



Stephen H. Hill, Ph.D., PLLC

Licensed Psychologist

hillpsychology.com

Thank you for choosing me as your psychologist.

To speed your check-in at the first appointment, please read, fill in and sign the attached forms and bring them with you. These forms must be signed prior to meeting with you, so to protect our full time together please complete them ahead of time, or else arrive 20 minutes early to complete them in our hallway waiting area.

Enclosed please find the following:

- Your Appointment Time is _____
- Business Card
- Informational Brochure
- Personal Information Form & Therapeutic Goals
- Office & Financial Policies

All professional services are to be paid in full at the time of service unless Dr. Hill has personally confirmed a different copay amount. Even if I am in-network for your insurance, I typically ask clients to pay the first visit in full, because I will not have verified your benefits yet.

The office address is 500 W Idaho Street, Ste 245. A map can be found on the enclosed brochure, or for an interactive google map with personalized driving directions, you may visit **hillpsychology.com** and click “Contact” (upper right corner). If you are unfamiliar with the area Dr. Hill will also be happy to give further directions. The building’s free parking lot is entered from Idaho Street heading West, immediately past the Flying M Coffee storefront. Additional free streetside parking can also be found along the neighboring 400 block of Idaho Street or Bannock Street.

If you have any questions the office number is 495-4050, and I do return calls as promptly as possible. **To allow me to serve other clients in need, please remember to cancel all appointments with at least 24 hours notice, 48 hours is preferable. Otherwise, I will unfortunately have to bill you for the time you reserved.**

Until we can meet in person I invite you to explore my website **hillpsychology.com** where you’ll find your personal guide to the best mental health information online. You can also read about my professional specialties, educational background and my style in counseling. I look forward to meeting with you soon.

Sincerely,

Stephen H. Hill, Ph.D., PLLC

Stephen H. Hill, Ph.D., PLLC • 500 W Idaho Street, Suite 245 • Boise, ID 83702 • (208) 495-4050

Where every problem receives extraordinary attention.

Personal Information Form

Stephen H. Hill, Ph.D., PLLC

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone Home (____) _____ Work (____) _____ Cell (____) _____

Which number would you prefer we use to contact you? Home Work Cell Email _____

Birth date _____ Birthplace _____ Age _____ Sex ___M___F

Physician _____ Ethnicity: _____

Referred by: ___ Online: hillpsychology.com ___ Online: Idaho Psychological Assoc. ___ Word of Mouth
Presentation: _____ Physician: _____ Other: _____

Medications: _____ Prescribed by: _____

Vitamins & Supplements: _____

Date of last medical exam: _____

Do you have any major allergies? ___yes___no If yes, please list _____

Please list any significant health problems _____

In Case of Emergency, Whom May We Contact?

Name _____ Address _____

Relationship to you _____ Phone H) _____ W) _____

IF CLIENT IS AN ADULT

Occupation _____ Employer _____

Years of Education Completed _____ Highest Degree Attained _____

Current relationship status ___single___married___partners___significant other___separated___divorced___widow/widower

Number of times you have married ___ Number of years with current partner ___ If divorced, number of years since divorce ___

Current spouse/partner's name _____ Current spouse/partner's employer _____

Current spouse/partner's birth date _____

| | | | | |
|----------|------------|-----------|------------|-----------|
| Children | Name _____ | Age _____ | Name _____ | Age _____ |
| | Name _____ | Age _____ | Name _____ | Age _____ |
| | Name _____ | Age _____ | Name _____ | Age _____ |

IF CLIENT IS INSURED BY PARENT or UNDER 18

Father's Name _____ Date of Birth _____ Employer _____ Work Phone _____

Mother's Name _____ Date of Birth _____ Employer _____ Work Phone _____

| | | | | |
|--------------------|------------|-----------|------------|-----------|
| Brothers & Sisters | Name _____ | Age _____ | Name _____ | Age _____ |
| | Name _____ | Age _____ | Name _____ | Age _____ |

School you now attend _____ Grade _____ School you attended last year _____

Step-Father's Name _____ Employer _____ Work Phone _____
Step-Mother's Name _____ Employer _____ Work Phone _____

| | | | | |
|-------------------------|------------|-----------|------------|-----------|
| Step-Brothers & Sisters | Name _____ | Age _____ | Name _____ | Age _____ |
| | Name _____ | Age _____ | Name _____ | Age _____ |

Therapeutic Goals

Name _____ Date _____

Average hours of sleep per night _____ Is your sleep restful? _____

Are you involved in counseling now? yes no

With whom? _____ Address _____

Have you previously been in counseling? yes no

With whom? _____ When? _____

Is there abuse present in any of your relationships? yes no

Type: physical sexual emotional drugs/alcohol other

Comment: _____

Number of alcoholic beverages per **week** _____ Number of caffeine beverages per **day** _____

Other mood altering substances used per **week** _____

Are you currently involved in 12-Step Program? yes no

Have you previously attended (AA, NA, SA, Alanon)? yes no

Have you ever tried to cut back or quit drinking, smoking or other substance use? yes no

Please describe the problem or concern for which you are seeking help:

When were you first aware of this problem?

Welcome to my practice. Please carefully read this document about my financial policies and services, and jot down any questions so we can discuss them. Once signed, this document will represent a binding agreement between us.

The American Psychological Association's ethical standards require that licensed psychologists provide clients with accurate disclosure information at the beginning of treatment, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and type of treatment, and the extent of confidentiality. Licensure of an individual by the State of Idaho does not imply endorsement by the psychologist licensing board nor can it guarantee the effectiveness of treatment. Stephen H. Hill, Ph.D., PLLC is a professional limited-liability corporation with all services provided by Dr. Hill, a Licensed Psychologist.

PROFESSIONAL FEES

| | |
|---|--|
| \$125 for a 50 minute session | \$275 for a complete fertility treatment psychological screening and report. \$475 <u>if</u> using a surrogate carrier, which requires significantly more interviewing and testing with the MMPI. No checks for this service. |
| \$140 for the 60 min. Initial Diagnostic Consultation | |
| \$125 per hour, prorated, for extended phone consults, letters, reports or other documents. (Occasional brief calls and letters are free). | or \$300 per hour for preparation, consultation or attendance at legal proceedings, <u>including</u> if I am called or consulted by another party. No checks for this service & prepayment required. Legal/forensic services are strongly discouraged. |
| \$629 for complete Brown Scales ADHD testing and interviewing with 3-5 page report. No checks for this service, but two 1/2 payments can be made. | \$30 for copying and mailing client records. |

PAYMENT

You will be expected to pay in full the fees listed above at the time of service, unless I have directly confirmed with you a different copay amount. Please check out with me at the time of each visit. I accept cash, debit cards, credit cards (Visa, Mastercard, Discover) and personal checks up to \$150. Debit cards are strongly preferred over credit cards due to the higher transaction fees credit cards charge. For your convenience, a credit or debit card may be left on file if a child, family member or friend may attend some sessions without you. A \$25.00 service charge will be assessed on any returned checks or denied/reversed credit/debit payments.

CANCELLATIONS AND MISSED APPOINTMENTS

Please make every effort to keep your scheduled appointment. This practice respects my time and allows me to use unscheduled time for seeing other clients on the wait list who are in need. Except for grave emergencies or illness, unless I hear from you at least 24 hours in advance, I will, unfortunately, have to charge you the full fee for a missed or uncancelled appointment. 48 hours notice would be preferable. Cancellations can be made at any time by calling the office at 495-4050, and leaving a message.

TELEPHONE CALLS AND CONSULTATIONS

Occasional short phone consultations with you (5-7 minutes) are free of charge. Similarly, occasional short letters or phone calls with the school counselor, family physician or other professionals are included in my services to you, free of charge. If phone calls or other types of consultations become lengthier or more frequent, these services will be billed at the normal service rate of \$125 per hour, pro-rated. I receive few "urgent calls" and do not expect excessive phone calls to be a problem.

TECHNOLOGY AND INFORMATION SECURITY

I use a remote, password-protected voicemail system with transcription service, and will access messages from a computer on a secure network, by cell phone or by landline phone. While I take careful measures to make such technology secure, there remains the remote possibility of someone hacking into the system or intercepting a cell phone transmission. If you prefer to be contacted only by landline phone please let me know, and feel free to limit what information you leave in a voicemail.

APPOINTMENT TIMES, WAITING AREA & PARKING

Our initial consultation meeting lasts 60 minutes and normal counseling visits thereafter last 50 minutes, with the remaining 10 minutes used for summarizing case notes. Please arrive on time or a little early so we can take advantage of our full time together. If my door is closed please relax at the waiting area at the end of the hall (just outside my door), or if you prefer, you can enjoy something at the coffee shop or restaurants downstairs before coming up. Please turn off cell phones in the office and waiting area. The building's free parking lot (2 hours) is accessed from Idaho Street heading West immediately past the Flying M Coffee storefront. Free streetside parking may also be found in the neighboring 400 block of Idaho Street and Bannock Street.

EMERGENCIES

I receive very few urgent or crisis calls. I do return phone calls as soon as possible, but occasionally my schedule does not allow me to return calls on the same day. Please remember that Stephen H. Hill, Ph.D., PLLC is not a crisis response center with 24 hour coverage. If you have a life-threatening emergency please contact your personal physician, dial 911, or go to the nearest hospital emergency room.

DESCRIPTION OF COUNSELING SERVICES-- WHAT IS COUNSELING?

Counseling or therapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Counseling is not like a medical doctor visit. Instead, it calls for an active effort on your part. In order for the counseling to be most successful, you will have to work on things we talk about both during our sessions and at home. You will also maximize your experience by telling me periodically what portions of the counseling you are finding least and most helpful.

Counseling may have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration or loneliness. On the other hand, counseling has also been shown to have great benefits for those that go through it. Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, of course, there can be no guarantee of what you personally will experience. To be effective, typically I meet with individuals, couples or families either once a week, or at least every other week.

CONFIDENTIALITY

Idaho state law requires that communication between a licensed psychologist and client shall be confidential and privileged from disclosure (Chapter 23, Title 54-2314, Idaho Code). Our work together is confidential, and I must have your permission to reveal information about you to anyone else, except in the following situations:

1. If there is reason to suspect that abuse of a child or disabled adult has occurred, the law requires that it be reported to the authorities.
2. If I believe that you are a clear and imminent danger of causing serious physical harm to yourself (e.g. suicide) or someone else, I will notify appropriate others to assure the safety of those concerned.
3. If it becomes necessary to contact a lawyer or a collection agency, then your name and other identifying information as well as an account summary becomes available to those agents.
4. In a legal proceeding, patient-counselor communications may be revealed if: a) your mental status is an issue for the Court, i.e., in a commitment hearing, or b) the Court decides that knowledge of those communications is necessary to the proper administration of justice.
5. In a licensing board proceeding, or legal action or case regarding your services with me or our interaction.
6. Professionally I periodically consult with trusted colleagues and may wish to seek new ideas for our work together. Both you and I benefit from the input of other mental health professionals. These consultations are also strictly confidential, and typically can be done without revealing your name or identifying information. Unless you request otherwise, I will not specifically ask you before seeking other professionals' consultation.
7. If you want me to work with your insurance company for billings, I may have to reveal information about you including diagnosis, type of visit, prognosis, treatment plan and in rare cases, more complete information from your file.

OUR PROFESSIONAL RELATIONSHIP

Professional counseling, although personal in nature, is a professional relationship rather than a social one. Your contact with me will typically be limited to those counseling sessions you arrange with me. As a licensed psychologist, I will not barter for services or accept gifts or social invitations. You will be best served when our relationship remains strictly professional and when counseling sessions concentrate exclusively on your concerns. Counseling services will be rendered in a professional manner consistent with accepted ethical standards. If at any time you have questions or concerns, please let me know.

INSURANCE

Included in my services to you, I will complete all insurance paperwork on your behalf. For out-of-network coverage, or when out-of-state Blue Cross / Blue Shield policies do not easily provide plan details to providers, the fees above are paid in full at the time of the appointment. In these cases, I will still work with you to ensure that you receive the maximum insurance benefit to which you are entitled.

I am an in-network provider for Regence Blue Shield of Idaho Traditional and PPO plans. For in-network insurance, as soon as I have directly confirmed your insurance details by phone, I can accept copays rather than full payment at the time of service, so long as claims continue to reimburse within 30 days. Frequently, but not always, out-of-state Blue Cross / Blue Shield plans can be filed as in-network under my Idaho contracts. In this case, I will research our options after the first visit.

All insurance companies require me to provide a diagnosis. Sometimes I have to provide additional information such as prognosis, treatment plans, treatment summaries, or in rare cases, the entire record. Although all insurance companies claim to keep such information confidential, I have no control over the information once delivered to them. In some cases this information may increase your future insurance premiums, or the insurance company may share your medical information with a national databank. **Remember, you always have the right to pay for my services out of pocket to avoid disclosing your diagnosis and other personal information.**

To find out exactly what mental health services your insurance policy covers with a licensed psychologist, please call the number printed on the back of your insurance card. For specific questions to ask your insurance company, please see the article "Ending Insurance Surprises" under the "billing" section of my website **hillpsychology.com** All plans are different, so it is your responsibility to inform me of any insurance requirements such as preauthorizations or reauthorizations after a certain number of sessions. If, unfortunately, sessions are not authorized in time, you agree to be responsible for paying the full fee. Missed appointments are also not covered by insurance.

Remember, you-- not your insurance company-- are responsible for full payment of my fees. Even if I have agreed to collect only co-pay or co-insurance at the time of service, it is your responsibility to later pay any deductible amount, co-insurance, denied claim, or any other balance not paid for by your insurance. Additionally, if your insurance has not paid a claim in full within 30 days of billing, you may be required to pay part or all of the outstanding balance while we continue to wait on insurance reimbursement.

TO USE INSURANCE: CLIENT'S OR AUTHORIZED PERSON'S SIGNATURE

I authorize the release of any medical or other information necessary to process my insurance claim.

I also request payment of benefits to Stephen H. Hill, Ph.D., PLLC.

Printed Name: _____ Signature: _____ Date: _____

PAYMENT AGREEMENT- Revised 5-23-11

I have read and understand the Office & Financial Policies. I agree to comply with these policies, and understand it represents a binding agreement between myself and Stephen H. Hill, Ph.D., PLLC. **If paying by credit/debit card, I authorize this card to be used for future charges in accordance with the policies and fee schedule listed.** I agree to pay for all services rendered, and for any legal expenses incurred should this account be turned over to a collections agency or an attorney for collection (minimum \$50 fee). I have been offered a copy of this policy.

Person responsible for payment _____ Address _____ City _____ Zip _____

_____ Date _____ Print client's name _____ Signature of person responsible for payment _____