

Gleeson Counseling Services, P.C.
Kathleen Gleeson, MA, LISW
Licensed Independent Social Worker
312 E. College St. # 200
Iowa City, Iowa 52240
319.930.7699

INTAKE FORM

Today's Date _____ Birthdate _____

Name _____

Address _____

Phone _____ May we leave messages? Y/N

Email _____ Ok to contact you via email?

Occupation _____

How did you find this practice? _____

What brings you to psychotherapy? _____

Any Serious Illness or Trauma _____

Active Physical or Psychological Symptoms _____

What medications are you taking? _____

Family Physician _____

Psychiatrist if you have one _____

Emergency Contact/Phone _____

Insurance Information

This office only accepts Blue Cross Blue Shield (Wellmark) insurance. Blue Cross Blue Shield usually includes providers throughout Iowa and in many different states. However, if you are out of state, you should check with your insurance company to see if I am a covered provider.

Insurance Company _____ Policy # _____

Name (yours or policy holder's) _____

If you don't own the policy, please include the holder's birthdate _____

Type of policy _____ (SHIP, UIGradCare, UIChoice, etc)

Co-pay if you know it _____

Signing below gives us permission to submit relevant information to Blue Cross Blue Shield, and allows payment to be sent directly to Kathleen Gleeson, MA, LISW. This signature also indicates that you have been given the opportunity to read and have a copy of our HIPAA Practices.

SIGNATURE

DATE

INFORMED CONSENT FOR TREATMENT BY KATHLEEN GLEESON, MA, LISW
PLEASE READ AND SIGN THE FOLLOWING:

CONFIDENTIALITY

Confidentiality means that Kathleen Gleeson, MA, LISW has a responsibility to safeguard information obtained during counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your consent. In such situations, Kathleen Gleeson, MA, LISW is not required to inform you of her actions. Please note the following exceptions to confidentiality:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or other.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, without minor's consent, of the treatment needed by or given to the minor.

Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Kathleen Gleeson, MA, LISW, is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Kathleen Gleeson, the information contained in your health record belongs to you.

You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Inspect and obtain a copy of your health record
- Amend your health record as provided by regulation
- Obtain an accounting of disclosures of your health information as provided by law
- Request communications of your health care information by alternative means or locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

COST OF SERVICE

- The cost of service is determined by the insurance provider, in this case Blue Cross Blue Shield. The current rate is \$155 per session.

PAYMENT OF FEES

Twice a month you will receive an electronic bill totaling your co-pays from the last month's services. You are welcome to pay the total in cash or by check to me, or electronically by credit card. Most insurance plans have an annual deductible. Please be aware of this and plan to pay your fees accordingly.

CANCELLATIONS

I have a relatively accommodating cancellation policy. I don't require a 24-hour notice but appreciate a note by email or text as soon as you know you must cancel so I can fill your empty hour. Psychotherapy is a contractual relationship. Part of our contract is that you will attend therapy at the designated dates and times whether you feel you need to or not. Feeling reluctant

to attend therapy is common, but persevering and honoring our contract when you feel this way often results in therapeutic progress.

NO SHOWS

If you miss your session entirely without notice I will charge a mandatory fee of \$65.

WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING

I have read and accept this agreement and herewith consent to counseling/psychotherapy treatment with Kathleen Gleeson, MA, LISW.

Client Signature or Legal Representative

Date

Kathleen Gleeson, MA, LISW
E-Communication Informed Consent

I acknowledge that e-communication (including email and texting) is not absolutely confidential by virtue of the nature of the communication. I also acknowledge that email communication does not take the place of face-to-face or verbal communication with my provider. I accept these risks and acknowledge the limitations of this means of communication.

Client Name (please print) _____

Client Signature _____

Date _____

This informed consent is valid for as long as services are being provided by Kathleen Gleeson, MA, LISW to the above named individual.