Lisa Dungate, Psy.D., M.A. Mental Health Counseling
Licensed Mental Health Counselor (LMHC)
499 Glen Street • Glens Falls, N.Y. 12801
P: 518.798.9187 • F: 518.223.0567 • www.truenorthat499glen.com

PATIENT INFORMATION

Please complete for self or minor child – responsible party information below

Name: _____ DOB: _____

Address: _____
Street Apt. City State Zip

E-mail: _____

Phone numbers:		Okay to Call?	Okay to leave a message?
Home:	_____	☐	☐
Cell:	_____	☐	☐
Other:	_____	☐	☐

SSN: _____

INSURANCE INFORMATION

PRIMARY INSURANCE:

Insurance Company: _____

Insured's Name: _____ Insured's DOB: _____

Insured's SSN: _____

Insurance ID: _____ Group ID: _____

Ins. Co. Address: _____

Ins. Co. Phone No.: _____

SECONDARY INSURANCE ☐ Not applicable

Insurance Company: _____

Insured's Name: _____ Insured's DOB: _____

Insured's SSN: _____

Insurance ID: _____ Group ID: _____

Ins. Co. Address: _____

Ins. Co. Phone No.: _____

RESPONSIBLE PARTY INFORMATION

☐ Same as above

Name: _____ DOB: _____

Address: _____

E-mail: _____

Phone numbers:		Okay to Call?	Okay to leave a message?
Home:	_____	☐	☐
Cell:	_____	☐	☐
Other:	_____	☐	☐

SSN: _____

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PAYMENT AUTHORIZATION

☐ Self-Pay – $125 for the first session and $100.00 for the remaining sessions.
☐ Supervised Therapeutic Visitation Sessions – $70 each session.
☐ Bill my Insurance Company

I give permission to file with my insurance company ☐ YES ☐ NO
Authorization #: _____
Authorization Dates: From _____ To _____
# of Authorized Visits: _____ Maximum Visits Allowable: _____
Copayment due each visit: _____

I authorize payment of insurance benefits to be made directly to Lisa Dungate, Psy.D., M.A., LMHC. I further authorize the provider to release, to my insurance company/companies, information from my records that is necessary for the insurance company/companies to process claims for services provided. I agree to notify Dr. Dungate and/or her administrative staff immediately of any changes to my insurance, and understand that if any denials occur as a result of lapses in insurance information and/or coverage, that I will be fully responsible for the payment sessions fees due.

_____ _____
Signature of Patient or Parent/Legal Guardian Date

_____
Print Name

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TREATMENT AGREEMENT

I am a Licensed Mental Health Counselor (LMHC) with mental health counseling privileges through the New York State Office of Professions. I hold a Doctorate in Psychology from California Southern University, in addition to a Masters of Arts in Mental Health Counseling from Antioch University Seattle. I am a member of the New York Mental Health Counselors Association and the New York State Psychological Association. I am also licensed as a clinical psychologist in California, a licensed clinical counselor/psychotherapist and family life educator in Canada, and a certified parenting coach. You may read more about my training and professional background on the True North website: www.truenorthat499glen.com or my personal website: www.drlisaparentcoaching.com

The NYS Office of Professions defines mental health counseling as the evaluation, assessment, amelioration, treatment, modification or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationship by the use of verbal or behavioral methods.

Mental health counselors are trained in counseling and psychotherapy to treat individuals with mental and emotional disorders and other behavioral challenges. Mental health counselors address mental health, human relationship, education and career concerns within ethical, developmental, preventive and treatment contexts. Mental health counselors demonstrate a concern for the short-term and long-term well-being of individuals, couples, families, groups and organizations.

As a mental health counselor, I use many different modalities of assisting people with achieving their desired goals in treatment and realizing change in their life. Using your personal goals and unique strengths we will tailor a treatment plan together with the aim of helping you or your child live a happier, healthier, and more productive life. From time to time, we will check in together about the progress of your treatment and adjust our plans accordingly.

Mental health counselors use assessment instruments, provide mental health counseling and psychotherapy, clinical assessment and evaluation, treatment planning and case management, prevention, discharge, and aftercare services. After identifying and evaluating mental health problems and related human development challenges, mental health counselors employ effective methods of counseling and psychotherapy to treat individuals with conditions that may include mood disorders including depression, anxiety disorders, substance abuse, sexual dysfunction, eating disorders, personality disorders, dementia and adjustment disorders. Mental health counselors assist patients to develop skills and strategies to address issues such as parenting and career skills; problems in adolescent and family communication and functioning; couples, marital and relationship problems; and preventing the occurrence or re-occurrence of alcohol and substance abuse.

The Education Law and Regents Rules specify that it is unprofessional conduct for a creative arts therapist, marriage and family therapist, mental health counselor, or psychoanalyst to provide any mental health service for a serious mental illness on a continuous and sustained basis without a medical evaluation of the illness by, and consultation with, a physician regarding such illness. The law defines serious mental illness as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder, and autism. It is, therefore, important that you provide me with a signed Release of Information to consult with your physician when treating you for serious mental illness on a continuous and sustained basis.

Your patient records typically contain your full case history. As your mental health counselor, I must keep these records for 6 years or until a patient turns 22, whichever is longer, in a secure location. Although there are exceptions, your records are generally confidential, unless you approve their release. Ask me about any exceptions. If you want a copy of your records, provide me with counselor with a written request. You may be charged a reasonable fee to offset the cost of providing copies.

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There are many benefits to mental health counseling, including reduction of symptoms and improved quality of life. However, there are also risks as the process of mental health counseling often involves looking at painful periods in our lives or making lifestyle changes. You or your child may experience a range of difficult emotions through this process. It is important to remember that feelings are temporary and we will address strategies to improve coping with difficult feelings.

Successful treatment largely depends on you and/or your child's commitment and participation, including time and financial commitment. It is important that you carefully consider the therapist you chose is the best fit for you or your child. If at any time you have concerns regarding our work together, please bring them up so that we may address them. You may withdraw this consent at any time by informing me.

Your relationship with me is a professional and therapeutic one. Although I care about helping you, section A.5 of the American Counseling Association Code of Ethic prohibits me from having personal and/or business relationships with my clients in order to prevent undermining the effectiveness of the therapeutic relationship. In the event that our paths cross in social or public settings, I will only offer a greeting if you initiate—in order to protect your confidentiality and the integrity of our professional relationship.

New York licensed mental health counselors must display a current New York registration certificate which you can find posted in my office. LMHCs must reregister every three years to practice in New York and continue to engage in professional development throughout their career. You may verify my license and registration at: http://www.op.nysed.gov/opsearches.htm.

CHILD THERAPY

- If you decide to terminate treatment, I have the option of having a few closing sessions with your child to properly end the treatment relationship.
- You are waiving your right to access to your child's treatment records.
- I will inform you if your child does not attend treatment sessions.
- Periodically throughout treatment and at the end of treatment, I will provide you with a summary that includes a general description of goals, progress, and potential areas that may require intervention in the future.
- If necessary to protect the life of your child or another person, I have the option of disclosing information to you without your child's consent.
- You agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements (visitation, etc.)
- You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.
- If there is a court appointed evaluator, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody or custody arrangements.
- I agree that the role of Lisa Dungate, Psy.D., M.A., LMHC is limited to providing mental health counseling treatment and that I will not involve her in any legal dispute, especially a dispute concerning custody or custody arrangements (visitation, etc.). I also agree to instruct my attorneys not to subpoena Dr. Dungate, LMHC, or to refer in any court filings to anything she has said or done. If there is a court appointed evaluator, and if appropriate releases are signed, and a court order is provided, Dr. Dungate, LMHC will provide general information related to my treatment which will not include recommendations concerning custody or custody arrangements. If for any reason Lisa Dungate, Psy.D., M.A., LMHC is required to appear as a witness, the party responsible for her participation agrees to reimburse her at the rate of $300.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other court-related costs. A retainer fee of $1500.00 will be due before the required court appearance, and costs will be deducted from this fee and applied towards the total balance due resulting in a court appearance.

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OFFICE POLICIES AND PROCEDURES

- Sessions are between 45 to 60 minutes. At times, some end-of-session time may be devoted to phone calls and/or paperwork on your behalf.
- Please arrive on time for your appointment. Lateness will result in reduced session time.
- We provide reminder calls as a courtesy to you. However, you are responsible for keeping track of your appointments. If you do not receive a reminder call, this does not excuse a missed appointment.
- If you need to reschedule, please do so with **24-hour notice**, by calling (518) 798-9187 or leaving me a voicemail. Barring emergencies requiring documentation, cancellations with less than 24 hour notice will incur a $60.00 dollar fee. **This fee will be billed directly to you, and is not billable to your insurance company, and will be due at your next appointment or within 30 days of the billing date.** Unpaid bills will accrue interest every 30-day billing cycle, with an 18% APR.
- Proof of insurance is required at time of initial appointment. It is the patient's responsibility to inform office staff of any changes in insurance coverage and billing information in order that we may file as a courtesy to you.
- All deductibles, co-pays and non-covered services are due at the time of service unless payment arrangements have been made in advance. I accept cash or personal checks. There is a $10 late payment fee if service payment is not provided at the time of your appointment.
- In the case that your insurance company denies payment of any claim we file on your behalf we will bill you the denied amount. Payment will be due at your next appointment. You will be first given the opportunity to pay any outstanding balance, then notified in writing should I need to contact a collections agency regarding any outstanding payments.
- Returned checks will incur a $30.00 fee, which is expected at your next appointment.
- All records and communications about the patient will be treated confidentially with applicable state and federal laws. These laws may oblige me to report suspected abuse or neglect, domestic violence, and those who pose a danger to themselves or others. Managed care requires that you waive your rights to keep your mental health counseling confidential. They require treatment reports which request information about why you are using your outpatient mental health benefit. They will not authorize and therefore will not pay for sessions without this information
- You have the right to terminate counseling at any time. I would request, however, written or phone notification prior to your last session and payment for all services prior to termination. In addition, it is often advisable to pace the termination of counseling in such a manner to ensure mental health and avoid an abrupt ending. This process may take a few sessions or involve less frequent sessions for a mutually agreed-upon length of time. However, if you wish to stop using my services against my advice and I believe that this places you or others at risk, I will document a clear plan for re-engaging you or directing you to other services and measures to prevent, to the best of my ability, any harm to yourself or others.
- When I am not accessible or available for a short time, for example during a vacation, I will be sure to provide you with information on how to contact me or a qualified, licensed professional in the event of an emergency.
- As a mental health counselor, my role is to provide treatment. If you ask me to provide administrative services, you will be charged according to the following fee schedule:

Records requests:	Seventy-five cents ($0.75) per page plus postage.
Treatment summaries:	$75.00. Treatment summaries will be descriptive, not interpretive.
Letters:	$50.00
Telephone calls:	Phone conversations will be billed at a rate of $40.00 per 15 minutes and will be prorated for time exceeding 15 minutes.

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INFORMED CONSENT FOR TREATMENT

I, or my Child/Adolescent_____, will be receiving mental health counseling services from Lisa Dungate, Psy.D., M.A. Mental Health Counseling, LMHC. These services will be confidential in nature with a few exceptions:

- If there is an allegation of child or elder abuse or neglect it will be necessary for me to share pertinent information with the proper authorities.
- If there is an expressed intention to harm yourself or someone else, pertinent information would be shared with proper authorities to prevent such harm.
- Whenever permission has been granted in writing by you or your parent, as applicable, information may be shared with the identified entity.
- Information may be released to third party payers, such as your insurance company's carve-out payment vendor, for the purposes of receiving payment for services. This information will be limited to the information relevant to receive payment.

In addition, Dr. Dungate, LMHC may consult with other mental health professionals in order to provide the best treatment options. She participates in regular clinical supervision in order to continue to develop professionally and provide the highest quality of mental health care to you. She may discuss some aspects of your care during those supervision sessions, but will be ethical and respectful in not divulging personally identifying information (PHI) about you that would otherwise require a signed Release of Information.

Lisa Dungate, Psy.D., M.A. Mental Health Counseling, LMHC can be reached at her office during normal business hours at 499 Glen Street, Glens Falls, NY, (518) 798-9187. Please leave a message with the administrative staff or on her confidential voicemail system. She will do her best to return phone calls in a timely manner. However, in the event of an emergency, call 911 or go to your nearest emergency room (Glens Falls Hospital: 518-926-3000 or Saratoga Hospital: 518-583-8313). You may also consider calling one of the following resources:

Child Protective Hotline: 800-635-1522
Hopeline: 800-784-2433
NY Domestic Violence Hotline: 800-942-6906
Rape/Sexual Violence Hotline: 800-656-4673
Suicide and Crisis Hotline (Albany): 518-689-4673

_____ _____
Signature of Patient or Parent/Legal Guardian Date

_____
Print Name

I agree that I have read and understand the above information pertaining to my mental health counselor's credentials, the therapy contract, and office policies/procedures and agree to its terms and give informed consent for treatment. I understand that if I have additional questions or concerns regarding these matters, I will ask that they be addressed.

_____ _____
Signature of Patient (12 years of age and older) Date

_____ _____
Signature of Parent/Legal Guardian Date

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Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Patient Name: _____

DOB: _____

SSN: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Lisa Dungate, Psy.D., M.A. Mental Health Counseling, LMHC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Dungate, LMHC.

_____ _____
Signature of Parent, Legal Guardian, or Representative Date

_____
* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

☐ Patient refuses to sign/acknowledge receipt

_____ _____
Signature of Mental Health Counselor Date

I wish to take the Notice of Privacy Practices (HIPAA) form for my records. Y N

PRIVACY OFFICER INFORMATION

The HIPAA Privacy Officer for this office is Daniah Cornell (518-798-9187). The Privacy Officer:

- Can answer your questions about privacy practices.
- Can accept any complaints you have about our privacy practices.
- Can give you information on how to file a complaint.