Claudia Diez, PhD, ABPP   212.744.8073  Registration and Informed Consent for Services  How did you hear about Dr Diez?														
Name (First MI Last):					□М	□M □F		DOB:			Age:			
Address:	(Street, Apt#)					City, State, & ZIP								
Main Phone					May a message				□ Yes			□ No		
Other Phone								E-mail:						
Form of Payment		Direct Pay □   Insurance □ Insurance Name, ID												
Secondary Insurance: (if applicable)		2 <sup>nd</sup> Insurance ID												
Area of Study / Univ.		Occupation												
Highest Education:		Number												
Emergency	y Contact		ages (if any)											
	d Phone:													
Marital status:		☐ Single ☐ Partnered ☐ Married ☐ Separated								☐ Divorced ☐ Widowed				
Service you are seekir (Please choose only O		q:	☐ Consultation ☐ Evaluation Only (clinica							al purpose) ademic, forensic, employment, other.				
		NE)	Describe:							iic, Torensie,	Ciripio	ymenc, ou		
Reason(s)	☐ Abuse		☐ Couples Therapy ☐ Conflict with Partner ☐ Eating Disorder (height weight _						ht )	☐ Stress				
for	☐ Anxiety,	/Panic		☐ Conflict at Work						☐ Trauma				
seeking		on Problems   Depression/ Mood  Relationship Issues							□ Other					
How long ha	ve you ex	perien	ced th	e problems checked of	ff above?									
Is this your fi	rst time re	equest	ing tre	atment by a psychiatr	ist, psycholog	ist, or th	erap	ist?				□ Yes	□ No	
If no, when was the last time you were seen and who were you seen by?														
Have you had any previous psychiatric hospitalizations?									□ No					
If yes, when and how many?														
Have you eve	r attempt	ed suic	ide? 1	f yes, when?								□ Yes	□ No	
*If you currer	ntly experier	nce suic	idal or	homicidal thoughts and p	plan to act on th	nem, pleas	se dia	l 911 or go	to your neares	t emergency	v room	*	I	
Did you ever cause yourself intentional injuries (i.e., cutting, burning)?    □ Yes    □ No								□ No						
Do you drink alcohol (beer/wine/liquor)? ☐ Yes ☐ No How often: Rarely   Occasionally   Frequently   Consistently														
Use recreational drugs: marijuana   cocaine   heroin   other								tently						
Are you currently involved in any legal proceedings (lawsuits, divorce, child custody, etc.)?							□ Yes	□ No						
Do you have any pending disability claims OR do you plan to file a disability claim in the near future?  Any medical problems? If yes, please list the most severe								□ No						
Any medical p	problems:	II yes	, picas	e list the most severe										
Name any kn	own ment	al heal	th dia	inoses:										
Year when it				<b>,</b>	First treatme	nt (voor	١.		Last treatme	at (voor)				
rear when it	was ulagii	oseu.			riist tieatille	iii (yeai	<i>)</i> ·		Last treatme	it (year).				
Current	ly Prescrib Medicatio													
Are you havir	ng any diff	iculty	sleepir	ıg (falling asleep, stay	ing asleep, ar	ıd/or wa	king	frequently	·)?			□ Yes	□ No	
Are you having any difficulty with your appetite (loss of or increase of)?								□ No						
Are you having difficulty attending work or with your day-to-day activities (ex: household chores)?								□ No						
Describe the	main reas	on for	this co	nsultation:										
												Da	nge 1 of 2	

# Claudia Diez, PhD, ABPP | 212.744.8073 Registration and Informed Consent for Services

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# **CANCELLATION POLICY**

An appointment is a **mutual commitment**. Once an appointment time is reserved for you on mutual agreement, you are responsible for attending the appointment (Dr. Diez does not send reminders)

Charges apply for missed or cancelled sessions. Missed or cancelled appointment fees are not paid by your insurance; they are your solely responsibility.

- Notify of cancellations with at least 3 business days notice to avoid fees.
- The first missed appointment (no show) or late cancellation carries a one hundred (\$100) dollars fee. Subsequent cancelled appointments are subject to a **half or full encounter fee, regardless of the circumstances**, except if/when agreed upon with at least a week-notice. Discuss cancellation policy with Dr. Diez by phone or during your first visit.
- To avoid cancellation fees you can request a make up appointment, depending on both parties' schedules.
- If you cancel or miss an appointment and do not request a make-up session, charges will be billed automatically.
- Frequent cancellation or missed appointments may result in losing your reserved time slot, or even discontinuation of services.

#### **PAYMENT FOR SERVICES**

- Payment is due at time of service (per visit) unless otherwise specified; payments can be made via cash, Zelle, Venmo or Paypal.
- Notify Dr. Diez as soon as possible if any problems arise during the course of therapy regarding your ability to make timely payments, or if there are changes of insurance coverage. Even if your insurance plan declines payment for the services rendered, you are responsible for making direct payments for those services. Payment arrangements will be made with Dr. Diez should this situation arise.
- Payments for services may be affected by changes in your insurance plan. Discuss insurance coverage changes as soon as possible with Dr. Diez to prevent payment or billing conflicts.
- Dr. Diez is an *Out of Network* provider (not in your health plan's panel) unless otherwise noted. The office may be able to bill your insurance directly in order to facilitate reimbursements. You are responsible for the direct payment of services at time of service rendered, unless otherwise arranged. You are the solely responsible for collecting reimbursement from your insurance plan, and to contact your insurance when/if claims remain open for more than five weeks. You may call them to ask if hey will reimburse you for individual psychotherapy (CPT codes 90834 and/or 90837) or family therapy (CPT code 90847).
- •Face-Time, Skype, Whatsapp, call and video sessions: Tele-Health sessions can be occasionally arranged and are subject to the same fees. Ask your insurance whether they reimburse for tele-health sessions (modifier GT or 95).
- •Requests for preparation of forms or documents (letters to employer, schools, insurance claim agencies, etc.) must be discussed with Dr. Diez before starting treatment, if this is a reason for the consultation; or as soon as possible. Forms and documentation are subject to separate fees. This agreement or entering psychotherapy with Dr. Diez is not a binding commitment on her part to prepare any form of documentation that is not discussed prior to starting treatment.

# **CONFIDENTIALITY AND ITS LIMITS**

- -Recording of sessions by any electronic means is not allowed without prior permissions. This applies to both Dr. Diez and the client.
- -Meetings between a client and a clinician are confidential and legally privileged. Dr. Diez will not release information discussed to anyone without a client's written permission, except the minimally necessary for insurance billing purposes (diagnoses code, date and type of service). Also, based on current HIPPA laws, in the following important situations clinicians are legally and ethically required to go outside the context of the therapeutic relationship and release necessary information about the client in order to preserve his/her safety or that of another:
- (1) If there is an emergency situation in which the clinician believes that the client may be a danger to her/himself or that s/he is gravely disabled;
- (2) If the client communicates a serious threat of violence against someone to the clinician;
- (3) If the clinician has reasonable suspicion that a child or elder/dependent adult is being abused; or
- (4) If the client's records are subpoenaed as evidence during a legal proceeding.

If any such situation arises, Dr. Diez will attempt to fully discuss it with the client before taking any action and will limit the disclosure to what is strictly necessary. Disclosure of confidential information may be required by the client's insurance carrier in order to pay claims for reimbursement. In this circumstance, only the minimum amount of information will be communicated to the carrier.

Please also note that if there is a breach or refusal to pay a balance, information can be given to a collection agency or small claims court.

### **EMERGENCIES**

Dr. Diez does not offer on-call or emergency services. If you experience an emergency please call 911 or go to the nearest emergency room.

### **SATISFACTION**

Please discuss with Dr. Diez as early as possible anything you find untoward about her or her work. It is strongly recommended to avoid discontinuation of treatment before discussing the reason for termination with the provider. Frank and direct dialog is an important aspect of psychotherapy; your feedback is necessary and always welcome by Dr. Diez.

If you have questions or concerns about the above terms please discuss them with Dr. Diez before signing this form or initiating treatment

## **CONSENT FOR SERVICES**

I hereby authorize Dr. Claudia Diez to evaluate me and /or treat me, and to release to insurance carriers, who may be financially liable for my care, all information needed to substantiate payment for such medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. I also acknowledge awareness of cancellation fees, documentation preparation fees, confidentiality and privacy restrictions as per HIPPA laws described above.

I	, I have been informed, understand and agree to the above terms.
Client's Signature	Date
	Client should save a copy of these registration for future reference