



DEMOGRAPHIC INFORMATION

Clients Name _____ DOB _____

Spouse/Parent(s) Name _____ DOB _____

Spouse Parent

Address _____

CONTACT INFORMATION:

Contact # (H) _____ (C) _____ (W) _____

Email _____

Secondary Email If Needed _____

Emergency Contact _____ Phone _____

Relationship _____

INSURANCE INFORMATION:

If Medicare is your primary insurance please see someone in our administrative office, prior to completing this form.

Primary Insurance _____ Policy # _____

Primary Policy Holder Name _____

Primary Policy Holders DOB _____

If you have a secondary insurance please bring it along with your primary card.

Are both above Parties covered under the above insurance ___ Yes ___ No *If not please list the other insurance plan.*

Whose Plan is this? _____

Name of Insurance _____

Policy # _____

General Information: PLEASE COMPLETE information below: *Very important information. Thanks*

Reason for Visit _____

How were you referred to our office? _____

Rosario Counseling & Associates

David Wiley, MS, LPC

5909 Falls of Neuse Road Suite 208
Raleigh, NC 27609
(919) 649-5882

Psychological Testing
Adult, Adolescent, and
Child Counseling

Professional Disclosure Statement

Welcome to Rosario Counseling & Associates, PLLC. Counseling is a professional relationship that requires thoughtful consideration. The following information is designed to provide important information that will ensure that you know what to expect from counseling and the therapeutic relationship, my professional services and business policies. I am a Licensed Professional Counselor in North Carolina, license #2457.

I have practiced in a variety of behavioral health settings in the Triangle area of North Carolina since 1981, including innovative approaches to substance abuse and chronic pain management, crisis intervention, as well as working with relationship issues with couples and families. I earned a Master of Science degree in Counselor Education through the School of Education at North Carolina State University. My undergraduate degree, a Bachelor of Arts, was earned through the University of North Carolina at Greensboro. Additionally, post-graduate studies included a unique program through Azusa Pacific University, in collaboration with the organization Focus on the Family.

Theoretical Counseling Approach

Client initials

Psychotherapy is not easily described in general statements. It varies depending on the mix of our personalities and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Some of the modalities that I use in therapy are: Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Talk therapy, Interpersonal Psychotherapy, Integrated Spirituality and Faith-Based therapies, Positive Psychology, Creativity therapy, Expressive Arts therapy, and other holistic approaches to psychological treatment. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable and possibly intense emotions. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

If you desire Faith-based Spiritual counseling, I will provide a safe place to explore your spirituality as it pertains to your journey. You may not be sure if you want to discuss your spirituality, and I would want you to feel comfortable to explore or not explore as you see fit. I believe that wellness is holistic, covering the whole person; cognitive, spiritual, emotional, relational and physical. Some of the modalities used in this type of therapy may be prayer/meditation, guided imagery, mindfulness/relaxation/contemplative exercises, inspirational reading, and exploration of distorted core beliefs that are affecting a person's ability to live healthy emotional/spiritual life. Balance is emphasized for holistic healing. Treatment plans are individualized according to your needs. I would be happy to discuss any questions that you may have regarding how I counsel from a Faith -based perspective. You might also take a look at my website (www.rosariocounseling.com) to get more information.

Our initial session is a Diagnostic Child or Adult Interview and will last about 60 minutes. Regular sessions are about 45-60 minutes. The first few sessions will involve a diagnostic evaluation of your needs or your child's needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. I will be happy to help you set up a consultation with another mental health professional for a referral or a second opinion, if you would like. If your situation is beyond my expertise or scope of services, I will assist you in finding appropriate services with another specialist/setting.

Confidentiality

Client initials

Confidentiality is an essential part of our clinical relationship. Our office offers a team approach to counseling where it may be appropriate to share your information with another counselor or supervisor within our practice involved in your treatment plan for therapeutic reasons. Information given to Rosario Counseling & Associates, including the scheduling of appointments, content of counseling sessions, and any records to name a few, are confidential as outlined by HIPAA (Health Insurance Portability & Accountability Act), along with our State laws & Professional Ethics that regulates our counseling practice with few exceptions.

The special circumstances that are an exception in which Rosario Counseling & Associates are required to contact the appropriate entity to handle are the areas that follow: Child or Elder abuse, Suicidal Ideation, Homicidal Ideation, or Court Order. In the event a client has both a communicable and life threatening disease and another individual(s) are at a serious risk of contracting a contagious/life-threatening disease a counselor may be justified in disclosure. Otherwise, your personal information will not be released to any entity or person(s) without your written consent.

Scheduling Appointments, Cancellations, and Length of Sessions

Client initials

Counseling appointments are scheduled in advance. I will make every effort to see you as soon as possible. The length of a counseling session is 45 minutes or 60 minutes. When calling to cancel or reschedule, please advise the office at least 24 hours in advance. We maintain a 24 hour, 7 day a week voicemail, thus messages will suffice if you leave the time and date of your cancellation. If the office does not receive advance notice, you may be responsible for paying for the missed appointment.

Fees and Methods of Payment

Client initials

- 60 min Initial Diagnostic Session is **\$135** ▪ 60 mins session is **\$110** ▪ 45 minute session is **\$90**
- In proven financial hardship, we offer a scholarship or *fee* adjustment based on proven income. To learn more inquire with our office administrator.
- Methods of payment accepted cash, check, benefit cards and credit card.

Billing and Insurance Reimbursement

Client initials

As a courtesy to our clients our office will file insurance claims for policies that cover outpatient out of network counseling. To determine coverage call the phone number on your insurance card and request to verify benefits. Clients pay the full amount at the beginning of each session and the reimbursement from the insurance company is returned directly to you. If this is a problem please inform me at our initial session. Please remember that you are responsible and not your company for paying the fees agreed upon.

Emergency Protocol

Client initials

In the event of a life-threatening emergency you should immediately call 9-1-1. If you need to speak with a mental health professional while our office is closed, please contact Holly Hill Hospital at (919) 250-7000.

Complaint Procedures

Client initials

If you are dissatisfied with any aspect of my work, please inform me immediately. This communication will make our work together more efficient and effective. If you think you have been treated unfairly or unethically and cannot resolve this problem with me directly, you may contact Robin Rosario, MA, LPCS at 919-649-5882 and the North Carolina Board of Licensed Professional Counselors via phone (919-661-0820) or mail (PO Box 77819, Greensboro, NC 27417).

Client/Counselor Agreement

Please sign and date this form, indicating that you understand and accept the terms of this disclosure statement. I will make a copy for my records and return the original to you. If you have any questions or concerns, please ask for clarification prior to signing this document.

Client's Signature

Date

Counselor's Signature

Date

Rosario Counseling & Associates

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Rosario Counseling & Associates.

Signature of client (or personal representative)

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

This form will be retained in your medical record.

Patient Financial Responsibility Policies

Fees for Services:

Initial session \$135

Psychotherapy \$110 (53 – 60 minutes)

Psychological test & assessment – cost varies

Non-Sufficient Funds - \$25 fee; **Returned Check** - \$ 15 fee

Accurate Account Information: I recognize that it is my responsibility to inform Rosario Counseling & Associates PLLC, (hereby known as RCA), of my address, phone number, credit card and insurance information or any changes as long as I remain a client with RCA and/or have an account balance.

Accepted Forms of Payment: Cash, Check, Credit Card (Visa, MasterCard), or Health Benefit/Flex Cards

Responsibility for Payment: I understand and agree that I am responsible to pay charges and balances incurred on my account or the account of my minor child for health care related services provided by RCA. At the time services are rendered payment for services are due to RCA.

Secure Payments: All credit card information is secure through an integrated system allowing for quick confidential payment for services at check-in. In addition patients can pay invoices received through the encrypted patient portal. It is an RCA policy credit card authorization to conveniently pay for charges that are not covered by your insurance carrier. I agree to authorize RCA to use my credit card for outstanding or unpaid balances, unanticipated missed appointments, late cancellations, charges for insufficient funds for checks, and unmet deductibles etc.

Payment for Minor Children/Teenagers services: The accompanying parent or adult of the minor is responsible for full payment at the time service is provided. In the event of divorced or separated parents, please do not place our office in the middle of relationship disputes. I understand and agree to pay in full all charges incurred for the provision of health care and health care related services to my minor child at the time the services are provided.

Insurance Benefits - deductibles, copays and coinsurance: I understand I am responsible to provide my current insurance card to RCA, granting permission to bill my insurance company. RCA will collect the estimated amount (deductible, copay or coinsurance) when services are rendered submitting the charges for services to the insurance carrier or third party payer. I understand I am responsible for denied or outstanding balance upon insurance/third party reimbursement. I am responsible to pay my RCA account not insurance.

Authorization for Assignment of Insurance Benefits: I authorize payment of insurance benefits, directly to RCA for services rendered that otherwise would be payable to me.

Missed Appointments/Late Cancellations: I understand that it is my responsibility to provide RCA with 24-hour notice for cancelling an appointment or I may be charged for a missed appointment/late cancellation at the full rate, which is not covered by insurance.

Financial Hardships: If you are in financial hardship and do not have insurance to offset the cost of professional counseling notify the administrative office to determine if you are a candidate for a scholarship.

Testimony: Witness

There will be a charge in the event you subpoena/request a therapist for their testimony as a witness. The fee is \$2,640.00 plus a per diem for meals and travel expenses. In addition, fees associated with a hotel stay will be incurred if a hotel is needed when the courthouse is over 45 minutes from therapist's home. All fees must be paid 7 days advanced of court date. These fees are not refundable even in the case of a continuance. These services are not reimbursable through insurance.

Signature of Client: _____ Date: _____