

Jamie Heng, M.S., LIMHP, CDGC, PLADC

Demographic Information

Name: _____
Parent/Legal Guardian (if under 18): _____
Address: _____
Home Phone: _____ May we leave a message? Yes No
Cell/Work/Other Phone: _____ May we leave a message? Yes No
Email: _____ May we leave a message? Yes No
Emergency Contact: _____ Phone: _____
**Please note: Email correspondence is not considered to be a confidential medium of communication.*
DOB: _____ Age: _____ Gender: _____
Marital Status:
 Never Married Domestic Partnership Married Separated Divorced Widowed
Referred By (if any): _____

Insurance Information

Primary Insurance Company: _____ Policy #: _____
Group # (if applicable): _____
Policy holder: _____ Relationship to Policy Holder: _____
Policy holder's address: _____
Policy holder's DOB: _____ Policy holder's Employer: _____

Billing Policies and Information

The fees for services provided by Jamie Heng, M.S., LIMHP, CDGC, PLADC will be in accordance with the reasonable value set forth by the established community guidelines and standards. Here is a list of some, but not all, of the services that Jamie Heng provides. In parentheses are the rates as of March 2018, although rates are subject to change. *Please be aware that not all services are covered by every insurance company, and you will be responsible for the remaining bill. Patients are expected to pay fees at the time of service unless other billing arrangements are agreed upon in advance.* Copayments are expected at each session. If a patient is unable to make on-time payments, the patient may be referred to an alternative provider. Jamie Heng, M.S., LIMHP, CDGC, PLADC reserves the right to delay, defer, or discontinue services for any reason, including if the balance owed is not paid at the time it is due.

CPT Code	Cost	Description
90791	\$200	Initial Session
90832, 90834, 90837	\$100, \$120, \$150	Individual therapy, vary by session length
90846/90847	\$140	Family therapy
90853	\$40	Group therapy
90889	\$80	Preparation of documentation (e.g., for another agency, attorney, court, school)
98966, 98967, 98968	\$40, \$60, \$80	Phone calls with therapist, vary by length (5-30 minutes) *May include provider contact with patient, parent, school, attorney, etc.
98969	\$40	Email or some other online contact with a therapist

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I understand that I am ultimately liable for the balance on my account for any services provided by Jamie Heng, M.S., LIMHP, CDGC, PLADC regardless of the status of my insurance situation. With my signature, I agree to adhere to the billing policies and procedures, and to pay any fees that I owe Jamie Heng based upon such policies. I hereby authorize direct payment and all benefits due under my insurance policy to Jamie Heng, M.S., LIMHP, CDGC, PLADC for services provided. I authorize the release of medical or other protected health information necessary to process insurance claims.

Printed Name: _____

Signature: _____

Date: _____

Consent for Treatment and Limits of Confidentiality

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18) Date

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Appointment Policy

When completing counseling services, continuity is vital to success. Frequent cancellations or failing to schedule appointments can lead to delays between therapy sessions that may impede progress. As a mental health service provider, I try to assist in finding suitable times for us to meet for sessions. Our success is a joint effort; therefore, your cooperation in keeping appointments is critical to your success.

1. To schedule appointments, please call **402-413-6247** or **schedule online**.
2. I require a minimum of 24 hours' notice for changes or cancellations of appointments. If you do not cancel with a minimum of 24 hours, you will be responsible for fees accrued. Since I am unable to use this time for another client, please note that you will be billed a \$35 fee that is not covered by your insurance, unless such cancellation is due to illness or an emergency.
3. Please contact me as soon as you are aware you need to cancel. (This is also within the minimum of 24 hours.)
4. If you are late for an appointment, the appointment will still end at the scheduled time.
5. If you cancel or do not show up for two consecutive appointments, you will be discharged.

Electronic Communication Policy

It is expected that all non-emergent contact with your provider will take place during a scheduled session with the exception of scheduling. As such, regular communication via phone, email, or other electronic means is not typically utilized. If an emergent situation arises, please contact the office to get a message to your provider and schedule an appointment as soon as possible, or call the crisis line. On occasion, patients may still choose to email their provider. By signing, you recognize that while your provider utilizes a secure email provider, confidentiality of any information sent online cannot be guaranteed.

I appreciate your help in keeping the office schedule running timely and efficiently.

I understand the policies explained above:

Client Signature (Client's Parent/Guardian if under 18)

Date