

Pamela A. Hays, Ph.D.

Licensed Psychologist

174 E. Redoubt Ave. - Soldotna, AK 99669

ph: (907)262-4403 fax: (907)260-1638

www.drpamelahays.com

Name: _____ Today's Date: _____

Mailing address: _____ Zip: _____

Physical address: _____ Zip: _____

Telephone: _____ (Home) --OK to leave a message? Yes No

Telephone: _____ (Work) --OK to leave a message? Yes No

Telephone: _____ (Cell) --OK to leave a message? Yes No

Email address: _____

Date of Birth: _____ Age: _____ Education completed: _____

Ethnicity: _____ Marital/Partner Status: _____

Employer: _____ Occupation: _____

Persons living with you (Name, Relationship, & Age of each):

Emergency Contact (Name & phone #): _____

If client is under 18 years of age, who is the legal guardian? _____

Primary Physician & Major Medical Problems (illnesses, surgeries, head injury):

Allergies: _____

Medications: _____

Previous counseling? When? Where? For what? _____

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Consent for Psychological Services

Welcome, and thank you for considering my practice! My approach to counseling emphasizes the importance of balance and meaning in life. I believe that even during our most difficult times, each of us has an internal strength that points us towards wellness. My goal as a therapist is to help you to gain a deeper understanding of yourself and others, and to live a life that is full of joy and purpose.

I draw from the most widely practiced form of psychotherapy called cognitive behavior therapy (CBT). CBT is a mind-body approach supported by a strong research base. It includes specific strategies for effectively managing anxiety, depression, anger, and stress, along with mindfulness exercises, relaxation and visual imagery techniques, cognitive restructuring, communication, assertiveness, and conflict resolution skills. At the end of most sessions, I will help you decide on a small step that you can take in the next week to apply what you've learned in our session. I emphasize the importance of small steps because small, gradual steps are easier to integrate into one's life, and over time can result in significant change.

Meetings

During our first meeting, I will ask questions to gain a holistic understanding of your situation, needs, strengths, and supports. At the end of this first assessment meeting, I will summarize for you my recommendations and talk with you more specifically about what I think would be most helpful to you. This initial assessment meeting will last between an hour and an hour and a half. Subsequent sessions will be between 45 and 50 minutes and initially may be scheduled weekly, although the schedule may change depending on your needs and availability. There is no charge for a cancelled appointment, but I appreciate you letting me know at least a day in advance.

Please note that because I work independently and travel periodically, I am unable to see individuals or couples whose presenting problems involve crises such as suicidal behaviors, domestic violence, or the need for psychiatric hospitalization. In addition, I do not perform child custody evaluations or work with individuals who are seeking my participation in legal proceedings.

Professional Fees

The fee for the initial assessment session is \$280. The fee for subsequent sessions lasting 45 to 50 minutes is \$185. Payment is due at the time of service.

Contacting Me

Due to the nature of my work, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voicemail that I monitor myself. I will make every effort to return your call on the same day, with the exception of weekends, holidays, and vacations. If you find yourself in an emergency, please call 911 or the Crisis Line 283-7511.

Privacy Protections & Limits on Confidentiality

In general, information regarding psychological services and clinical records are confidential. However, there are some situations in which I may need to release information without your authorization. Please see the attached HIPAA form titled "Alaska Notice of Policies and Practices to Protect the Privacy of Your Health Information" for complete information. The following is a summary of some of the circumstances in which I may need or be required by law to release this information:

- In the event that there is a danger to the client, for example, when the client is deemed to be suicidal or gravely disabled and unable to care for their needs or safety. In such cases, the therapist may need to contact the police or hospital emergency room, or an involuntary commitment may be required.
- In the event that the client poses a danger or potential danger to another person or to property, the therapist may be required to contact the police, warn a possibly endangered person, or an involuntary commitment may be required.
- In the event that there is an admission, indication, or suspicion of abuse or neglect of a minor, or of a vulnerable adult (e.g. an elder with a disability).
- In the event of a custody dispute of minor children or decisions about custody or visitation of minor children, the court may request or require that information be released from the records of the child and/or the parents, guardians, or potential parents or guardians. In this case, psychotherapy may not have specifically addressed the custody issues and may involve other issues addressed in psychotherapy. The court may require that such records be released to the other party and to the custody investigators or the court.
- If you tell me that you have HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome), I may be required by law to inform the Department of Public Health's Office of Epidemiology. The Office of Epidemiology may then contact any sexual partners you have had to inform them that they may have been exposed to the disease.
- If a client files a complaint or lawsuit against me, I may disclose relevant information in order to defend myself.
- Any other circumstances required by law or by the court or under applicable evidence rules.

Financial Agreement

Payment is due at the time of service, and may be made by Check, Cash, or MasterCard/Visa. Although my services are covered by most insurance, it will be up to you to file for reimbursement from your insurance company. I will provide you with a receipt containing the information required by most insurance companies such as

diagnosis, dates of service, and CPT code. **Please call your insurance company before our first meeting to inform them that I am an Out-Of-Network Provider** (meaning I will not bill them and they should reimburse you directly).

Please note that I do not bill Medicaid or Medicare. If you are covered by either Medicaid or Medicare, even if you have additional insurance, you will not be able to obtain reimbursement for my services. (This is because other insurance companies will only reimburse *after* Medicaid or Medicare have been billed, and Medicaid and Medicare only reimburse providers who bill them directly.)

I have carefully read the above information and fully understand it. By my signature below, I indicate my agreement with the terms of this Agreement including my consent for assessment and treatment, and consent to the release of information when legally required. I also acknowledge that I have been offered the HIPAA notice form "Alaska Notice of Policies and Practices to Protect the Privacy of Your Health Information."

Signature

Printed Name

Date