PATIENT INFORMATION FORM

Name _____ Date _____
Birthdate _____ Age _____ Gender _____
(Legal guardian(s) if patient is a minor _____)
Address _____
City _____ Zip_____
Email _____
How were you referred to the office?_____
Reason(s) for seeking help at this time:_____

(Please only list phone numbers/email/fax that it is ok for provider to contact & leave you message)

	Phone Number
Cell Phone Number	
Home Phone Number	
Work Phone Number	

EMERGENCY CONTACT INFORMATION

Name _____ Phone Number _____
Relationship to you _____ Email _____

Name _____ Phone Number _____
Relationship to you _____ Email _____

Pharmacy Name _____ Phone Number _____
Pharmacy Address _____

Primary Care Physician _____ Last Seen _____

(Please list all prescription medications & dosages) ☐ ***Please check here if not on any medications***

MIND HEALTH INSTITUTE
BEVERLY HILLS

CREDIT CARD AUTHORIZATION

I, the undersigned, authorize Mind Health Institute, Beverly Hills to charge my credit card the morning of service for this and all future appointments as well as in the event that I (or the party for whom I am financially responsible) fail to show for a scheduled appointment, or do not notify Mind Health Institute at least 2 business days in advance for a cancelled appointment, as agreed to in the Treatment Consent Form. Furthermore, for outstanding payments of services rendered, I authorize Mind Health Institute to charge my credit card for the full amount due. I agree to not dispute charges for any of these reasons. I further authorize Mind Health Institute to disclose information about my attendance and/or cancellation to my credit card company if I dispute a charge. This form will be securely stored and may be updated upon request.

Card Type _____

Patient Name: _____

Card #: _____

Expiration Date: _____

Security Code (3-digit code on the back of card or 4 digits on front of AMX): _____

Billing Zip code: _____

Name (as printed on card):_____

Signature: _____Date: _____
(Patient or financially responsible party)

*Please note, your credit card will be charged if the following conditions apply:
(a) appointment is kept
(b) no-show for a scheduled appointment
(c) cancellation less than 2 business days in advance.

MIND HEALTH INSTITUTE
BEVERLY HILLS

Consent and Authorization to Use, Disclose, and Receive Medical and Mental Health Information

I, _____,
(Patient's printed name)
hereby authorize Mind Health Institute to disclose information and records obtained in the course of my diagnosis and treatment, and to receive information about my diagnosis and treatment for the following purpose: to increase understanding of my previous history, diagnosis, and treatment, to coordinate care on an ongoing basis with other providers that are also treating me, or to discuss my care with friends or family that may be important sources of support. I understand that by signing this form my care will be discussed with other clinicians who are active in my care within Mind Health Institute, Beverly Hills.

Information will be disclosed to other MHI clinicians working on your case.
Information will also be disclosed to:

Please provide name of individual/organization Address Phone number/Fax

1) Name: _____ Phone Number _____
2) Name: _____ Phone Number _____
3) Name: _____ Phone Number _____

I understand that I have the right to revoke this authorization at any time and that cancellation or modification of this authorization must be provided by me in writing and received by Mind Health Institute to be effective. I understand that any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation. I understand that I have the right to refuse consent and signing of this authorization and that Mind Health Institute shall not condition my treatment or the treatment of those under my care upon this refusal. I understand that I am voluntarily signing this form to release my health information to the party or parties designated.
I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable state laws may protect such information. This authorization is effective immediately and shall remain in effect unless explicitly revoked in writing.

Signature: **X**_____ Date: _____
(Patient or Legal Guardian)

MIND HEALTH INSTITUTE
BEVERLY HILLS

CONSENT FOR EVALUATION AND TREATMENT

Thank you for considering entrusting your care to the Mind Health Institute. We realize that choosing a clinician is a very important decision, which is influenced by many factors. Please take a moment to review the information below. Do not hesitate to contact us if you have additional questions.

OFFICE LOCATIONS AND PARKING

The Beverly Hills office is located on the 5th floor of 9777 Wilshire Blvd in Suite #507. It is at the corner of Wilshire and S. Santa Monica Blvd. Metered parking is available on Wilshire, as well as adjacent side streets, but be sure to read posted signs. Please note that we do not validate parking. The Santa Monica office is located on the 6th floor of 2730 Wilshire Blvd in Suite #660. It is at the corner of Wilshire and Harvard. Metered parking is available on Wilshire, as well as adjacent side streets, but be sure to read posted signs. Please note that we do not validate parking. The Calabasas office is located on the 2nd floor of 5016 Parkway Calabasas in Suite #215. There is a free and convenient large parking lot located at the entrance of the building.

INITIAL ASSESSMENT

This assessment focuses on determining the best treatment plan possible and is specific to each individual patient. It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please bring completed patient forms (under "Forms" section of our website) to this appointment and make sure to provide information about previous providers, past treatment, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., school reports, family reports, etc.) is often helpful, as these issues will be discussed during the initial session. Please remember that a comprehensive assessment is necessary regardless of the treatment modality (i.e., psychotherapy, psychiatric medications, or both) as it allows us to provide the best possible care. Additionally, we will mutually determine if we are the best clinicians to provide your individualized care.

APPOINTMENT TIMES

Appointments will start and end at their scheduled times, regardless of when the patient arrives for the appointment. Frequently, we have patients scheduled back-to-back and therefore are unable to extend appointment times because it would be unfair to keep other patients waiting.

Initials____

MIND HEALTH INSTITUTE
BEVERLY HILLS

CANCELLATION POLICY

Should you need to cancel an appointment, please do so at least 2 Business Days in advance. Otherwise, you will be charged at the regular rate for the canceled/missed session. Both telephone and email are acceptable ways to alert us of a cancellation.

FEE SCHEDULE

To obtain a fee schedule for each Mind Health Institute clinician, please feel free to contact the front office at (310) 988-9393. All other professional services requiring longer than 10 minutes such as report writing, disability forms, scheduled phone appointments for therapy, preparation of treatment summaries, court proceedings (even if your treating clinician is compelled to testify by another party), or time spent performing any other services you may request will be charged a rate in accordance with your clinician's hourly rates or fraction thereof.

PAYMENT ISSUES

All outpatient visits must be paid for at the time of the visit. We do not accept health insurance and are not a member of any managed care provider panels. Your credit card on file will be charged the morning of your appointment. We accept cash and all major credit cards for all professional services. If your account is overdue for more than 60 days, Mind Health Institute reserves the right to use legal means to secure payment. This includes charging the credit card on file as well as utilizing a collections agency or a small claims court. In such cases, only required information is provided to these agencies – which can include name, nature of services provided, and amount due.

INSURANCE REIMBURSEMENT

Mind Health Institute is out of network for all insurance panels. As such, we are considered an "out of network" provider for all PPO and HMO plans. If you have a health benefits policy that provides mental health coverage, you may be entitled to insurance reimbursement for any provided professional services. You can discuss this with your insurance company by contacting them directly. Regardless of insurance reimbursement, full payment for all services is required at the time of each appointment. We can provide you with a service invoice (or receipt) referred to as a "Superbill" which you can use to submit to your insurance company. We will not bill your insurance company directly. Please note that if reimbursement is pursued by you, most insurance agreements require you to authorize us to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability. Superbills are provided upon request and are not automatically sent out. A superbill is an itemized invoice including payments, CPT codes and DSM-V diagnosis codes, which you can submit to your insurance company.

Initials_____

PROFESSIONAL RECORDS

Mental health records are standard practice in psychiatry and psychology and protected by both legal and professional standards. Although you are entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging for us to provide you with the full records, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests. Please allow 5 Business Day turn around pending clinician approval.

PHONE AND EMAIL CONTACT

Emails and Phone Calls will be returned by your clinician as soon as possible. However, if returning phone calls and emails for a particular patient becomes frequent and time-consuming, we may ask the patient, parents, or caretakers to increase their frequency of appointments in order to address these issues during session times. Lengthy phone calls (e.g., longer than 10 minutes) to gather collateral data, update other individuals about the patient's treatment or for other purposes may be charged for at your Mind Health Institute clinician's discretion. Please be aware that email is not a confidential means of communication. Email is not the appropriate way to communicate confidential information or emergency issues.

CONFIDENTIALITY ISSUES

Patient confidentiality is of upmost importance but it is not absolute (e.g., imminent self-harm or danger to others, suspected child or elder abuse, inability to care for self due to mental illness, or court order to release information).

PSYCHOTHERAPY & FAMILY THERAPY

This form of treatment can be helpful to both individuals and families. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self-insight. However, therapy is not guaranteed to work for everybody and can be a large financial commitment as well as requiring a significant amount of time and energy. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. Always remember that anything can be discussed in therapy. Thus, it is important to let your Mind Health Institute clinician know if you feel that your goals aren't being met. These issues can be addressed in session. We are also willing to find a therapist that is a better fit for you, if necessary.

Initials_____

MIND HEALTH INSTITUTE
BEVERLY HILLS

MEDICATIONS

Psychiatric medications can be used in conjunction with psychotherapy to treat many conditions. It is important to find the best combination of medications and therapy for each individual case. We can provide an integrated approach, Mind Health Institute prescribers are trained to administer both psychiatric medications and psychotherapy. However, we are also willing to consider solely managing your psychiatric medications and sharing the psychotherapy with another provider. This should be discussed in order to determine if it would be a viable option for you. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, we will always discuss the risks, benefits, side effects, government warnings, and alternative treatments (which always includes not using medications) with you.

MEDICATION REFILLS

Please do not have your pharmacy call for medication refills. We are not able to refill medications without a recent evaluation to ensure that each patient is achieving appropriate therapeutic goals. Should complicated issues arise, please call your Mind Health Institute prescriber directly to find a solution. Refills for stimulant medication will be filled only once per month during a scheduled appointment regardless of the circumstances. Stimulant medication refills will need to be picked up at the office, as they cannot be mailed, faxed, or called in. Please allow two business days for the completion of any medication refills. If your insurance company requires a prior authorization for medication this can lengthen the time until medication becomes available.

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. As such we require that you employ independent forensic psychiatric services should this type of evaluation or testimony be required.

My signature below shows that I understand and agree with all of these statements.

_____

Signature of Patient/Guardian

_____

Printed name of Patient

Date_____