

Counseling and Mediation Services of Oklahoma
Gary Hardwick, D. Min., Licensed Professional Counselor
1006 24th Ave N.W., Suite 100
Norman, OK 73069
Phone: (405) 405-701-0026 Fax: (405) 801-2846

For more information about me and my services, please visit my website: <https://www.counselingandmediation.com>

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ Gender: M / F / Other
Address: _____
City: _____ State: _____ Zip: _____
Preferred Contact Number: _____ Other: _____ Ok to leave a voicemail? Y / N
Email: _____ Would you like to receive secure emailed appointment reminders? Y / N
Emergency Contact: _____ Phone: _____ Relationship to patient: _____

Who may I thank for referring you to me: _____

Please list the main reasons for seeking counseling services:

BILLING INFORMATION:

Person responsible for payment: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred Contact Number: _____ Other: _____ Ok to leave a voicemail? Y / N

Insurance Company: _____ Phone Number: _____
Insurance ID#: _____ Group #: _____
Policy Holder's Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____

PLEASE COMPLETE SECTION BELOW FOR ANY *SECONDARY* INSURANCE

Insurance Company: _____ Phone Number: _____
Insurance ID#: _____ Group #: _____
Policy Holder's Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____

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Counselor-Client Services Agreement
Business Policies and Procedures
Effective 09/01/2019

Welcome to my practice. I appreciate your seeking services at my office and hope that the information and policies contained herein answer any questions you have about the services and costs associated with your treatment. The following guide explains the policies concerning my qualifications, services, fees, appointments, insurance and confidentiality. This document provides important information, so please read it carefully. You will also need to review the Notice of Privacy Policies document located at my office or on the website. If you would like to write down questions you might have, I would be more than happy to discuss them at our next meeting.

Please arrive 10 -15 minutes early for your first appointment and bring all paperwork (completed and signed) along with insurance card(s) if we are filing with insurance for you.

PSYCHOTHERAPY SERVICES

I provide psychotherapy to individual adults and couples. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been clearly shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. It can lead to greater awareness of your own strengths and values that you can use to address your struggles. However, there are no guarantees to what you will experience

APPOINTMENTS

I begin psychotherapy with an initial evaluation plan that lasts an hour. This may be followed by one or two more 55-minute sessions to gather a more detailed history and determine a plan for addressing your concerns. During this initial evaluation period, we can both decide if I am the best person to provide the services that will meet your goals. Since therapy involves a commitment of time, money, and energy, you should feel comfortable with the therapy you choose. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Once psychotherapy begins, I will usually schedule one 50 to 55-minute session per week, at a time we agree on. Over time we may spread the sessions out to every two to three weeks as you begin to progress in therapy and feel better. However, scheduling is flexible, depending on your needs.

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MISSED APPOINTMENTS

When an appointment is made, that time is reserved and cannot be given to another client. It is very important that the appointments be kept. If an appointment time needs to be rescheduled or canceled, please call the office at the earliest day/time possible so that the timeslot may be made available to others. ANY MISSED APPOINTMENT OR LATE CANCELLATION (NOT CANCELLING AT LEAST 24 HOURS IN ADVANCE), **WILL BE CHARGED A FEE OF \$55.00** unless the late cancellation is unavoidable by a **genuine emergency**. Appointments may be canceled by leaving a message on my confidential voicemail or letting my receptionist know during regular office hours. Insurance will not pay for missed appointments and the client is solely responsible for payment of this fee. Payments for missed appointments are due with the regular fee at the next visit. If two or more regularly scheduled (i.e. standing) appointments are cancelled, late or missed, I reserve the right to make that appointment time available to other clients without prior notification.

EMERGENCIES

In case of an emergency, please call 911 and/or proceed to the nearest emergency room. You may then call me at the office if it is during my business hours at **405-701-0026**. . If there is no answer or I am unavailable, leave a message with the secretary or on my voicemail. If your call is not returned promptly during business hours, you can call me on my cell phone. If the emergency occurs outside my business hours, you may call my cell phone at 405-863-5570.

When I am on vacation or otherwise unavailable, I will leave the name and phone number of the professional colleague covering for me on my voicemail and with my secretary. My policies will be in effect for that coverage as well.

PROFESSIONAL FEES

Initial Diagnostic Interview 60 minutes.....	\$180.00
Individual, Couples or Family Therapy 45-55 minutes.....	\$140.00
Telephone Consultations longer than 5 minutes, per quarter hour	\$33.75
No-shows or appointments cancelled less than 24 hours ahead of time.....	\$55.00

Payments are due at each visit, unless other arrangements are made in advance. Checks may be made payable to "Dr. Gary Hardwick". Returned check fee is \$25. VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS credit cards and debit cards are also accepted methods for payment.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate the impact of the financial resources you have available to pay for treatment. Services provided are covered under most health insurance policies under outpatient *mental health* services. However, some

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insurance companies reimburse mental health services at a different rate from other *medical* services. Most policies have annual deductibles by individual, family or health condition. Other companies set annual limits in dollars or number of visits allowed per calendar year. Some insurance companies will not cover certain diagnoses. Since benefits are so varied, each client should review their insurance policy carefully and be aware of the mental health benefits or limitations involved.

It is very important that you are aware of exactly what mental health services your insurance policy covers. To do this, you should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about your coverage, call your plan Administrator. Although we try to verify benefits in advance of your first appointment, insurance company representatives sometimes give us the wrong benefit information. It is **ultimately your** responsibility to know your benefits.

Currently, I am an approved in-network provider for the following insurance companies:

- **Health Choice**
- **Blue Cross/Blue Shield.**

If your company is not on this list, we can usually still file claims with them. Exceptions include if you are enrolled in an HMO insurance plan. Typically, HMO's will not reimburse me for services and you will need to pay for the services in full. Regardless of whether I am a provider for your insurance, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. **However, you (not your insurance company) are responsible for full payment of the charges incurred.**

Many insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases). This information will become part of the insurance company files and may be stored in a computer. I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, upon your request.

Once you have all of the information about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to stop our therapeutic relationship, or if they do not cover services that I deem necessary so that therapy can be done in the optimal manner.

It is important to remember that you always have the right to pay for services yourself instead of having me submit claims to the insurance company.

COURT TESTIMONY AND LEGAL INVOLVEMENT

I do not provide court testimony, forensic assessment, custody evaluations, letters to attorneys, or any other services for court or legal purposes. My services are limited only to enhancing the health and functioning of my clients. If you are seeking a professional that can testify on your behalf, such as in a custody or criminal case, I will be happy to refer you to other professionals who do provide that service. **By signing this agreement and beginning treatment with me, you agree that none of our conversations, treatment, diagnoses, etc. can be used for any legal purposes, and that my records**

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and/or oral testimony cannot be compelled in any case. If a subpoena is issued requiring my appearance or for my records and/or oral testimony, you will then be billed for any associated fees including but not limited to: attorney fees, costs and any expenses incurred for the time required to comply with or quash the subpoena, and for my time related to dealing with the subpoena. Because of the difficulty of legal involvement, I charge \$350.00 per hour of time spent in preparation, travel, consultation, appearance, etc. and require that a retainer be paid in advance.

CONFIDENTIALITY AND PRIVACY INFORMATION

Records of your service activities are confidential and will not be released without the client's (or guardian's) specific written consent, except under the exceptions listed below. I may use or disclose your Protected Health Information (i.e., information in your health care record that may identify you) for treatment, payment and health care purposes with your consent. You may revoke such consent in writing at any time. You may not revoke an authorization to the extent that (1) we have taken action in reliance on the authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy. Your psychological records will be kept for a minimum of 10 years after your last session. The confidential records will be disposed of in a manner appropriate to maintain confidentiality.

The exceptions to confidentiality are:

1. If the therapist suspects that child abuse or neglect has occurred or that a vulnerable adult has been abused or neglected, the law requires that it be reported to the proper authorities. This includes suspected mental or emotional abuse of a child who has witnessed domestic violence.
2. If the therapist believes that you are a clear and imminent danger to yourself or another person, the therapist may notify appropriate others to prevent that occurrence (i.e., statements of suicidal or homicidal intent).
3. If it becomes necessary to contact an attorney or a collection agency, then your name, identifying information about how to reach you and amount owed become available to these agents.
4. In legal proceedings, patient/therapist communications are privileged with the following exceptions. A judge's court order is required for such information to be released or the patient's written release for the information. Examples of when a judge might subpoena your record include, but are not limited to:
 - a. If your mental status is an issue for the court;
 - b. The judge feels that communications are necessary to the proper administration of justice.

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PATIENT RIGHTS (in accordance with HIPAA)

A complete copy of my Privacy Notice is available when you check in at the office.

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternate Means and at Alternative Locations:** You have the right to request and receive confidential communications of Protected Health Information by alternative means or alternative locations (i.e., you may not want a family member to know you are being treated in my practice and may request we send bills to a different address).
- **Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of your Protected Health Information in my mental health and billing records used to make decisions about you for as long as the information is maintained in the record.

I typically request that the record review be conducted in my presence so that I can answer questions that you may have. I may deny your access under certain circumstances (for example, but not limited to: if I believe it isn't in your best interest to review the record; therapy notes are generally not released; information released to me by other providers cannot be released). In some cases, you may have this decision reviewed. A copying charge not to exceed \$0.25 per page will apply.

- **Right to Amend:** You have the right to request an amendment of your Personal Health Information for as long as information is in your record. I may deny your request, but will discuss the reasons for such a denial.
- **Right to an Accounting of Disclosure:** You generally have the right to receive an accounting of disclosures of your Personal Health Information.

Licensed Professional Counselor's Duties Under HIPAA: HIPAA requires that you read my Notice of Privacy Practices which is a separate document from this one. Copies of the notice are always located in the binder on the front reception desk so that you can review it at any time. You will also receive a copy of that notice for your own records. I, and the staff in my office, are required by law to maintain the privacy of your Personal Health Information and to provide you with a notice of our legal duties and privacy practices with respect to your record. I will abide by the terms in this policy, unless we notify you of changes. You will be provided with copies of new policies or procedures. Further, you should be aware that pursuant to HIPAA and professional ethics codes, I keep professional records containing your Protected Health Information in parts of your file.

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PRACTICE STATEMENT

My office is located in the Aurora Professional Center, which also houses several other mental health professionals. We are each an independent practitioner who share certain expenses and administrative functions. I assure you that my practice is completely independent from these other professionals in providing you with clinical services and I, alone, am fully responsible for those services. My professional records are separately maintained and no other professional can have access to them without your specific, written permission or in the case of an emergency during my absence, which you request. You should be aware that office staff personnel are employed to assist with running my practice. In most cases, I need to share protected information with these individuals for administrative purposes (e.g. scheduling and billing). All staff members have been trained about protecting your privacy and have agreed not to release any information without the permission of a professional staff member. I may occasionally find it helpful to consult other health and mental health professionals about a case in order to provide optimal care to my clients. During such consultations, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not always notify you about these consultations unless I feel that it is important to our work together. I will note all consultations in your clinical record.

YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU HAVE READ THE INFORMATION CONTAINED IN DR. HARDWICK'S COUNSELOR-CLIENT SERVICES AGREEMENT AND AGREE TO ABIDE BY THE TERMS WITHIN DURING OUR PROFESSIONAL RELATIONSHIP. THIS ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE REVIEWED THE HIPAA PRIVACY NOTICE DESCRIBED HEREIN.

Client Name: _____
Please Print

Signature of Client _____ Date _____

I also give permission for Dr. Hardwick to release medical information to my insurance company or a managed care company contracted by the insurance company to manage my medical care if necessary, in order for the insurance company to pay their portion of services provided at this office. I further agree to pay for any part of Dr. Hardwick's services that the insurance does not pay.

Print Name of Client Signature of Client Date

If you have any questions about your privacy rights or these policies and procedures and Counselor-Client Services Agreement, please direct them in writing to:

Dr. Gary Hardwick at 1006 24th Ave, NW, Suite 100, Norman, OK 73069-6344.

Thank you, and again, welcome to my practice. I look forward to meeting with you.

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