Claudia Dias DLD ADDD 1 212 744 0072									Date:						
Claudia Diez, PhD, ABPP   212.744.8073															
Registration and Informed Consent for Services										you hear about Dr					
										Diez?					
N											DOD				
	First MI Last):								DOB:			Age:			
Address: (Street, Apt#)							City, State, & ZIP								
Main Phone						May a message be left?		□ Yes			□ No				
Other Phone								E-mail:							
Form of Payment		Direct	Pay D		Insurance		]	Insurance Name, ID							
Secondary Insurance:								2 <sup>nd</sup> Insurance ID							
(if applicable)															
Area of Study / Univ.								Occupation							
Highest Education:								Number of Children, ages (if any)							
Emergenc	y Contact nd Phone:														
	al status:		⊐ Sing	le	🗆 Partr	nereo	b	Married		🗆 Sepa	rated	Divor	ced		/idowed
				nsultatio						•	nly (clinical p				
Service you are seekir		Individual Therapy							nly for acade	mic, forens	ic, employ	yment, of	ther.		
(Please cho	ose only O	Describe:													
Reason(s)	□ Abuse	I		□ Conf	lict with Partn	er	Eating Dis	sorder (he	ight	weig	ht)	□ Stress	5		
for seeking	Anxiety	ety/Panic 🗆 Conflict at Work 🗆 Grieving / Bereavement				🗆 Trauma									
seeking services:  Attention Problems Depression/ Mod					ession/ Mood		□ Relationship Issues					□ Other			-
How long have you experienced the problems checked off above?															
Is this your first time requesting treatment by a psychiatrist, psychologist, or therapist?										□ Yes	🗆 No				
If no, when was the last time you were seen and who were you seen by?															
Have you had any previous psychiatric hospitalizations?															
If yes, when and how many?															
Have you ever attempted suicide? If yes, when?									□ No						
*If you currently experience suicidal or homicidal thoughts and plan to act on them, please dial 911 or go to your nearest emergency room *															
Did you ever cause yourself intentional injuries (i.e., cutting, burning)? <ul> <li>Yes</li> <li>No</li> </ul>															
<b>Do you drink alcohol (beer/wine/liquor)?</b>								Frequentl	y   Cons	istently					
Use recreational drugs: marijuana   cocaine   heroin   other Yes No How often: Rarely   Occasionally   Frequently   Consistently											sistently				
Are you currently involved in any legal proceedings (lawsuits, divorce, child custody, etc.)?									□ Yes	□ No					
										□ No					
Any medical problems? If yes, please list the most severe															
Name any kr	own ment	al healt	th diag	gnoses:											
Year when it	was diagn	osed:					First treatme	ent (vear	):		ast treatme	ent (vear)	:		
									,- 						
Current	tly Prescrib Medicatio														
Are you having any difficulty sleeping (falling asleep, staying asleep, and/or waking frequently)?								□ No							
Are you having any difficulty with your appetite (loss of or increase of)?									🗆 No						
Are you having difficulty attending work or with your day-to-day activities (ex: household chores)?									□ No						
Describe the	main reas	on for t	his co	nsultat	ion:								1		
														P	Page 1 of 2
1														1	-

Claudia Diez, I	PhD, ABPP	212.744.8073
Registration and	Informed Co	onsent for Services

## **CANCELLATION POLICY**

An appointment is a **mutual commitment**. Once an appointment time is reserved for you on mutual agreement, you are responsible for attending the appointment (Dr. Diez does not send reminders)

Initials

**Charges apply for missed or cancelled sessions.** Missed or cancelled appointment fees are not paid by your insurance; they are your solely responsibility.

- Notify of cancellations with at least 3 business days notice to avoid fees.
- The first missed appointment (no show) or late cancellation carries a one hundred (**\$100**) dollars fee. Subsequent cancelled appointments are subject to a **half or full encounter fee, regardless of the circumstances**, except if/when agreed upon with at least a week-notice. Discuss cancellation policy with Dr. Diez by phone or during your first visit.
- To avoid cancellation fees you can request a make up appointment, depending on both parties' schedules.
- If you cancel or miss an appointment and do not request a make-up session, charges will be billed automatically.
- Frequent cancellation or missed appointments may result in losing your reserved time slot, or even discontinuation of services.

### **PAYMENT FOR SERVICES**

• Payment is due at time of service (per visit) unless otherwise specified; payments can be made via cash, Zelle, Venmo or Paypal.

• Notify Dr. Diez as soon as possible if any problems arise during the course of therapy regarding your ability to make timely payments, or if there are changes of insurance coverage. Even if your insurance plan declines payment for the services rendered, you are responsible for making direct payments for those services. Payment arrangements will be made with Dr. Diez should this situation arise.

• Payments for services may be affected by changes in your insurance plan. Discuss insurance coverage changes as soon as possible with Dr. Diez to prevent payment or billing conflicts.

• Dr. Diez is an *Out of Network* provider (not in your health plan's panel) unless otherwise noted. The office may be able to bill your insurance directly in order to facilitate reimbursements. You are responsible for the direct payment of services at time of service rendered, unless otherwise arranged. You are the solely responsible for collecting reimbursement from your insurance plan, and to contact your insurance when/if claims remain open for more than five weeks. You may call them to ask if hey will reimburse you for individual psychotherapy (CPT codes 90834 and/or 90837) or family therapy (CPT code 90847).

•Face-Time, Skype, Whatsapp, call and video sessions: Tele-Health sessions can be occasionally arranged and are subject to the same fees. Ask your insurance whether they reimburse for tele-health sessions (modifier GT or 95).

•Requests for preparation of forms or documents (letters to employer, schools, insurance claim agencies, etc.) must be discussed with Dr. Diez before starting treatment, if this is a reason for the consultation; or as soon as possible. Forms and documentation are subject to separate fees. This agreement or entering psychotherapy with Dr. Diez is not a binding commitment on her part to prepare any form of documentation that is not discussed prior to starting treatment.

#### **CONFIDENTIALITY AND ITS LIMITS**

-Recording of sessions by any electronic means is not allowed without prior permissions. This applies to both Dr. Diez and the client.

-Meetings between a client and a clinician are confidential and legally privileged. Dr. Diez will not release information discussed to anyone without a client's written permission, except the minimally necessary for insurance billing purposes (diagnoses code, date and type of service). Also, based on current HIPPA laws, in the following important situations clinicians are legally and ethically required to go outside the context of the therapeutic relationship and release necessary information about the client in order to preserve his/her safety or that of another:

(1) If there is an emergency situation in which the clinician believes that the client may be a danger to her/himself or that s/he is gravely disabled;

(2) If the client communicates a serious threat of violence against someone to the clinician;

(3) If the clinician has reasonable suspicion that a child or elder/dependent adult is being abused; or

(4) If the client's records are subpoenaed as evidence during a legal proceeding.

If any such situation arises, Dr. Diez will attempt to fully discuss it with the client before taking any action and will limit the disclosure to what is strictly necessary. Disclosure of confidential information may be required by the client's insurance carrier in order to pay claims for reimbursement. In this circumstance, only the minimum amount of information will be communicated to the carrier.

Please also note that if there is a breach or refusal to pay a balance, information can be given to a collection agency or small claims court.

## EMERGENCIES

Dr. Diez does not offer on-call or emergency services. If you experience an emergency please call 911 or go to the nearest emergency room. **SATISFACTION** 

Please discuss with Dr. Diez as early as possible anything you find untoward about her or her work. It is strongly recommended to avoid discontinuation of treatment before discussing the reason for termination with the provider. Frank and direct dialog is an important aspect of psychotherapy; your feedback is necessary and always welcome by Dr. Diez.

If you have questions or concerns about the above terms please discuss them with Dr. Diez before signing this form or initiating treatment

# CONSENT FOR SERVICES

I hereby authorize Dr. Claudia Diez to evaluate me and /or treat me, and to release to insurance carriers, who may be financially liable for my care, all information needed to substantiate payment for such medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. I also acknowledge awareness of cancellation fees, documentation preparation fees, confidentiality and privacy restrictions as per HIPPA laws described above.

\_\_\_\_\_, I have been informed, understand and agree to the above terms.

Client's Signature

I

Date

Client should save a copy of these registration for future reference

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