



**Confidential Client Intake Information**

Date \_\_\_\_\_

Client Full Name \_\_\_\_\_

Client Date of Birth \_\_\_/\_\_\_/\_\_\_ Who referred you? \_\_\_\_\_ May we thank them? Y N

Parent/Guardian Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we send mail here?  yes  no

Home phone \_\_\_\_\_ May we leave messages here?  yes  no

Cell phone \_\_\_\_\_ May we leave messages here?  yes  no

*Text messaging:* can we send text messages to your cell phone?  yes  no

Email address \_\_\_\_\_ May we send email here?  yes  no

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**INSURANCE INFORMATION**

Policy holder name \_\_\_\_\_ Policy holder date of birth \_\_\_/\_\_\_/\_\_\_

Relationship to client \_\_\_\_\_ Name of insurance \_\_\_\_\_

Client member id number \_\_\_\_\_ Group Number \_\_\_\_\_

**For office use only:**

Authorization \_\_\_\_\_ # of visits \_\_\_\_\_

Date of auth \_\_\_\_\_ Deductible Amt \_\_\_\_\_ Copay \_\_\_\_\_

**EMPLOYMENT & EDUCATION INFORMATION**

Occupation \_\_\_\_\_

Average hours worked per week \_\_\_\_\_ Highest Grade of education \_\_\_\_\_

Are you currently in school?  yes  no If yes, what level/grade \_\_\_\_\_ Degree pursuing \_\_\_\_\_

Please list symptoms that you have been experiencing, when they first started and how long they have lasted:

\_\_\_\_\_  
\_\_\_\_\_

Please provide your mental health history, previous treatment, with whom and for how long?

\_\_\_\_\_  
\_\_\_\_\_

Family members with mental health concerns \_\_\_\_\_

Medical history and current health issues \_\_\_\_\_

Medications, dose \_\_\_\_\_

Allergies \_\_\_\_\_

Alcohol use (amount, frequency): \_\_\_\_\_

Cigarettes, cigar, other tobacco use (amount, frequency): \_\_\_\_\_

Recreational drug use history: \_\_\_\_\_

Have others expressed concern about your drug or alcohol use? \_\_\_\_\_

What do you hope to accomplish from your therapy? \_\_\_\_\_

\_\_\_\_\_

Primary care physician \_\_\_\_\_ Phone \_\_\_\_\_

Psychiatrist \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate your level of distress on a scale of 0-10 (0 = none; 10 = extreme) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

**Blue Lotus welcomes you and we are so happy you chose us at this time. Thank you for being here.**

## Statement of Financial Responsibility

**Fees:** We provide services at \$120 per 50-minute session and the initial intake session is \$180. Phone calls, reports, and other services provided outside of regularly scheduled appointments may be billed in 15-minute increments (e.g. 60 minutes will be \$100). Participation in legal proceedings is billed at \$300 per hour, including commute time, report writing, and other preparations. Payment and insurance copays are due in full by cash, check or debit/credit card *on the date of service*. You are responsible for these bills including any portion not covered or reimbursed by your insurance company.

**Cancellation Policy:** Please call **at least 24 hours in advance** to change or cancel an appointment. At Blue Lotus, we often have clients waiting for appointments to open up and this allows us to be able to offer that session to another client. You are able to leave a message or send a text message 24 hours a day. If you do not show for an appointment or do not call 24 hours prior to your scheduled session, you may be billed a cancellation fee of \$100 for the session. This fee is not covered by health insurance.

**Payment Policy and Agreement:** Blue Lotus prefers that you leave a credit card on file. In the event that your account has not been paid within 90 days, you authorize Blue Lotus Therapeutic Services to charge the following account for services according to the financial policies and payment agreement above at which time account will be charged any unpaid balance.

**Payments Using Credit Cards:** At Blue Lotus, we use Ivy Pay to accept and keep credit cards on file. This system was specifically created for mental health therapists and their practices. Ivy Pay is 100% HIPAA and PCI compliant and takes the stress out of having to swipe your card after a possibly emotional or draining session. Your therapist will send you a “request” through text message and this invites you to login to Ivy Pay and securely enter your credit card information. After the initial session, your therapist is able to charge you with just the click of a button and you do not have to re-enter your credit card information at each session. The feedback received from both therapists and clients have been positive and it takes the “business” feeling of collecting payments out of the therapy room. Please let us know if you have any questions.

I have read this Statement of Financial Responsibility. I understand that I am responsible for my bill.

\_\_\_\_\_  
Client signature (14 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

**Statement of Understanding and Consent for Electronic Communication**

Blue Lotus Therapeutic Services, its employees and contractors, utilizes various methods of communication to maintain contact with clients including phone and email. Please understand this office is portable and contact with us will be on a cellular phone. We utilize text messaging in very limited circumstances and only for scheduling or basic informational purposes. **No clinical information will be discussed via text message or email.** If you attempt to discuss clinical matters you will be asked to call or wait until your next session to discuss.

Please be aware that electronic communication via telephone or email may not be secure for either party. Due to the nature of this type of communication, there is a potential for interception or misdirection of your information. Your use of phone or email to communicate protected health information indicates that you acknowledge and accept the possible risks associated with such communication. Please consider communicating any sensitive information in person to protect your privacy.

As a general rule, Blue Lotus Therapeutic Services, its employees and contractors, do not have contact with clients outside of the office that is unrelated to mental health treatment. This rule applies to various internet messaging sites, social networking sites and general emails unrelated to our professional relationship. Please understand that any contacts or requests for contacts will not be confirmed or acknowledged to protect your privacy as well as to eliminate a dual relationship. Please *INITIAL* below:

\_\_\_\_\_ I understand the risks associated with utilizing any electronic methods of communication and agree to do so at my own risk.

\_\_\_\_\_ I understand email and text contacts will be scheduling and incidental purposes. All other forms of communication will be made preferably in person or via phone call if emergency arises.

\_\_\_\_\_  
**Guardian Signature (if applicable)**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Clinician Signature**

\_\_\_\_\_  
**Date**

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

1. **PURPOSE:** Blue Lotus Therapeutic Services and its professional staff, employees and trainees follow the privacy practices described in this notice. Blue Lotus Therapeutic Services keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all professional staff involved in the health care operations of the organization have access to your records.
2. **WHAT ARE TREATMENT AND HEALTH CARE OPERATIONS?** Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing multiple providers within Blue Lotus Therapeutic Services, they may share information in the process of coordinating your care.
3. **HOW WILL Blue Lotus Therapeutic Services USE MY PROTECTED HEALTH INFORMATION (PHI)?** Your personal mental health record will be retained by Blue Lotus Therapeutic Services for at least seven years after your last clinical contact with the organization. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy.
  - a. Until the records are destroyed they may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes: Appointment reminders;
  - b. Notification when an appointment is cancelled or rescheduled by Blue Lotus Therapeutic Services;
  - c. As may be required by law;
  - d. For public health purposes such as reporting child or elder abuse or neglect;
  - e. Mental health oversight activities, e.g. audits, inspections or investigations of administration and management of Blue Lotus Therapeutic Services;
  - f. Lawsuits and disputes (we will attempt to provide you advance notice of subpoena before disclosing information from your record);
  - g. To prevent a serious threat to health or safety;
  - h. National security and intelligence activities;
  - i. Protection of the President or other authorized persons for foreign heads of state or to conduct special investigations;
  - j. To support the operations and functioning of Blue Lotus Therapeutic Services. All business associates (e.g. electronic health record vendor and billing department) connected to Blue Lotus Therapeutic Services are obligated to protect the privacy and security of your PHI and may not use or disclose your PHI other than as specified in our agreements with them;
  - k. Alcohol and drug abuse information has special privacy protections. Blue Lotus Therapeutic Services will not disclose any mental health or medical information relating to a client's substance abuse treatment unless: (i) the client consents in writing (ii) a court order requires the disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) it is necessary to report a threat to harm oneself or another or to report abuse or neglect as required by law.
4. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.** Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in

writing Blue Lotus Therapeutic Services to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

5. **YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI).** You have the following rights regarding your health information, provided that you make a written request to invoke the right to Blue Lotus Therapeutic Services.
  - a. **Right to request restriction.** You may request limitations on your mental health information we may disclose, but we are not required to agree with your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contact.
  - b. **Right to inspect and copy.** You have the right to inspect and copy your mental health information regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied. You may request review of the denial by another licensed mental health professional chosen by Blue Lotus Therapeutic Services. Blue Lotus Therapeutic Services will comply with the outcome of the review.
  - c. **Right to an electronic copy of mental health records.** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in that form or format. If it is not readily producible in that form, your record will be provided in either our standard electronic format, or as a readable hard copy. We may charge a fee for transmitting the electronic health record.
  - d. **Right to request clarification of record.** If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. Blue Lotus Therapeutic Services is not required to accept the information that you propose.
  - e. **Right to accounting of disclosures.** You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations. **Right to receive notice of a breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
  - f. **Right to a copy of this notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.
6. **PAYMENTS.** We may use your health information or share it with your insurance company in order to obtain reimbursement for treatment or care.
7. **REQUIREMENTS REGARDING THIS NOTICE.** Blue Lotus Therapeutic Services is required to provide you with this Notice that governs our privacy practices. Blue Lotus Therapeutic Services may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future. Any time you come in to Blue Lotus Therapeutic Services, you may ask for and receive a copy of the Privacy Notice in effect at the time.
8. **COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with Blue Lotus Therapeutic Services or with the Department of Health, Behavioral Health Division of Oklahoma. You will not be penalized or retaliated against in any way for filing a complaint.

ACKNOWLEDGEMENT AND CONSENT

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by Blue Lotus Therapeutic Services and how I may obtain access to and control this information.

\_\_\_\_\_  
Client signature (14 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## Statement of Understanding and Consent for Treatment

Therapy is not like a medical doctor visit; it 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 our sessions and at home. Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress.

In couples therapy, if you and your partner decide to have some individual sessions, what you say in those sessions will be considered to be a part of the couples therapy, and can probably be discussed in our joint sessions. *Do not say anything you wish to keep secret from your partner.* You will be reminded of this policy before beginning such individual sessions.

Blue Lotus Therapeutic Services, its employees and contractors, are generally available by appointment only, Monday through Friday. You may call and leave a confidential message at any time and we will return your call as soon as possible. Our policy for after-hours coverage is to leave a message and we will return your call the next business day. If you are in need of urgent or emergency services after hours, please call COPEs crisis line at (918) 744-4800 or 911.

Please understand that information obtained from you is confidential. Information may not be shared with anyone without your permission except in the following circumstances:

1. When a court order is received.
2. When there is reasonable cause to believe that you will hurt yourself or someone else.
3. When there is reasonable suspicion to believe that abuse/neglect of a child, elderly person or disabled person has occurred.
4. Information necessary for billing purposes to insurance companies.

Your **INITIALS** beside each of the following indicates your understanding and consent for treatment:

- \_\_\_\_\_ I understand that I may withdraw consent for treatment at any time.
- \_\_\_\_\_ I understand and have reviewed the statement of financial responsibility.
- \_\_\_\_\_ I have received a professional disclosure statement.
- \_\_\_\_\_ I have received a copy of HIPAA's Notice of Privacy Practices.

I hereby consent for Blue Lotus Therapeutic Services, P.C. to provide my treatment.

<b>Guardian Signature</b>	<b>Client Signature (14 and up)</b>	<b>Date</b>
<b>Clinician Signature</b>	<b>Date</b>	