be kept private. On the other hand, as a parent, you have a right to know how your child is progressing. In general, we will tell children that while we will be speaking with their parents from time to time, we won't share specifics of our work unless the child and clinician(s) have agreed beforehand. The exception is when information is obtained that falls under mandated reporter status (child/dependent/elder abuse) and/or knowledge that the child is suicidal or involved in any dangerous activities. In these cases, parents and the appropriate agencies (for abuse) will be notified. *In working with kids/teens in therapy, the therapist/child/family are partners in the growth, but the therapist must serve as the guide while in treatment.* The frequency of parent meetings depends on the individual and is done periodically or as issues arise. In between sessions, *you are welcome to email any concerns or updates to our clinicians* with respect to the time it takes outside of the office to read these concerns/requests. Please use this mode of communication, including phone contact, to convey only the most important information and of course for any urgent issues.

### **OVERVIEW OF MEDICATION MANAGEMENT WITH KIDS/TEENS:**

Seeking psychiatric consultation can be an emotional and overwhelming process for parents. There is much to navigate when deciding whether medications are right for your child. Our nurse practitioners are very conservative with medications and will discuss all alternative treatments, the role of therapy, diet/exercise/sleep needs, medical issues, etc. as part of a treatment plan. However, for many, medications are an essential element to treating symptoms and illnesses in mental health, just as in any other area of medicine. There can be a great deal of stigma surrounding mental health, as well as inaccurate information in the media. One area surrounds the accusations of suicide risk in kids/teens on antidepressants, which is based on research that is not methodically sound. In addition, another challenge is that a majority of the medications needed to target certain biochemical pathways and areas of the brain are not FDA approved, but are standard of care when *practicing evidence-based medicine* and psychopharmacology. You can be assured that you will work closely with our NPs and collaborate on a plan that is best for your family.

*We/I, the undersigned \_\_\_\_\_, parent(s) and/or guardian(s) of minor child \_\_\_\_\_, give you full authority to proceed with a clinical evaluation and treatment as your judgment indicates. This consent is given by me/us as parent/ or guardian(s) of said child. We/I have legal power to consent to medical, psychological, and mental health assessment and treatment of said minor child.*

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date

## PATIENT HEALTH HISTORY & QUESTIONNAIRE

Current symptoms/reason for seeking treatment:\_\_\_\_\_

Please list any recent life changes/stressful events/losses:\_\_\_\_\_

### **Medical & Psychiatric History**

Please list any current or past medical conditions/surgeries:\_\_\_\_\_

Current Medications (with dosages):\_\_\_\_\_

Current Vitamins/Herbs/Supplements:\_\_\_\_\_

Names of any past psychiatric medications:\_\_\_\_\_

Current/Recent Therapist:\_\_\_\_\_

History of Psychiatric Hospitalization(s)? Yes No Suicide Attempts or Self-Injury? Yes No

History of Depression? Yes No Anxiety? Yes No Eating Disorders? Yes No Mania/Psychosis? Yes No

Childhood history of mental health, learning issues and/or special education:\_\_\_\_\_

Last Physical Exam & Labs? Allergies: Height/Weight: Avg #

hours of sleep/night: Avg # hours of exercise/week: Balanced/Healthy Diet? Yes No Unsure

### **Family History**

List any family medical history (cancer, diabetes, thyroid, heart, etc):\_\_\_\_\_

List any family psychiatric or addiction history:\_\_\_\_\_

### **Social History**

Relationship Status: Names/Ages of Children (if applicable): \_\_\_\_\_

Where did you grow up? Who did you live with as a child/teen? \_\_\_\_\_

History of Foster Care/Adoption: Yes No Do you have any history of abuse, neglect or trauma (childhood or adult): Yes No

Highest Level of Education Military/Veteran Status Yes No Military Branch/Years \_\_\_\_\_

Pertinent Cultural, Spiritual and/or Religious Identity: Support System \_\_\_\_\_

### **Substance History**

Current alcohol use-number of days/wk and average # drinks/week:\_\_\_\_\_

Current cigarette/vape/nicotine-number of days/wk and average amount: \_\_\_\_\_

Current caffeine use-type and #drinks/day or week:: Current marijuana use & frequency:\_\_\_\_\_

Current use of other substances?: Past Substance Use or Treatment? \_\_\_\_\_

Patient / Guardian Signature

Date

## OFFICE POLICIES & PROCEDURES

This is an agreement between Laguna Family Health Center and the Patient/Client named on this form.

*By signing this agreement, you agree to pay for all services that are received and acknowledge understanding of all policies set forth hereto.*

**Confidentiality & Reporting:** While one of the clinician's primary duties is to protect the patient's privacy and confidentiality, this duty is not absolute or without exceptions. Communications are confidential and generally no information will be released without your consent, except for the following: Laguna Family Health Center clinicians are considered *mandatory reporters* for child abuse, dependent adult / elder abuse. Clinicians may also have charts subpoenaed in legal cases however records may be subject to patient-therapist privilege and patient confidentiality/safety are our utmost priority. Confidentiality is primary, however in the case of a threat to self or other harm, we must report.

**Medical Records:** Both law and the professional standards require that we keep appropriate treatment records. You are entitled to review a copy of the records, unless the clinician believes seeing them would be emotionally damaging, in which case, we will be happy to provide them to an appropriate mental health professional of your choice. We can also prepare an appropriate summary for review. Clinicians may have charts subpoenaed in legal cases however records are usually subject to patient-therapist privilege and will only be released with your consent or a court order. You must make your request in writing. *There is a fee for these copies.*

**Emergencies:** In the event of a psychiatric emergency, such as acute thoughts of harming oneself or others or a medically dangerous reaction to a medication, our clinicians can be reached through the *urgent numbers specified on our office voicemail*. If you are facing a true clinical emergency such as imminent danger to self or others, please call 911 or go to your local emergency room.

**Insurance Policies:** You are responsible for any amount that is not covered through insurance and charges rendered at times when your insurance is inactive. *It is the responsibility of the patient to fully check your benefits and coverage before your visit(s)*, although our office will assist patients in navigating benefits. If we are contracted with your insurance (in-network provider), we must follow our contract and their requirements. We will bill your insurance as a courtesy and after claims are received, the patient and office will receive an Explanation of Benefits (EOB) that reviews the charges and coverage. Due to the complexity of coding, you may see charges on your EOB for services or additional costs (ie. after hours, consults, etc) but you are not responsible for all codes submitted. Please note as well that if you are choosing to use insurance for your visits, *the insurance carrier may request information such as diagnosis and copies of progress notes*. Many clients chose to not use their insurance for office visits because of this element. Please notify our office if you have any questions regarding this.

### **Medicare Opt-Out Agreement**

Laguna Family Health Center, Inc.. & affiliated clinicians do NOT participate in Medicare. By law, Medicare-eligible patients are required to enter into a private contract with Laguna Family Health Center and we deliver medical care on a fee-for-service basis, which is not reimbursable by Medicare. By accepting the treatment contract with Laguna Family Health Center you agree that you shall not submit a

claim for payment under Medicare for services at our office.

**Payments:** Unless other arrangements are approved by us in writing, the balance on your account is due and payable at the date it is requested in person or by billing statement, whichever is sooner. Accounts are considered past due and delinquent/subject to reporting to collections if not paid within 60 days. *Any copays, office visit fees, or other costs must be paid at the time of service.* Any copays or deductibles are an insurance requirement and cannot be waived or reduced by our office. Please note there is also a *\$35 fee for any returned check.*

**Telephone Calls & Emails:** We must screen all calls to the clinicians during office hours while they are seeing patients. Calls deemed "non emergent" will be handled by the staff in the order received. If it is necessary to leave a message for the clinicians directly, *calls will be returned within 24-48 hours by either the clinician or staff, as appropriate.* Most of our clinicians have preference for email in terms of communication if it is a question or concern on a specific issue that falls beyond the role of the office staff to address. *Emails will be answered by clinicians directly and are confidential, but please keep in mind the limits of technology security.* Emails may also be used to communicate with office staff and all email addresses can be found on our website: [www.lagunafamily.com](http://www.lagunafamily.com)

**Prescription Refills:** *Prescription refill request will be handled within 24 hours of receipt during regular business office hours.* Prescription refills will not be handled after regular office hours or on the weekend. Please have your pharmacy fax or e-scribe refill requests to our office rather than calling and requesting refills. *Our clinicians reserve the right to deny refills or reduce quantity/doses.* Patient refills may also be denied if patients have not returned for follow-ups within the time frame agreed at the previous appt and thus a follow-up appt must be made before refills are authorized. *Furthermore, if accounts are past due and payments are not received or a payment plan initiated, clinicians' refills will not be granted.*

**Changes in Address/Phone or Insurance:** *Please notify us as soon as possible if you have any changes to your home or billing address, phone numbers and insurance coverage.* If we do not have current information this will delay payment and possibly cause you to have unexpected expenses. California insurance laws require claims to be filed no later than 90 days after the date of service and for some companies, the timeframe is 30 days. Please also let us know if there are any concerns about the phone number used for reminder calls by our office. You will be asked to fill out a new information profile yearly.

**Legal Testimony:** It is often unforeseen, but legal matters requiring the testimony of a mental health professional can and do arise. Legal testimony can often be damaging to the relationship between a patient and clinician. Because of this, we require that you employ independent forensic services should this type of evaluation be required. *If for any reason, we are subpoenaed on your behalf and required to testify or appear in court, you will be responsible for our court fees, which our office can provide upon request.*

**Mission Statement & Practice Values:** *Our mission is to provide the highest quality mental health care that promotes empowerment, enhances wellness and strengthens our community.* At Laguna Family Health Center we treat the whole client and strive to incorporate biological aspects, psychological factors and social components, which provides the best chance at recovery and focuses on strengthening skills within each individual. LFHC was founded out of the desire to provide mental health services in a model that focuses on wellness and prevention as much as treatment.

**Psychotherapy:** Psychotherapy may have benefits such as significant reduction in distress, improved social relationships, resolution of specific problems, and clearer understanding of yourself, your values, and your goals. *For therapy to be most successful, you will have to be able to talk openly and honestly, address any difficulties that arise, and put forth active effort outside our sessions.* Our therapists have expertise in several areas of therapy and will collaborate with clients to create individualized plans. Some therapy is brief and some requires a longer duration to address symptoms and treatment goals. If you have any questions or uncertainties, please discuss them with your therapist.

**Pharmacology/Medications:** Medications are often used as adjuncts to psychotherapy. If you are seeing clinicians at Laguna Family Health Center for medication management, we will work together to find the optimal combination of medication (if warranted) and therapy that help to fulfill your personal goals. If a medication is indicated, we will discuss with you the reason for the medication, the likelihood of improving with and without medication, and any reasonable alternative treatments. Further, you will understand the type(s) of medication being recommended; dosage and frequency and any possible side effects. As many conditions have an underlying biological basis, medications can be an important component of treating certain illnesses. A common concern in psychiatry of prescribers seeing patients for quick visits, focusing almost entirely on medications, over-prescribing, not being open to working with therapists, and not educating patients about their condition or needs is not what occurs in our practice. Medications are used in conjunction with therapy as the catalyst for growth, with a focus on prescribing only when needed, reducing the use of substances that can increase addiction, and *customizing a pharmacological plan* specific to the unique needs and symptoms of the individual.

**Laboratory Tests & Procedures:** As part of your treatment plan, our NPs may recommend certain lab tests/blood work to be ordered to assist in diagnosis and rule out medical causes to symptoms. Our NPs are all dual-licensed in both primary care and psychiatry due to our practice focus on comprehensive care. Certain medications also require routine and periodic blood work. Please make sure to discuss any physical symptoms, past medical history, etc. that may be important in your current situation. *If labs are ordered, it is your responsibility to make sure that lab services are an included benefit in your insurance.*

**Referrals/Authorizations:** *If your insurance requires a referral or preauthorization, you are responsible for obtaining it.* Failure to do so may result in payment denials from your insurance. Occasionally our clinicians will refer you to another specialist. Recommendations are based on their experience with the specialist but the specialist may/may not be an in-network provider with your insurance carrier. You will need to contact the office and/or your insurance to determine if that provider is covered.

**Patient-Provider Arbitration Agreement:** Lawsuits are something that no one anticipates and everyone hopes to avoid. The method of resolving disputes by arbitration is one of the fairest systems for both patients and psychotherapists. By signing this office policy contract, you are agreeing that all disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement with Laguna Family Health Center and patient(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 this agreement should be submitted to and settled by binding arbitration in Orange County, CA, in accordance with the rules of the American Arbitration Association which is in effect at the time the demand for arbitration is filed. This agreement generally helps to limit the legal costs for both patients and psychotherapists. Our goal of course is to provide care in such a way to avoid any such disputes. Most problems begin with communication and thus *if you have any questions or concerns about your care, please discuss with our office / clinician.*

**Children & Pets:** Children are very special to all of us and we are always happy to see them but for their safety and the courtesy of other patients we must ask that you keep your children with you at ALL times while in our office. Pets are not allowed in the office building except animals that are registered therapy/emotional support animals.

**Cell Phones & Smoking / E-Cigarettes:** Please refrain from talking on your cell phone and smoking / using electronic cigarettes while in the office or waiting area. This is distracting to others around you and also to the environment that we hope to create within our office. Please be mindful that there are several professional businesses within this office building and thus respect their need for a quiet and healthy environment.

**Grievance Policy:** Communication is an essential element of your healthcare and interpersonal relationships. If at any time you have concerns, please discuss with either your therapist/NP and/or our office manager. If resolve has still not been achieved, you have the right to request a meeting with the owner to discuss your concerns.

*By signing below, I acknowledge that I have read the above office policies and procedures and am consenting to treatment with Laguna Family Health Center and agree to abide by the terms during our professional relationship.*

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date