

LifeGate Christian Counseling
6820 West 26th Street, Sioux Falls, SD 57106
605-929-1060

Registration Information

(Please print)

Date _____

Client Information

Client _____
First MI Last

Address _____
Street City State Zip

Social Security # ____ - ____ - ____ DOB _____ Gender M__ F__

Single ____ Married ____ Separated ____ Divorced ____ Widowed ____ Other ____

Employer _____ Occupation/Position _____

Home Phone _____ Messages OK? _____

Work Phone _____ Messages OK? _____

Cell Phone _____ Messages OK? _____

Email address _____

Spouse _____ DOB _____ SS# ____ - ____ - ____

Spouse's Employer _____ Occupation/Position _____ Business Phone _____

In case of emergency, contact _____ Phone _____

Person responsible for account _____

Address _____ Phone _____

Employer _____ Occupation/Position _____

DOB _____ Relationship to Client _____

How did you hear about LifeGate Christian Counseling?

- | | | |
|--------------------------------------------|----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Physician/MD | <input type="checkbox"/> Other Agency | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Pastor/Church | <input type="checkbox"/> Former Client | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Other Therapist | <input type="checkbox"/> Friend | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Insurance Co./EAP | <input type="checkbox"/> Family | _____ |

Family Physician _____ Address _____
Phone _____ Most Recent Exam _____
Medical Problems _____

Please explain why you need therapy _____

Previous therapy, psychological, psychiatric treatment _____

Present Medications _____

INSURANCE INFORMATION

Primary

Insurance Company _____ Policy Holder _____
ID Number _____ Group Number _____
Client's relationship to policy holder _____ Insurance Plan Name _____
Policy holder phone number _____ Address _____
Policy holder SS# ____ - ____ - ____ DOB _____

Secondary

Insurance Company _____ Policy Holder _____
ID Number _____ Group Number _____
Client's relationship to policy holder _____ Insurance Plan Name _____
Policy holder phone number _____ Address _____
Policy holder SS# ____ - ____ - ____ DOB _____

I understand that I am responsible for all charges regardless of insurance coverage.

Assignment of Insurance Benefits

The undersigned hereby authorized the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my therapist to submit claims for benefits without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

Authorized Signature of Insurance Subscriber

Date

LifeGate Christian Counseling

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

Uses and Disclosures Requiring Authorization

I may use or disclose PHI (Personal Health Information) for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission about and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

Uses and Disclosures with Neither Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances.

- **Child Abuse**

If I have reasonable cause to suspect that a child under the age of eighteen has been abused or neglected, I am required by law to report that information to the state's attorney, the Department of Social Services, or law enforcement personnel.

- **Health Oversight**

If the South Dakota Board of Examiners for Counselors and Marriage and Family Therapists or other oversight committee is conducting an investigation, I am required to disclose your mental health records upon receipt of a subpoena from the Board or committee.

- **Judicial or Administrative Proceedings**

If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I may not release information without your written authorization or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety**

When I judge that a disclosure of confidential information is necessary to protect against a clear and substantial risk of imminent harm being inflicted by you on yourself or another person, I may disclose such information to those persons who would address such a problem (e.g., the police or the potential victim.)

- **Worker's Compensation**

If you file a worker's compensation claim, I am required by law to provide your mental health information relevant to that particular injury, upon demand, to you, your employer, the insurer, and the Department of Labor.

Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact LifeGate Christian Counseling at (605) 929-1060. If you believe that your privacy rights have been violated and wish to file a complaint with the office, you may send your written complaint to LifeGate Christian Counseling, 6820 W 26th St, Sioux Falls, SD 57106. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The office listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This notice goes into effect on June 10, 2009.

Your signature below indicates that you have read this agreement and agree to its terms and also serves as an acknowledgment that you have received the HIPPA Notice Form.

Client Signature

Date

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail as well as post it in the office.

LifeGate Christian Counseling

Confidentiality, Cancellation Policy, & Emergencies

Confidentiality Agreement

The therapy relationship is a professional and confidential relationship. What is revealed in this setting is confidential and is protected by professional and ethical standards. All material is confidential and cannot be released without your written consent. The laws of the state of South Dakota make certain exceptions to this confidentiality privilege. If there is reasonable suspicion that you may harm yourself or others, then the therapist is responsible by law to inform others in order to protect them or yourself. If there is reasonable suspicion of child abuse, a verbal report will be made to Child Protective Services.

Cancellation Policy

If you are unable to attend a scheduled session, it is your responsibility to let this office know of your intent to cancel your appointment. Appointments must be cancelled at least 24 hours prior to the session in order to avoid being charged. You will be charged for the session at your therapist's standard rate if you do not cancel and do not attend the session.

___ (Client initials)

Emergencies

If you are in need of emergency psychological help at a time when your therapist is not available, it is your responsibility to call 911 or some other emergency service (such as 339-HELP, a 24-hour help line). If you are in a crisis and want to talk to your therapist, the therapist if available will talk with you, or will return your call as soon as possible. There is no charge for brief calls. However, calls requiring more than five minutes of time will be charged according to the closest quarter rate.

My signature below indicates that I have read the above policies, and that I intend to abide by them. I have been given a copy of these policies.

Client Signature

Date

**LifeGate Christian Counseling
Cancellation Policy**

If you miss a scheduled appointment and fail to cancel the appointment, the time slot cannot be used for another client and you will be billed for the entire cost of your missed appointment.

A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency.

Thank you for your consideration regarding this important matter.

Client Signature (Client's Parent/Guardian if under 18)

Date

Larry Porter, PhD
LifeGate Christian Counseling
Licensed Marriage and Family Therapist (LMFT 1176)

American Association for Marriage and Family Therapy Clinical Member
American Association for Marriage and Family Therapy Approved Supervisor
Qualified Mental Health Provider
Avera eConsult Provider

Telephone: 605-929-1060
Facsimile: 605-370-5330
Email: lifegate@midco.net

Client Information

Dr. Porter is licensed in the State of South Dakota to practice marriage and family therapy. He is an American Association for Marriage and Family Therapy (AAMFT) clinical member and Approved Supervisor, and holds the Approved Clinical Supervisor credential. His formal training includes a master's degree in marriage and family therapy from Seattle Pacific University in Seattle, Washington and a doctoral degree in marriage and family therapy from Texas Tech University in Lubbock, Texas. Dr. Porter has experience working with a wide variety of individual, couple, and family difficulties.

The process of marital, family, or individual therapy consists of an assessment and the development of a specific treatment plan for each client. An initial period of therapy will be agreed to and appropriately revised if necessary. It is important for clients to attend sessions and be actively involved or therapy can be of little assistance or value. Therapy ends when the client has realized the maximum benefits from it. Therapy sessions, however, are voluntary and may be terminated at any time.

The fee for one therapy session of 45-50 minutes is \$140. The initial intake session is \$210. Additional time will be charged in 30-minute increments. **All fees are the direct responsibility of the client and should be paid directly to Dr. Porter for each therapy session.** Other fees may apply for additional services. Advance notice for cancellation of at least 24 hours is required to avoid payment for the scheduled session.

___ (Client initials)

A variety of approaches may be used during therapy depending on client needs and goals. Clients, however, have the right and responsibility to control their own therapy. This includes the right to request a change in counseling approach, referral to another therapist, or termination at any time.

What is discussed during therapy is confidential. On occasion Dr. Porter may discuss a session with a supervisor or colleague. Such discussions, however, focus on what he is doing and feeling as the therapist. No personally identifying information will be revealed without specific written permission from the client. Since the therapist-client relationship is a legal concept, there are certain circumstances

under which Dr. Porter *must* provide information:

- if you give serious indications that you are likely to harm yourself or another person seriously
- if Dr. Porter learns from you that a child, teenager, developmentally disabled person, dependent adult, or any other person is being exploited, abused, or neglected
- if Dr. Porter receives a court order signed by a judge

Dr. Porter is required by law to report immediately any abuse or neglect of children or dependent adults to local authorities.

Informed Consent

Dr. Porter has provided me a copy of the disclosure information and I have read and understood the information provided. I understand that counseling may sometimes increase anxiety.

Client Date

Client Date

Client Date

Client Date

Larry Porter, PhD Date

**LifeGate Christian Counseling
Financial Policy**

Payment Policy

Copayments/coinsurance are due at the time of service unless another agreement has been reached between you and your therapist. We accept cash and checks. Credit and debit cards are accepted as well; **a 3½% processing fee is added for credit and debit card payments.**

_____ (Client initials)

A full session fee will be charged for appointments cancelled or broken without 24-hour notice. Exceptions include weather, family emergencies and unexpected illness. Feel free to discuss this fee at the time of your first appointment.

_____ (Client initials)

Any amount your insurance does not cover is expected to be paid by you within 30 days after insurance pays unless other arrangements have been made. If after 45 days no payment is received, your therapist will review and discuss your account with you. At 60 days with no payment, your account will be at risk for collection proceedings.

_____ (Client initials)

Policy on Insurance Reimbursement

If you have medical insurance providing coverage for mental health counseling, we will assist to help you receive your maximum allowable benefits. We accept assignment of benefits (reimbursement from insurance companies).

Processing your insurance claims and tracking reimbursement is a benefit we provide for you. To do so we need your up-to-date insurance information. To avoid a delay in reimbursement, we ask you to inform us if your insurance plan changes or you are issued a new insurance card. As a service to you we will check your insurance company on copayments/coinsurance and deductibles at the time we receive your insurance information.

Remember, this information may not be available to your therapist and when it is available it is no guarantee of benefits. **You are ultimately responsible for any cost not covered by your insurance plan.**

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, called "Usual, Customary, and Reasonable" (UCR). Some companies pay a percentage of the UCR for a given area. However, some companies reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies select certain services they will not cover.

If you have questions about our financial policy, please do not hesitate to ask. We are here to help you.

Client Signature

Date

LifeGate Christian Counseling Locke-Wallace Marital Adjustment Test

First Name: _____

1. State the approximate extent of agreement or disagreement in your marriage as you perceive it in the present. **Please check a response for each row.**

	<u>Always Agree</u>	<u>Almost Always Agree</u>	<u>Occasionally Disagree</u>	<u>Fre- quently Disagree</u>	<u>Almost Always Disagree</u>	<u>Always Disagree</u>
a. Handling family finances	_____	_____	_____	_____	_____	_____
b. Matters of recreation	_____	_____	_____	_____	_____	_____
c. Demonstrations of affection	_____	_____	_____	_____	_____	_____
d. Friends	_____	_____	_____	_____	_____	_____
e. Sex relations	_____	_____	_____	_____	_____	_____
f. Conventionality (right, good, or proper conduct)	_____	_____	_____	_____	_____	_____
g. Philosophy of life	_____	_____	_____	_____	_____	_____
h. Ways of dealing with in-laws	_____	_____	_____	_____	_____	_____

2. When disagreements arise, they usually result in:
 ___ Husband giving in ___ Wife giving in ___ Agreement by mutual give and take

3. Do you engage in outside interests together?
 ___ All of them ___ Some of them ___ Very few of them ___ None of them

4. In leisure time:
 Does the wife generally prefer
 ___ to be "on the go?" ___ to stay at home?

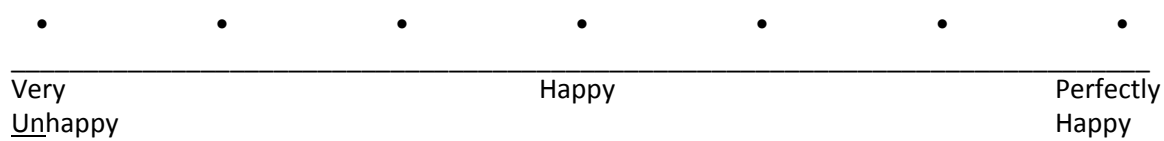
 Does the husband generally prefer
 ___ to be "on the go?" ___ to stay at home?

5. Do you ever wish you had not married?
 ___ Frequently ___ Occasionally ___ Rarely ___ Never

6. If you had your life to live over, do you think you would
 ___ Marry the same person ___ Marry a different person ___ Not marry at all

7. Do you confide in one another?
 ___ Almost never ___ Rarely ___ In most things ___ In everything

8. Circle the dot on the scale line below which best describes the degree of happiness, everything considered, of your marriage as you perceive it in the present. The middle point, "happy," represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy in marriage. Please circle your response now.



LifeGate Christian Counseling Locke-Wallace Marital Adjustment Test

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	<u>Always Agree</u>	<u>Almost Always Agree</u>	<u>Occa- sionally Disagree</u>	<u>Fre- quently Disagree</u>	<u>Almost Always Disagree</u>	<u>Always Disagree</u>
a. Handling family finances	_____	_____	_____	_____	_____	_____
b. Matters of recreation	_____	_____	_____	_____	_____	_____
c. Demonstrations of affection	_____	_____	_____	_____	_____	_____
d. Friends	_____	_____	_____	_____	_____	_____
e. Sex relations	_____	_____	_____	_____	_____	_____
f. Conventionality (right, good, or proper conduct)	_____	_____	_____	_____	_____	_____
g. Philosophy of life	_____	_____	_____	_____	_____	_____
h. Ways of dealing with in-laws	_____	_____	_____	_____	_____	_____

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 Does the husband generally prefer
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