

PATIENT INFORMATION

Patient Name: _____ Today's date: _____

Patient's Date of Birth: _____ Age _____

Parent's name(s) _____

Address: _____

_____ (Including Zip code)

Home Phone: _____ Work Phone: _____

Mother's Cell _____ Father's Cell _____

Email: _____

Who referred you to this clinic? _____

Patient's physician? _____ Phone _____

Is patient currently on any medication? Type? _____

Previous psychological evaluation or treatment? _____

Therapist: _____ When? _____

Reasons for this appointment?

Is this related to a legal matter? _____

If patient is a minor:

Who will bring him/her to the initial appointment? _____

Name(s) of parents with whom the child lives? _____

Noncustodial parent? _____ Phone _____

Address _____

Insurance Information

If you are unsure about your coverage, I recommend you call your insurance company.

1) Is a referral required from your Physician or from the insurance company? _____

2) Is there an annual limit for mental health services? _____

If yes, what is the number of visits allowed? _____

3) Is psychological testing covered? _____ Number of units allowed? _____

4) Does your benefit depend upon my being a Preferred Provider? _____

If yes, ask if I am in your network and what % of fees they cover for:

A preferred provider? _____% A non-preferred provider? _____%

5) Is there an annual deductible? _____ Is it met? _____

Primary Insurance

Insurance co: _____ Phone# _____

Name of Employee: _____ Date of Birth _____

ID# _____ Group# _____

Employer: _____

List of Children's Behaviors

Child's Name _____ Your Name _____ Date _____

Please read the following list and rate your child on each behavior. Indicate how often your child displays that behavior by circling the number that best describes the frequency of each behavior with the following scale:

0 1 2 3
Never or Rarely Sometimes Often Very Often

Group A

- | | | | |
|---------|--|---------|---|
| 0 1 2 3 | Has trouble sleeping | 0 1 2 3 | Fidgets with hands or feet |
| 0 1 2 3 | Sleeps too much (hours=_____) | 0 1 2 3 | Leaves seat in class or during homework |
| 0 1 2 3 | Seems sad or unhappy | 0 1 2 3 | Always seems to be running or restless |
| 0 1 2 3 | Talks about feeling stupid or worthless | 0 1 2 3 | Difficulty doing things quietly |
| 0 1 2 3 | Has lost interest in activities | 0 1 2 3 | Always "on the go" |
| 0 1 2 3 | Irritable | 0 1 2 3 | Talks excessively |
| 0 1 2 3 | Moody | 0 1 2 3 | Blurts out answers to questions |
| 0 1 2 3 | Plays alone | 0 1 2 3 | Difficulty waiting his/her turn |
| 0 1 2 3 | Cries easily | 0 1 2 3 | Interrupts others |
| 0 1 2 3 | Seems Tired a lot | | |
| 0 1 2 3 | Talks about death, suicide, or hurting himself/herself | | |
| 0 1 2 3 | Poor Concentration | | |

Group B

- 0 1 2 3 Gets headaches or stomach aches
- 0 1 2 3 Worries
- 0 1 2 3 Lacks confidence in abilities
- 0 1 2 3 Needs lots of reassurance
- 0 1 2 3 Needs to be perfect
- 0 1 2 3 Repeats words or unusual behaviors
- 0 1 2 3 Fearful or anxious
- 0 1 2 3 Shy or timid
- 0 1 2 3 Sensitive to criticism
- 0 1 2 3 Bites fingernails
- 0 1 2 3 Restless

Group D

- 0 1 2 3 Refuses to follow rules or do chores
- 0 1 2 3 Loses temper
- 0 1 2 3 Argues with adults
- 0 1 2 3 Blames others for their mistakes
- 0 1 2 3 Swears
- 0 1 2 3 Deliberately does things to annoy others
- 0 1 2 3 Often angry or resentful
- 0 1 2 3 Carries a grudge/chip on shoulder
- 0 1 2 3 Touchy/easily annoyed
- 0 1 2 3 Spiteful or vindictive

Group C

- 0 1 2 3 Fails to pay attention to details or makes careless mistakes
- 0 1 2 3 Difficulty sustaining attention during tasks
- 0 1 2 3 Doesn't listen when spoken to directly
- 0 1 2 3 Doesn't follow instructions/finish work
- 0 1 2 3 Difficulty with organization
- 0 1 2 3 Avoids work that requires mental effort
- 0 1 2 3 Loses things necessary for tasks
- 0 1 2 3 Easily distracted
- 0 1 2 3 Forgetful

Group E

- 0 1 2 3 Steals
- 0 1 2 3 Runs away from home (how long:_____)
- 0 1 2 3 Lies
- 0 1 2 3 Skips school
- 0 1 2 3 Cruel to animals
- 0 1 2 3 Destroys property
- 0 1 2 3 Fighting
- 0 1 2 3 Physically cruel to others
- 0 1 2 3 Not sorry when hurts others
- 0 1 2 3 Sets fires
- 0 1 2 3 Has broken into a house or car

Child and Family Information

Child's School _____ Grade _____ Teacher _____
 Is Child in special education? _____
 Mother's name _____ Age _____ Education _____
 Mother's type/place of employment _____
 Father's name _____ Age _____ Education _____
 Father's type/place of employment _____
 Was Child adopted? _____ If yes, at what age? _____
 Are parents married? _____ Separated? _____ Divorced? _____
 Child's physician _____
 Physician's phone and address _____
 Date of last physical exam _____

Please list all other children in the family

Name	Age	School Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pregnancy and Delivery

Length of pregnancy (eg full term, 40 weeks, etc) _____
 Length of delivery _____
 Mother's age at birth of child _____
 Child's birth weight _____

- Did any of the following conditions occur during pregnancy/delivery?
1. Bleeding-----No Yes
 2. Excessive weight gain (more than 30 lbs)-----No Yes
 3. Toxemia/preeclampsia-----No Yes
 4. Rh factor incompatibility-----No Yes
 5. Serious illness or injury-----No Yes
 6. Took prescription drugs-----No Yes
 if yes, name of medication _____
 7. Used recreational drugs-----No Yes
 8. Used alcohol-----No Yes
 if yes, number of drinks per week _____
 9. Smoked Cigarettes-----No Yes
 if yes, number of cigarettes per day _____
 10. Medication for labor pain-----No Yes
 if yes, name of medication(s) _____
 11. Delivery induced?-----No Yes
 12. Forceps used during delivery?-----No Yes
 13. Breech delivery?-----No Yes

14. C section?-----No Yes

15. APGAR at birth_____

16. Any other problems?_____

Did any of the following conditions affect your child during delivery or Within the first few days?

1. Child injured during delivery?-----No Yes

2. Cardiopulmonary distress during delivery?-----No Yes

3. Delivered with cord around neck?-----No Yes

4. Trouble breathing after delivery?-----No Yes

5. Needed oxygen?-----No Yes

6. Was cyanotic, turned blue?-----No Yes

7. Was jaundiced, turned yellow?-----No Yes

8. Had an infection?-----No Yes

9. Had Seizures?-----No Yes

10. Given medication?-----No Yes

11. Born with a congenital defect?-----No Yes

12. Require neonatal ICU? -----No Yes

13. Was in hospital over 3 days?-----No Yes

INFANT HEALTH AND TEMPERAMENT

During the first 12 months was your child:

1. Difficult to feed?-----No Yes

2. Difficult to get to sleep?-----No Yes

3. Colicky?-----No Yes

4. Difficult to put on a schedule?-----No Yes

5. Alert?-----No Yes

6. Cheerful?-----No Yes

7. Affectionate?-----No Yes

8. Easy to comfort?-----No Yes

9. Overactive, in constant motion?-----No Yes

10. Stubborn, challenging?-----No Yes

MILESTONES

At what age did your child first accomplish the following?

1. Walking alone_____

2. Using single words_____

3. Putting 2 or more words together _____

4. bowel training, day and night_____

5. bladder training, day and night_____

HEALTH HISTORY

At any time has your child had the following

- | | | | |
|---|-------|------|---------|
| 1. Asthma----- | Never | Past | Present |
| 2. Allergies----- | Never | Past | Present |
| 3. Diabetes----- | Never | Past | Present |
| 4. Any chronic illness----- | Never | Past | Present |
| 5. Epilepsy or seizure disorder----- | Never | Past | Present |
| 6. Febrile seizures----- | Never | Past | Present |
| 7. Heart or blood pressure problems ----- | Never | Past | Present |
| 8. Broken bones----- | Never | Past | Present |
| 9. Head injury----- | Never | Past | Present |
| 10. Loss of consciousness----- | Never | Past | Present |
| 11. Concussion----- | Never | Past | Present |
| 12. Surgery----- | Never | Past | Present |
| 13. Hospitalization----- | Never | Past | Present |
| 14. Speech or language issues----- | Never | Past | Present |
| 15. Chronic ear infections----- | Never | Past | Present |
| 16. Hearing difficulties----- | Never | Past | Present |
| 17. Eye or vision difficulties----- | Never | Past | Present |
| 18. Fine motor/ handwriting problems----- | Never | Past | Present |
| 19. Gross motor difficulties, clumsiness----- | Never | Past | Present |
| 20. Appetite problems----- | Never | Past | Present |
| 21. Sleep problems----- | Never | Past | Present |
| 22. Soiling problems----- | Never | Past | Present |
| 23. Wetting problems----- | Never | Past | Present |
| 24. Any other health issue? _____ | | | |
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DISCLOSURE STATEMENT

This document is provided to all clients seen for assessment and psychotherapy. It contains information regarding office policies, professional services, and some legal guidelines for psychologists. It is important that you read this carefully and let me know if you have any questions. I am an independent mental health professional, practicing with other clinicians under the name Eastside Psychological Associates Shared Specialty Suites. This is an association of independently practicing professionals which shares offices. Although we share offices, we are independent in providing services and we keep separate medical records.

Appointments are for 50 minutes. Therapy sessions and psychological testing are billed at \$150 per hour. The initial session for a diagnostic evaluation is \$200. I schedule appointments on the hour. Once an appointment is scheduled you will be expected to pay for it unless you provide 24 hours notice of cancellation (or unless we both agree that the appointment was unable to be kept due to circumstances beyond your control). Missed appointments cannot be charged to insurance companies. In the case of minor children, the parent who brings the child for treatment is responsible for payment. Payment is due at the time of service unless you have requested that I bill insurance. I will submit claims to insurance companies that I am contracted with. I can also submit claims to companies that I am not a preferred provider with, but it is the patient's responsibility to contact their insurance company regarding their out of network benefit. (I cannot submit claims to Tricare or Great West due to problems with claims processing.) If you are unsure about your coverage, I recommend you phone your insurance carrier. Psychological testing for complex problems such as learning disabilities and ADHD often require many hours for administering tests, scoring tests, and preparing a comprehensive report. Patients are responsible for charges not covered by their insurance. Interest of 1.5% per month may be added to balances not paid within 60 days of statements. Other services such as providing sessions on the telephone or attending school conferences are not covered by insurance and are billed at the \$150 rate to the client. In unusual circumstances, you may become involved in court actions such as litigation which may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. Due to the complexity involved and difficulty of legal involvement, I charge \$200 per hour for legal work. I do not normally provide forensic or legal services and I do not provide custody evaluations. Psychologists in this and most states do not prescribe medication.

I am usually with clients in my office and unable to receive phone calls. However, phone messages can be left on my voice mail 24 hours a day (425-481-5700 #5). I will make every effort to return calls within 24 hours with the exception of weekends and holidays. If you have an emergency and cannot wait until my return call, please call the Crisis Line at (206) 461-3222, call 911, or go to the nearest hospital. If I am on vacation, I will make arrangements for a colleague to be available for calls. I usually work Mondays through Thursdays.

As a client, you have the right to discontinue therapy at any time, request a change of therapy, or request a referral to an alternative provider. Individuals age 13 and older have similar legal rights as adults with respect to receiving psychological services. Psychotherapy has both risks and benefits. Risk may involve experiencing uncomfortable emotions such as sadness, anger, and anxiety. Benefits often include a reduction in subjective distress and improved problem-solving and coping skills, but this cannot be guaranteed. I see children, adolescents, and adults in my practice. My approach is considered eclectic, meaning that I use different therapy approaches depending upon the nature of the problem. I provide suggestions for a treatment plan after an evaluation is completed. I employ cognitive, behavioral, interpersonal, and insight oriented therapies. When I see a family it is usually with one member of the family identified as the "patient" with records and fees billed under that person's name.

I am licensed by the State of Washington as a psychologist (License number 1557). Licensure establishes competency standards for psychologists. Complaints regarding psychologists may be filed with the Department of Licensing, 1300 SE Quirie St., Olympia, WA 98504. I received my doctorate in psychology from Southern Illinois University in Clinical Psychology with a minor in Marriage and Family Therapy. I completed an internship in Clinical Psychology at a Veterans Administration medical center. I received my undergraduate degree from the University of Oregon, Summa Cum Laude, Phi Beta Kappa. I have been working in the field for over 20 years in a variety of settings including private practice, community mental health centers, VA inpatient and outpatient clinics, and university counseling centers. I am a general practice psychologist but I also specialize in the treatment of children.

I keep a record of the health care services I provide. You may ask to see and copy that record. In general, the confidentiality of all communications between a patient and a psychologist is protected by law, and I only release information if you direct me to do so. However, there are some exceptions: Confidentiality must be broken to report child or vulnerable adult abuse, dangerousness to self or dangerousness to anyone else. Abuse is defined as an act of physical or mental mistreatment which harms another person.

Abandonment and neglect are included in this definition. Psychologists are ethically and legally required to prevent suicide attempts where possible and this could include contacting the family or seeking hospitalization. If I believe that a patient is threatening harm to another person, I am also required by law to notify that person and to contact the police. If you are using insurance, your insurance company may have access to your medical records. For example, if you have health insurance that includes managed health care, the managed health care company typically requires clinical information in order to authorize payment for care. They typically request information such as current symptoms, diagnosis, the presence or absence of substance abuse and a treatment plan. An exchange of information with the primary care physician is also requested.

If you are the parent or guardian of a child that you wish me to see for treatment, I ask that you respect the confidentiality of the communications between me and the child when I see a child individually. I usually provide general information regarding the child's progress in psychotherapy but not specific issues that the child shares with me in confidence. If a child is not given confidentiality, they might not disclose much personal information. Breaches in confidentiality are often psychologically damaging to a child. The exceptions to confidentiality are noted above. I often include parents in therapy sessions with the child and I may request to see the parents without the child present. I do not provide custody evaluations. The parents signing this disclosure statement agree that I will not be asked to testify or provide information regarding a minor to a court in the event of a custody disagreement. The parents understand that requiring a child's therapist to testify in court is damaging to the child's mental health and would jeopardize current and future attempts to assist a child with psychotherapy. Exceptions to this agreement would be made if a court of competent jurisdiction appoints a Guardian ad Litem to represent the child's interest and the Guardian ad Litem determines that my testimony in a written report would be in the child's best interest.

I have read the above and have had the opportunity to ask questions. I give permission for evaluation and treatment for myself. If the patient is a minor, I give permission for evaluation and treatment for my minor child and state that I am the parent or legal guardian for the child.

Signature of patient

Date

Signature of parent/guardian

Relationship to patient

Date

**CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION
HIPAA SIGNATURE FORM**

This document refers to the federal HIPAA regulations that apply to all practitioners in medicine. You have probably signed a similar form at each of your doctor's offices.

When I examine, diagnose, treat, or refer you I will be collecting what the law calls "Protected Health Information" (PHI) about you. I need to use this information here to decide on what treatment is best for you and to provide treatment to you. I may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions. By signing this form you are agreeing to let me use your information here and send to others. The Notice of Privacy Practices explains in more detail your rights and how I can use and share your information. A copy of the Notice is attached. There are only rare occasions where I disclose health information without explicit consent.

If you do not sign this consent form I cannot treat you per the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law became effective April 14, 2003.

In the future I may change how I use and share your information and so change the Notice of Privacy Practices. If I do change it, you can get a copy by calling me at 425 481-5700.

If you are concerned about some of your information, you have the right to ask me to not use or share some of your information for treatment, payment, or administrative purposes. You will need to tell me in writing what you want and I will try to respect your wishes. However, if you use health insurance they will require some disclosure of information to them.

After you have signed this consent, you have the right to revoke it in writing and I will comply with that request regarding any future disclosures of information.

Signature of patient

Date

Signature of parent/guardian

Date

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Contents of this Notice

- A. Introduction to clients
- B. What is meant by your medical information
- C. How your protected health information can be used
- D. Uses and disclosures for treatment, payment and health care operations
- E. Uses and disclosures *requiring* your Authorization
- F. Uses and disclosures not *requiring* your Authorization
- G. An *Accounting* of disclosures I have made
- H. If you have questions or problems

A. Introduction to clients

This notice will tell you about how I handle information about you. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I am required to tell you about this because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

B. Your medical information

Each time you visit me or any doctor's office information is collected about you and your physical and mental health. The information about you is called PHI which stands for **Protected Health Information**. It is likely to include the following:

- Your history. As a child, in school and at work, and marital and personal history.
- Reasons you came for treatment. Your problems, symptoms, needs, goals.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments or services which I think will help you.
- Progress notes. After each session I write information about how you are doing and the topic discussed.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, etc.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This information is used for many purposes. For example, I may use it:

- To plan your care and treatment
- To decide how well my treatment is working for you.
- To talk with other professionals who are also treating you such as your family doctor.
- To show that you actually received the services from me which I billed to you or to your health insurance company.

You can read or review your records. If you want a copy I can make one for you, but I may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask me to amend (add information to) your record. In some rare situations, I do not have to agree to do that.

C. How protected health information can be used and shared

When your information is read by me or others in this office, it is called "use". If the information is shared with or sent to others outside this office, it is called "disclosure". Except in some special circumstances, when I use your PHI or disclose it to others, I share only the **minimum necessary** PHI needed for the purpose.

D. Uses and disclosures of PHI in healthcare *with your consent*

I need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use

it and share it as necessary to care for you properly. Therefore, you must sign the Consent form before I begin to treat you. If you do not agree and consent, I cannot treat you. Generally, I use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. If I have employees helping with my practice, they will follow the same guidelines.

For treatment

I use your medical information to provide you with psychological treatment or services. These might include individual or family therapy and psychological testing. I may share or disclose your PHI to others who provide treatment to you. I am likely to share your information with your personal physician. If you are being treated by a team, I can share some of your PHI with them so that the services you receive will be coordinated. I may consult with colleagues regarding your care. I may refer you to other professionals or consultants for services that I cannot offer, such as special testing or treatments. When I do this, I need to tell those individuals things about you and your conditions. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them.

I may leave a message for you regarding an appointment. I often leave messages on home answering machines; if this creates a problem, please let me know. I use cell and cordless phones and privacy cannot be guaranteed with these devices.

For payment

I may use your information to bill you, your insurance, or others to be paid for the treatment I provide to you. Your insurance company may require me to tell them about your diagnoses, dates of service and what treatments you have received.

For healthcare operations

There are some other ways I may use or disclose your PHI which are called healthcare operations. For example, I may be required to supply information to some government health agencies so they can study disorders and treatment. If I do, your name and identity will be removed from what I send. There are some tasks I may hire others to do for me. According to the law, they are called my "Business Associates". An example is a billing service. These business associates need to receive some of your PHI to do their jobs properly.

E. Uses and disclosures requiring your Authorization

If I want to use your information for any purpose besides those I described above, I need your permission on an **Authorization form**. If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. If you want me to share information about you with your family or close others, I will ask you what information you want me to share and to whom.

F. Uses and disclosures of PHI from mental health records *Not requiring Consent or Authorization*

- I have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information requested.
- I have to release (disclose) some information to the government agencies which monitor compliance with the privacy laws.
- Some benefit programs such as worker's compensation require disclosure.
- To prevent a serious threat to health or safety. If I come to believe that there is a serious threat to your health or safety or that of another person, I can disclose some of your PHI. I will only disclose to persons who can prevent the danger.

G. An accounting of disclosures

When I disclose your PHI, I keep an accounting of what I send. You can get an accounting (a list) of disclosures.

H. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please ask me. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, let me know. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I will not in any way limit your care here or take any actions against you if you complain. I am the designated "Privacy Officer" for my practice and can be reached by phone at 425-481-5700 ext. 5.