



Child/Teen Intake Packet

All legal guardians must sign the Informed Consent in order for this service to take place.

Please read the following information regarding our policies. By signing this form, you agree that you have read and agree to these policies.

- 1. Insurance, Payment and Claims Authorization Policy**
- 2. Cancellation Policy**
- 3. Electronic Communication Policy**

Please read the Consent Forms that follow. By signing this form, you give permission for treatment from our clinicians.

- 1. Child/Teen Telehealth Consent**
- 2. Child/Teen Psychotherapy Informed Consent**

In addition to the policies that follow, you have been sent a Notice of our Privacy Practices. By signing this form, you acknowledge that you have received this Notice. It is also available on our website.



Insurance, Payment and Claims Authorization Policy

Payment and Insurance Policy: Our office will be glad to complete and submit any and all insurance forms, but payment and follow-up are the responsibility of the contract holder. Payment and copayments are due at the time services are rendered. It is the obligation of the client to make payment and not that of the insurance carrier unless otherwise explicitly stated by a provider agreement signed in this office.

Claims Authorization: "I hereby authorize the release of any medical or other information necessary to process this claim. If my coverage is under a Group contract held by an employer, an association, a trust fund, a union, or similar entity, this authorization also permits disclosure to them for the purposes of utilization, review or audit. This authorization shall become effective immediately upon execution and shall remain in effect for the duration of any claim or term of coverage with the insurer, including a reasonable time thereafter, until its final consummation."

It is the client's responsibility to keep abreast of changes in their own insurance coverage. If insurance coverage lapses resulting in unpaid sessions, the client is responsible for payment.

In the event that a client's insurance lapses, it may result in several weeks of unpaid visits before it comes to our attention. Therefore, the balance due may reflect several weeks of sessions.

MPG does not accept straight Medicaid. Sessions that occur during a period of coverage with straight medicaid will therefore become the client's responsibility.

Cancellation Policy

Cancellation Policy: Therapy is a commitment between a clinician and a client. When a client and clinician begin treatment, they are making a commitment to a therapeutic process and also to a specific and reserved time. If you miss an appointment or are unable to provide at least 24 hours notice when you cancel, you will be charged a \$70.00 cancellation fee. Insurance does not cover missed appointment fees.



Informed Consent to Psychotherapy

This form documents that I/we, the parent(s) or guardian(s) give my/our consent to (the "psychotherapist") to provide psychotherapeutic treatment to my/our child.

While the parents can expect benefits from this treatment for the child, they fully understand that no particular outcome can be guaranteed. The parents understand that they are free to discontinue treatment of the child at any time but that it would be best to discuss with the psychotherapist any plans to end therapy before doing so.

The parents have fully discussed with the psychotherapist what is involved in psychotherapy and understand and agree to the policies about scheduling, fees and missed appointments. The discussion about therapy has included the psychotherapist's evaluation and diagnostic formulation of the child's problems, the method of treatment, goals and length of treatment, and information about record-keeping. The parents have been informed about and understand the extent of treatment, its foreseeable benefits and risks, and possible alternative methods of treatment

The parents understand that the psychotherapist cannot provide emergency service. The psychotherapist has told the parents whom to call if an emergency arises and the psychotherapist is unavailable.

The parents have access to a copy of this form and a HIPAA Notice of Privacy Practices on the Maverick Psychotherapy Group website (www.maverickpsychotherapygroup.com). A copy can be provided if the parents do not have access to the Internet. The parents understand that information about psychotherapy is almost always kept confidential by the psychotherapist and not revealed to others besides the parents unless a parent authorizes such release. Please see "Qualification" section below for exceptions to confidentiality. In addition, there are a few exceptions as noted in the HIPAA Notice of Privacy Practices. Details about certain of those exceptions follow:

1. The psychotherapist is required by law to report suspected child abuse or neglect to the proper authorities.
2. If the child tells the psychotherapist that they intend to harm another person, the psychotherapist must try to protect that person, including by telling the police or the person or other health care providers. Similarly, if the child threatens to harm themselves, or their life or health is in any immediate danger, the psychotherapist will try to protect the child, including by telling others such as their relatives or the police or other health care providers, who can assist in protecting the child.
3. If the child is involved in certain court proceedings the psychotherapist may be required by law to reveal information about their treatment. These situations include child custody disputes, cases where a therapy patient's psychological condition is an issue, lawsuits or formal complaints against the psychotherapist, civil commitment hearings, and court-related treatment.



4. If the child's health insurance or managed care plan will be reimbursing the insurance holder or paying the psychotherapist directly, they will require that I waive confidentiality and that the psychotherapist give them information about my treatment.

5. The psychotherapist may consult with other psychotherapists about the child's treatment, but in doing so will not reveal the child's name or other information that would identify them unless specific consent to do so is obtained. Further, when the psychotherapist is away or unavailable, another psychotherapist might answer calls and so will need to have access to information about my treatment. Additionally, some of our psychotherapists are supervised by senior clinicians in the practice who have access to their supervisees notes. If your child is being seen by a supervised psychotherapist, their information will be accessible to their therapist's supervisor.

7. If the child's account with the psychotherapist becomes overdue and the responsible party does not pay the amount due or work out a payment plan, the psychotherapist will reveal a limited amount of information about the child's treatment in taking legal measures to be paid. This information will include child and/or parent/guardian's name, social security number, address, dates and type of treatment and the amount due.

In all of the situations described above, I understand that the psychotherapist will try to discuss the situation with a parent, or before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

The parents, as legal guardians of the child, have rights to general information about what takes place in the child's therapy, to information about the child's progress in therapy, to information about any dangers the child might present to self or others, and, upon request, to obtain copies of the child's treatment record (with certain qualifications and exceptions). The parents understand that it is usually best not to ask for specific information about what was said in therapy sessions because this might break the trust between the child and the psychotherapist, especially for children over the age of 12.

The parents agree that in the event that custody of, or visitation with, the child is contested in a legal proceeding, each of the parents and their attorneys will not require the psychotherapist to testify at any of the proceedings, because to do so would hurt the child's treatment, because the psychotherapist's role is a therapeutic and not evaluative one, and because other forensic professionals would be better able and more appropriate to conduct any necessary evaluation. Because of these limitations, the psychotherapist also will not be able to give any opinion regarding custody, visitation or any other legal issue. If such a proceeding does occur, the parents agree that the psychotherapist's role will be limited to providing to a mental health professional appointed to perform such an evaluation, and/or to the attorneys, law guardian, if any, and the judge involved in the legal proceeding, written information regarding, and/or the record of, the child's treatment; the psychotherapist will provide these



either as required by law or upon the authorization of either parent.

The psychotherapist has explained to the parents that children with two parents have the best chance to benefit from therapy if both parents are involved and cooperate with each other and the psychotherapist. If both of a child's parents are consenting to therapy:

- Each of us agrees that he or she will not end the child's therapy without the agreement of the other parent, and that if we disagree about the child's continuing in therapy, we will try to come to an agreement, by counseling if necessary, before ending the child's therapy.
- We each agree to cooperate with the treatment plan of the psychotherapist for the child and understand that without mutual cooperation, the psychotherapist may not be able to act in the child's best interests and may have to end therapy.
- We agree that each of us has and shall continue to have the right to information about the child's treatment and to the treatment records of the psychotherapist regarding the child, and agree that the psychotherapist may release information or records to either of us without any additional authorization of the other. The parents are fully financially responsible for treatment. The parents understand that they have a right to ask the psychotherapist about the psychotherapist's training and qualifications and about where to file complaints about the psychotherapist's professional conduct.



Child/Teen Telehealth Consent

I hereby consent for my child to engage in telehealth with Maverick Psychotherapy Group (MPG) as part of their psychotherapy. I understand that “telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telehealth also involves the communication of my medical/mental information, both orally and visually, to my health care practitioner.

I understand that my child has the following rights with respect to telehealth:

1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2) The laws that protect the confidentiality of my child’s medical information also apply to telehealth. As such, I understand that the information disclosed by my child during the course of therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim.

I also understand that the dissemination of any personally identifiable images or information about my child from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

3) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.



4) I understand that my child may benefit from telehealth, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my child's condition may not improve, and in some cases may even get worse.

5) I understand that if my child is in need of emergency mental health services, I must contact my local emergency services by calling 911 or other local emergency resources from my location.

6) I understand that I have a right to access my child's medical information and copies of medical records in accordance with New York law.

***** ALL CUSTODIAL PARENTS AND GUARDIANS OF THE STUDENT MUST SIGN *****

If you are completing this Intake Form on paper or through email, please sign here acknowledging that you have read and agree to all of the policies detailed above on behalf of your child, _____.



MAVERICK
PSYCHOTHERAPY GROUP

Child's Name:

Parent/Guardian #1 Signature:

Date: _____

Parent/Guardian #2 Signature:

Date: _____