

Leslie Connor, Ph.D., LLC ♦ Information Form

Name _____

Address _____ / _____
Street City/State/Zip

Email (optional/used only for scheduling) _____

Phone numbers: provide any special instructions about leaving a message.

Home phone: () _____ - _____

Work phone: () _____ - _____

Cell phone: () _____ - _____

Date of Birth _____ SSN _____ - _____ - _____

Date of First Appt. _____ Who referred you to me? _____

- I understand that I am responsible for the payment of my bill in full.
- I understand that a minimum of 24 hours notice must be given to cancel an appointment or I will be responsible for full payment at the next appointment.

Signature _____ Date _____

Person Responsible for the Bill (if other than self)

Name _____

Date of Birth _____ SSN _____ - _____ - _____

Relationship to Patient: Spouse _____ Parent _____ Other _____

For Office Use: _____

Leslie Connor, Ph.D., LLC ♦ Client Information and Policies

Welcome to my office. In order to make your visits here most helpful, I'd like to clarify what you might expect to receive from counseling as well as review my office policies. Please feel free to talk with me about questions or concerns you have.

What is counseling and how does it help? ♦ Counseling is designed to help people solve problems in living by improving insight and awareness, leading to changes in feelings, thoughts, and behaviors. Our initial focus together will be to build trust and to clarify the concerns that you bring. Early on, you and I will discuss your hopes for therapy and over time, we will refine those goals.

Therapy is a highly individualized experience that offers many *benefits*, such as understanding yourself better, integrating past and present life experiences, and developing self-care and interpersonal skills, which can lead to improved coping and more satisfying relationships. Like any new experience, therapy also involves some *risk*, including awareness of uncomfortable feelings and situations, some of which may not be changed to your satisfaction. Every therapeutic experience is unique, and it is vital that you feel free to discuss concerns about your progress or our work together.

Some people come to counseling hoping for a quick answer. While this is understandable, it rarely happens. Few people go to the effort of finding a therapist without having tried to solve problems on their own. Most likely, improvement and change will require effort. You will have my support, understanding and guidance during this challenging work.

From experience, I have found several ways in which you can increase the benefit of our work:

- **Be honest with yourself and with me.**
- **Challenge yourself to talk about things that are hard to discuss.** Issues kept hidden tend to “grow in the dark.” Bringing them into the light of day is a big step toward making them manageable.
- **Do the work we agree on between appointments.** Changing one's feelings, thoughts, and behaviors requires practice. Your efforts between appointments are essential to achieving your goals and sustaining important life changes.

Ideally, therapy ends when we mutually agree that our work is complete. While you may end therapy at any time, I ask that we meet for a final session to allow for discussion of concerns, progress, and closure.

Reaching me by phone ♦ When you call my office, you will reach my confidential voicemail. I check for messages several times during the day between 8 a.m. and 5 p.m. In the evenings and on weekends, I check messages less frequently, unless we make specific arrangements. Be sure to let me know when the best times are for me to reach you and I will return your call. When I am away, I will inform you of coverage arrangements in advance.

Always leave me your phone number, even if you think I have it.

Confidentiality ♦ The information that you share with me is confidential. This means that information about you cannot leave my office without your permission. I am aware of how difficult it can be to share the details of your life and I respect the privacy of such disclosures. Should you want me to share information with another professional or family member, I will ask you to sign a form permitting me to do so. The exceptions to confidentiality are as follows:

- 1) As in all states, Delaware has a mandatory child abuse reporting law. This law requires that I make a report to the Department of Social Services whenever I have reason to suspect child abuse. Your permission for such a report is not required.
- 2) If there is a clear intention on your part to do serious harm to yourself or someone else, I will share that information as required in an effort to prevent that harm from occurring.
- 3) A court-ordered subpoena (i.e. from a judge or equivalent); I would be held in contempt of court if I did not provide records and/or an opinion for the court. There have been instances in which therapy records have been subpoenaed into court by an attorney; if that is the case, I will work to protect your records and not release them.

Emergencies ♦ I make every attempt to be available to a client who is experiencing a crisis in her or his life. Emergency or extra appointments can be made during my regular office hours. If need be, I will extend my office hours to accommodate your needs during an emergency. We may also decide to have phone calls between appointments. **In the case of a clinical emergency requiring immediate assistance, call 911 or go to the nearest emergency room.** You may also contact the Mobile Crisis Hotline: (800) 652-2929

Information about my practice and credentials

♦ I am a part of an independent network of practitioners that includes Kris Bronson, Ph.D., and Debbie Snyder, LPCMH, LCDP, with whom I share an office in North Wilmington, and Linda Santoro, R.N., Ph.D., Lisa Burroughs, Psy.D. and Jennifer Lyons, LCSW in Newark. My practice is separate from the others; that is, this is not a group practice, nor a partnership.

♦ I received my Ph.D. in Counseling Psychology at UNC at Chapel Hill in 1991. I have been a Licensed Psychologist in private practice in Delaware since 1992. I am a member of the American Psychological Association and the Delaware Psychological Association.

Client's signature/date: _____

I have read these materials. I understand the information and agree to the conditions of therapy that are either stated or implied here. I understand that I have the right to not sign this form and can discuss my concerns before therapy begins. Once therapy begins, I still retain my right to withdraw consent to participate in therapy at any time.

Leslie Connor, Ph.D., LLC ✦ Financial Policies

I hope this information can be helpful to you. Feel free to ask me for clarification or assistance if you have questions regarding fees or payment for services.

Fee and payment information

- Payment can be made with either cash or check.
- Checks may be made payable to: **Leslie Connor, Ph.D., LLC.**
- Payment is made in full at each session unless other arrangements are made.
- There is a \$15 fee for returned checks.

Appointments are usually 50 minutes in length. The few minutes I set aside between appointments allow me to make note of the work we've done and the themes we want to continue with, and ultimately allows me to be prepared each time we meet.

The length of our appointments can be adjusted under special circumstances. Feel free to inquire about that.

Missed appointments and cancellations ✦ If you need to cancel or reschedule an appointment, I would appreciate as much advance notice as possible. Please note: cancellations **must be made 24 hours in advance** of your appointment to avoid being charged the full fee (not just the co-payment) for a missed session. Insurance companies do not reimburse for missed or late cancelled sessions. I ask that payment for missed appointments be made at the next scheduled session.

I make exceptions to the late cancellation fee, i.e., when an illness leads to a doctor or hospital visit, or when the weather is severe enough to close the public schools in your area. In these cases, I will not charge for a missed or late cancelled appointment.

There are various reasons for this policy, most important of which is that I set aside your appointment time for you and will be here ready to focus on your concerns. That time is dedicated to our collaborative work and I make every effort to make sure I'm prepared and ready for our time together. I ask for your mutual respect by giving me 24 hours in advance to allow me to adjust my schedule accordingly if you will not be here.

Insurance ♦ If you are using insurance, please learn about and inform me of the specifics of your mental health coverage. Depending on your plan, you may be required to make payment at each session, and then submit claims to your insurance company for reimbursement directly to you. I can provide you with an insurance-ready receipt at each appointment or with a monthly statement, whichever you prefer. Feel free to discuss your insurance coverage with me as we are getting started.

If you are using insurance to pay for any part of your therapy, I may be required to release information about you to your insurance company. This may include, but is not limited to: symptoms, diagnoses, treatment plan, and progress toward goals. Please discuss this with me if you have any concerns about what I would share.

For most insurance plans, I am considered an *out-of-network* provider. When checking your coverage, it is best to confirm the following for “Behavioral Health” coverage:

- a) The amount of your deductible for out-of-network services;
- b) The percentage of the cost per session covered. This is usually based on the “reasonable and customary fee” that the insurance company sets, and is not always based on my rate;
- c) What your company considers “reasonable and customary” fees for the services I provide. Those services are:
 - 90791 – Diagnostic Evaluation (for our initial appointment);
 - 90834 – 45-50 minutes of Individual Psychotherapy; and
 - 90847 – 45-50 minutes of Family Psychotherapy with patient present
- d) What you should expect to pay as your copayment.

If you have questions about your bill, feel free to call my bookkeeper, Pam Clarke at (302) 299-9947.

Your signature is requested to ensure that you have read and understood the financial policies of this practice. If you have any questions, feel free to ask.

Signature

Date