

Denise O'Doherty LPC, MSN
3730 Kirby Dr. #910
Houston, Tx. 77098
(713) 524-9525

Client Information

Date: _____

Name: _____

Address: _____

Cell: _____

Home: _____

Work: _____

Fax: _____

Email: _____

Marital Status: _____

SS: _____

Date of Birth: _____

Formal Education/Major: _____

Live With: _____

How Long?: _____

Children? (names, ages) _____

Pets? _____

Prescription Medications: _____

Addictions: (drugs, alcohol, food, love, sex, gambling, cigarettes) _____

If in recovery, how long?: _____

Health Issues: _____

Reason For Visit: _____

Referred By: _____

Denise O'Doherty LPC, MSN, LMFT, LCDC, CIRT
Licensed Professional Counselor, Licensed Marriage and Family Therapist
3730 Kirby Dr. - Suite 910, Houston, Texas 77098 (713) 524-9525

General Office Policy

Insurance

If you are using your out-of-network benefits, I will give you a receipt and you can file with your company to get reimbursed. All reimbursement is between you and your insurance company. You may want to call your provider to get information regarding reimbursement so you will know what to expect from your company. It may be helpful to find out your deductible, what percent of each session is covered and if there is a limit to the number of sessions allowed.

Fees / Session Length

The fee for each session is required at the time of service. Hourly sessions last approximately fifty (50) minutes. An hour and a half session would last 75 continual minutes. I can accept cash or checks or credit and will provide you with a receipt for you and/or your insurance company if you'd like.

Individual (50 min.)	\$140	Reports or Letters	\$70 per 30 min.
Family (50 min.)	\$160	Returned Checks	\$20 per check
Couples (50 min.)	\$150	Missed Appointments	service rate
Group (90 min.)	\$70	Court/Attorney Consultation	\$245 per hour
Consultation (50 min.)	\$145		

Cancellations

Your session time is reserved for you. Twenty four (24) hour notice is required for cancellations or you will be charged the full service rate. If you have a co-pay and miss the session without required notice, you will be charged for the full service amount, not the co-pay. Cancellations for Monday are required to be made on Friday.

Emergency Policy

I check my voice mail and messages several times a day and can be reached by calling (713) 524-9525. If I am out of the office on vacation or leave, I will have someone "on call" that you may contact in my absence. In case of an emergency and you can not reach me, you can call any one of the following emergency numbers: 911, United Way Crisis Hotline (713) 228-1505, MHMRA Crisis Unit (713) 970-7000 or go to the nearest hospital emergency room for assistance.

Notice of Privacy Act

I have been informed of the Notice of Privacy Act. I have been offered a copy of the Notice of Privacy Act. Copy accepted denied .

By signing below, I designate that I fully understand the office policies regarding insurance, fees, cancellations and emergencies. I also acknowledge that I have been informed of the contents of the Notice of Privacy Act.

(Client signature)

(date)

Denise O'Doherty LPC, MSN, LCDC. CIRT
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CONSENT FOR PROFESSIONAL SERVICES

Client Rights

1. You have the right to know my qualifications.
I am licensed by the state of Texas as a Licensed Professional Counselor and as a Licensed Marriage and Family Therapist. I am a certified IMAGO Relationship Therapist. I have a masters degree in Psychiatric Nursing. I have been in private practice since 1982.
2. You have the right to choose your mental health provider.
3. You have a right to decide how long you stay in treatment.
4. You have a right to information about your treatment.
5. You have a right to treatment with respect and dignity.

Limits of Confidentiality

- You have a right to confidentiality with certain legal and ethical exceptions:
- A. If you threaten harm or death to another person or to yourself, physically or with a communicable disease, I am required by law to inform the appropriate authorities.
 - B. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in the subpoena.
 - C. If you reveal information suggesting child and /or elder abuse and neglect, I am required by law to report this to the appropriate authorities.
 - D. If a minor reveals information suggesting abuse I am required to notify appropriate authorities.
 - E. If you are in therapy or being tested by order of a court of law, the results of treatment or tests ordered must be revealed to the court.
 - F. If I need to obtain consultation on your case. (In this instance, I will keep it as confidential as possible by using generic names, such as John and Mary.)
 - G. If your mental health is called into question.
 - H. If you authorize me and / or my agents to file a claim and bill a third party medical or necessary information to process these insurance claims.

Having read the above, I am requesting services and give my informed consent to psychotherapeutic treatment with Denise O'Doherty LPC, MSN. I also designate that I understand the limitations of confidentiality.

(Client /s):

(date)

