Athlete Intake Form

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General Information:

Name: _____ Date of Birth: _____ Age: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ _____

Home Cell/other

What is the best number to reach you? _____ Can we leave a message at this number? ☐ Yes ☐ No

Do you want to use email for communication about appointments? ☐ Yes ☐ No (If yes, please sign email consent)

Referral Information

Who referred you? _____ Phone: _____

Personal Identification

Religious denomination/affiliation: ☐ Protestant ☐ Catholic ☐ Jewish ☐ Islamic ☐ Buddhist
☐ Other (specify): _____

Involvement in religious denomination: ☐ None ☐ Some/irregular ☐ Active

Ethnicity/national origin: _____ Race: _____

Sexual orientation: _____ Gender identity: _____

Preferred pronouns: _____

Relational Status: ☐ Single ☐ Divorced ☐ Separated ☐ Married ☐ Widowed ☐ Living with partner ☐ Dating

Educational/Occupational Status

Work Status: ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Disabled ☐ Student ☐ Retired

Occupation/Employer: _____ _____

Please describe your educational background: _____

_____

Have you ever been in the military? ☐ Yes ☐ No If yes, which branch and when? _____

Emergency Contact Information

If an emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Your Medical Care

Physician's name/Clinic: _____ Phone: _____

If you begin working with me, may I speak with your medical doctor so he/she can be fully informed, and we can coordinate your treatment? ___ Yes ___ No

List any relevant past or present physical concerns, including any injuries (major or minor):

What medications are you taking at present (including vitamins and nutritional supplements) and for what purpose?

Who prescribed the above medications?

On average how many hours of sleep do you get daily? _____ Do you have trouble sleeping? ☐ Yes ☐ No

- If *yes*, please describe the difficulties:

Have you lost/gained over 10 pounds in the last year?

☐ Yes (amount gained _____ lost _____) ☐ No

- If yes, was the weight loss/gain on purpose? ☐ Yes ☐ No

Describe your appetite (during the past 1-2 weeks): ☐ Poor ☐ Average ☐ Large

Describe your energy level (during the past 1-2 weeks): ☐ Low ☐ Moderate ☐ High

For females: how often do you menstruate per year? ☐ 0-4 times ☐ 5-7 times ☐ 7-10 times ☐ 10+ times

Do you have prior experience with counseling? If so, please describe:

Do you have any family history of mental illness? If so, please describe:

Do you have any past or present suicide attempts, self-destructive behaviors or violent behaviors? (Indicate below the age, circumstances, and whether it led to hospitalizations and/or legal problems.)

Have you had any past or present difficulties with drugs, alcohol, or any other substance? If so, please describe:

Sport History and Information

Sport:_____ Team/Club:_____

Event(s)/Position(s) in Sport:_____

Head Coach:_____Phone Number: (_____)_____

Assistant Coach:_____Phone Number: (_____)_____

Please note: your coaches will **not** be contacted without your permission.

Does your coach know you are speaking with a sport psychologist? ☐ Yes ☐ No

Training Site:_____

Number of years on this Team:_____Number of years total playing this sport:_____

Most significant achievement(s) (include dates):

Upcoming major competitions and dates

What are your goals in your sport?

- Short term

- Long term

Have you worked with a sport psychologist (or mental performance specialist) in the past? ☐ Yes ☐ No

- If yes, please check all that apply: ☐ Individually ☐ Team ☐ One-time session or seminar

  Please list topics covered: _____

What did you find most and least helpful (if applicable)?

Why do you want to meet with a sport psychologist?

What are you hoping to accomplish by meeting with a sport psychologist?

Check any item that you desire learning more about or working on:

Managing Emotions/Symptoms (CHECK ALL THAT APPLY)

- ☐ managing competition/performance anxiety
- ☐ concentration (sport or academic related)
- ☐ recovering from mistakes, failure
- ☐ managing anger (in or out of sport)
- ☐ managing perfectionism (in or out of sport)
- ☐ learning to be assertive
- ☐ managing shyness
- ☐ improving self-esteem or self-confidence
- ☐ managing loneliness
- ☐ managing homesickness
- ☐ managing mood
- ☐ managing anxiety
- ☐ regulating emotions more effectively
- ☐ managing eating, body image, or weight issues
- ☐ learning effective and healthy coping skills
- ☐ reducing substance use
- ☐ reducing suicidal thoughts/behavior
- ☐ other managing emotions/symptoms not listed (describe below):

Managing Training/Competition/Academic Demands (CHECK ALL THAT APPLY)

- ☐ difficulty with training demands, overtraining
- ☐ difficulty with elite athlete lifestyle demands
- ☐ motivation for sport, training
- ☐ performance slump
- ☐ media exposure
- ☐ difficulty with travel demands
- ☐ improving sport confidence
- ☐ improving grades in school
- ☐ managing priorities, time management
- ☐ decisions about major or career
- ☐ learning study skills
- ☐ other managing training/competition/academic demands not listed (describe below);

Managing Relationships or Identity (CHECK ALL THAT APPLY)

- ☐ issues within team and/or with teammates
- ☐ communication difficulties
- ☐ relationship with teammate(s)
- ☐ relationship with coach(es)
- ☐ relationship with romantic partner(s)
- ☐ relationship with parent(s), family
- ☐ sexual identity issues
- ☐ gender identity issues
- ☐ other relationship/identity challenges not listed (please describe below):

Learning Mental Skills for Performance (CHECK ALL THAT APPLY)

- ☐ concentration training
- ☐ goal setting
- ☐ imagery or visualization
- ☐ stress management
- ☐ energy regulation
- ☐ effective self-talk
- ☐ mindfulness
- ☐ other mental skills for performance not listed (please describe below):

Managing Injuries (CHECK ALL THAT APPLY)

- ☐ managing physical pain
- ☐ reducing re-injury fear
- ☐ reducing return to play anxiety
- ☐ recovering from injury
- ☐ learning mental skills to improve injury recovery
- ☐ other managing injuries not listed (please describe below):

Managing Transitions (CHECK ALL THAT APPLY)

- ☐ retirement from sport
- ☐ deciding whether to transfer
- ☐ other managing transitions not listed (please describe below):

Check any symptoms you experience regularly and/or symptoms severe enough to cause impairment:

Depressive Symptoms (CHECK ALL THAT APPLY):

- ☐ sadness, depressed mood, or crying
- ☐ irritability
- ☐ loss of interest or pleasure in activities
- ☐ weight and/or appetite loss ☐ weight and/or appetite increase
- ☐ increase in sleeping ☐ decrease in sleeping
- ☐ psychomotor agitation ☐ psychomotor retardation
- ☐ energy loss/excessive fatigue
- ☐ feeling excessive guilt ☐ feeling worthless
- ☐ difficulty concentrating ☐ difficulty making decisions
- ☐ recurrent thoughts of death (other than fear of dying)
- ☐ suicidal thoughts/behavior

Other Mood Symptoms (CHECK ALL THAT APPLY):

- ☐ social withdrawal
- ☐ poor self-esteem
- ☐ feelings of hopelessness
- ☐ physical complaints
- ☐ overreactions to events
- ☐ extreme mood swings
- ☐ feel as if your thoughts are racing
- ☐ more talkative than usual/pressure to keep talking
- ☐ Other mood symptoms not listed (please describe below):

Anxiety Symptoms (CHECK ALL THAT APPLY)

- ☐ performance anxiety (practice/training or competition)
- ☐ physical symptoms of anxiety
  - ☐ racing heart ☐ sweating ☐ trembling/shaking
  - ☐ feeling short of breath ☐ feeling of choking
  - ☐ chest pain/discomfort ☐ nausea/abdominal distress
  - ☐ feeling dizzy, unsteady, lightheaded, or faint
  - ☐ derealization (feelings of unreality) or depersonalization (feeling detached from yourself)
  - ☐ fearing of losing control or going crazy
  - ☐ numbness or tingling sensations
  - ☐ chills or hot flushes
- ☐ fearing public places
- ☐ fearing social interaction
- ☐ obsessive thoughts (Define_____)
- ☐ repetitive acts (Define_____)
- ☐ Worry
  - ☐ general worry about what is going to happen
  - ☐ worry about family members
  - ☐ worry about school and/or work
- ☐ difficulty concentrating or mind going blank
- ☐ restless sleep; difficulty falling or staying asleep
- ☐ muscle tension (e.g., shoulders, neck)
- ☐ feeling restless, “keyed up,” or on edge
- ☐ nightmares or re-experiencing a traumatic event
- ☐ other anxiety symptoms not listed (please describe below):

Eating/Body Image Symptoms (CHECK ALL THAT APPLY)

- ☐ significant food restriction
- ☐ difficulty maintaining appropriate body weight
- ☐ fear of gaining weight
- ☐ significant influence of body weight on self-evaluation
- ☐ irregular menstrual cycles

- ☐ eating a significant amount of food in a short period of time
- ☐ loss of control over eating
- ☐ vomiting after eating
- ☐ Use of laxatives, diuretics, or enemas
- ☐ other eating/body image symptoms not listed (please describe below):

Other Concerns (CHECK ALL THAT APPLY)

- ☐ difficulty recovering from mistakes/rebounding from failure
- ☐ anger
- ☐ difficulty trusting others
- ☐ family problems (past or present)
- ☐ fearing medical illness
- ☐ financial concerns
- ☐ grief/death/loss
- ☐ health problems
- ☐ impulsive spending
- ☐ perfectionism
- ☐ physical pain
- ☐ relationship problems
- ☐ school and/or employment difficulties
- ☐ sexual concerns (identity, desire, abuse, etc.)
- ☐ victim of abuse (emotional, physical, and/or sexual)
- ☐ any other difficulty not listed (please describe below):

ASSESSMENT AND THERAPY ASSOCIATES OF GRAND FORKS (ATAGF), PLLC
PATIENT SERVICES AGREEMENT-SPORT PSYCHOLOGY VERSION

****Please note that your signature is needed on pages 7 and 8 of this Agreement.****

Welcome to our practice. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations.

The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging we provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before your session. You and Dr. Haugen can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between you, ATAGF, and Dr. Haugen.

YOUR PROVIDER

Your provider, Erin Haugen, PhD, LP, CMPC, is a Licensed Psychologist and Certified Mental Performance Consultant ® (CMPC). She has a PhD in Clinical Psychology and completed the requirements for licensure as a psychologist in the state of North Dakota. Individuals who are Certified Mental Performance Consultants have completed the requirements put forth by the Association for Applied Sport Psychology for this certification. This includes coursework in sport and performance psychology as well as providing sport psychology services under mentorship from another qualified sport psychology professional. She is required to complete continuing education credits in psychology and sport psychology to maintain her license and certification.

PSYCHOLOGICAL SERVICES

You are likely coming to ATAGF for psychotherapy, sport performance enhancement, or a combination of these. Psychotherapy and sport performance enhancement are not easily described in general statements. It varies depending on the personalities of the provider and patient and the problems you are experiencing. There are many different methods we may use to deal with the problems you hope to address. Psychotherapy and sport performance enhancement are not like a medical doctor visit. Instead, it calls for a very active effort on your part. For your meetings with Dr. Haugen to be most successful, you will have to work on things you and your Dr. Haugen talk about both during your sessions and at home or within the performance environment (practice, competition).

Psychotherapy and sport performance enhancement can have benefits and risks. Since therapy and sport performance enhancement often involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, they have also been shown to have many benefits. Therapy and sport performance enhancement often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Yet, there are no guarantees of what you will experience.

The first few sessions with Dr. Haugen will involve an evaluation of your needs. Part of this evaluation may involve completing psychological testing with Dr. Haugen or with a psychology technician (who is supervised by a licensed psychologist). By the end of the evaluation, Dr. Haugen will be able to offer you some first impressions of what your work together will include. There may also be a treatment plan to follow which may include referrals to other providers for services (such as psychotherapy and/or other treatment recommendations). You should evaluate this information along with your own opinions of whether you feel comfortable working with these providers. Therapy and sport performance enhancement involve a large commitment of time, money, and energy, so you should be very careful about the provider you select. If you have questions about our procedures at ATAGF, you should discuss

them with Dr. Haugen whenever they arise. If your doubts persist, Dr. Haugen will be happy to help you set up a meeting with another mental health professional for a second opinion.

MULTIPLE RELATIONSIPS IN SPORT PSYCHOLOGY

Dr. Haugen must follow applicable laws and rules as well as the ethics code within her profession, and she takes this responsibility seriously. Because sport psychology is a specialty area, there are fewer providers in the region that provide these services. This means Dr. Haugen may be working with individuals that you know, such as teammates or other athletes at your or another institution. Dr. Haugen will take reasonable steps to minimize any conflict of interest prior to working with you. Should a conflict of interest arise during your work with her, she will address this with you in a manner that maintains confidentiality and minimizes harm for all impacted parties. If you have any questions about multiple relationships in sport psychology, please ask Dr. Haugen who is happy to discuss this with you further.

SOCIAL MEDIA

Dr. Haugen maintains various professional social media profiles to share information about psychology, sport psychology, athlete mental health, interprofessional care, and events that individuals may attend to learn more about these topics. Because she is active on social media, she has a Social Media Policy that outlines her office policies related to her use of social media. This policy is available on her website at www.drerinhaugen.com/social-media-policy or by request. You are encouraged to view this policy and discuss any questions you have with Dr. Haugen.

MEETINGS

Dr. Haugen normally conducts an evaluation during the first session that typically consists of answering questions. During this time, you and Dr. Haugen can both decide if she is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy or sport performance sessions begin, Dr. Haugen will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time you agree on, although some sessions may be shorter / longer or more / less frequent. If you complete any psychological testing, this testing is likely to be conducted in several different sessions. Dr. Haugen will be able to discuss plan for testing with you after the initial session.

Once an appointment hour is scheduled, you are asked to provide 24 hours [1 day] advance notice of cancellation if you are unable to make it to your appointment. Although ATAGF provides reminder calls or SMS (text) messages for appointment times as a courtesy, it is your responsibility to know when you are scheduled to meet with Dr. Haugen. Given reminder calls or SMS (text) messages can be made less than 24 hours in advance, if you cancel when you get your reminder, it is likely that your cancellation will be considered a late cancellation/no-show. After two late cancellations and/or no-shows, Dr. Haugen reserves the right to remove you from a regular spot in her schedule and speak with you prior to scheduling additional appointments to determine your commitment to therapy, sport performance enhancement, or evaluation. She maintains a strict attendance policy, so if you are unable to regularly attend your sessions with her, she may discuss referring you to another provider for ongoing work.

PROFESSIONAL FEES

The fees involved for services at ATAGF depend upon the service involved. Please contact ATAGF administrative staff or speak with Dr. Haugen for more information about fees for the services provided to you. In addition to weekly appointments, Dr. Haugen may charge for other professional services you may need, although she will break down the hourly cost if she works for periods of less than one hour. Other services may include but are not limited to telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of her. If you become involved in legal proceedings that require Dr. Haugen's participation, you will be expected to pay for all of her professional time, including preparation and transportation costs, even if she is called to testify by another party. Because of the difficulty of legal involvement, she charges more than the hourly rate for preparation

and attendance at any legal proceeding. You are encouraged to discuss this fee with Dr. Haugen prior to any legal involvement.

CONTACTING DR. HAUGEN

Due to the work schedules of Dr. Haugen, she is often not immediately available by telephone. ATAGF providers are usually in the office between 8 AM and 5 PM these hours vary based upon the individual provider with whom you are working and the time of year. Please discuss office hours of Dr. Haugen with her. Dr. Haugen probably will not be available when he/she is with a patient. The telephone is answered by an administrative assistant 8am to 8pm Monday through Thursday and from 8am to 5pm on Friday. These administrative assistants know where to reach Dr. Haugen and may inform you when he or she is available to speak with you. Dr. Haugen will make every effort to return your call on the same day you make it, except for evenings, weekends, and holidays. If you are difficult to reach, please inform ATAGF administrative assistants of times when you will be available.

If you are unable to reach Dr. Haugen and feel that you cannot wait for her to return your call, it is advised you call 911; go to your local Emergency Room; call the 24-hour crisis line at Northeast Human Service Center at (701) 775-0525; or if you are a student at the University of North Dakota contact FIRSTLINK at (701) 777-2127 and press "1". If Dr. Haugen will be unavailable for an extended time, he/she will provide you with the name of a colleague to contact, if necessary. PLEASE NOTE: **ATAGF providers do not carry a pager and are not available 24 hours a day. If you believe you may need such crisis services, ATAGF may not be the best practice for you.**

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a provider. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- Dr. Haugen may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, she makes every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you don't object, she will not tell you about these consultations unless she feels it is important to your work together. She will note consultations in your Clinical Record (which is called "PHI" in our Notice of Privacy Practices attached to this Agreement).

- You should be aware Dr. Haugen practices with other mental health professionals, and we employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

- ATAGF also has contracts with various entities that enable us to perform treatment, billing, and practice management operations. As required by HIPAA, we have formal business associate contracts with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, Dr. Haugen can provide you with the names of these organizations and/or a blank copy of this contract.

- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

- If a patient threatens to seriously harm himself/herself or someone else, Dr. Haugen or ATAGF staff may take actions to prevent this, including seeking hospitalization for him/her, notifying law enforcement, or contacting family members or others who can help provide protection.

There are some situations where ATAGF and/or Dr. Haugen is permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis and treatment, such information is protected by the provider-patient privilege law. ATAGF providers cannot provide any information without your written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your provider to disclose information.

- If a government agency is requesting the information for health oversight activities, Dr. Haugen may be required to provide it for them.

- If a patient files a complaint or lawsuit against an employee of ATAGF, the ATAGF employee may disclose relevant information regarding that patient in order to defend him or herself.

- If a patient files a worker's compensation claim, ATAGF must, upon appropriate request, provide appropriate information including a copy of the patient's record or other information concerning mental health care services, to the North Dakota Worker's Compensation Bureau.

There are some situations in which an ATAGF provider is legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment.

- If we have reason to suspect that a child is abused or neglected, the law requires that we file a report with the Department of Human Services. Once such a report is filed, we may be required to provide additional information.

- If we have knowledge of or reasonable cause to suspect that an adult with developmental disabilities or mental illness is abused, neglected, or exploited, the law requires that we report such information to the Protection and Advocacy Project. Once such a report is filed, we may be required to provide additional information.

- If a patient threatens serious physical harm to an identifiable victim, we may take actions to protect the victim. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, Dr. Haugen will make every effort to fully discuss it with you before taking any action and will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important you and Dr. Haugen discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be complex, and Dr. Haugen is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards Dr. Haugen's profession require that he/she keep Protected Health Information about you in your Clinical Record. You may examine and/or receive a copy of your Clinical Record (or a summary or explanation of the information contained in your Clinical Record if agreed by you in advance), if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, ATAGF recommends that you initially review them in Dr. Haugen's presence or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, ATAGF can charge a copying fee of $20 per page for the first 25 pages, 75 cents per page for any pages beyond twenty-five and includes

administrative, document retrieval, and postage charges. There may be instances in which Dr. Haugen does not believe reviewing your record is in your best interest, and this will be discussed with you should this occur.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights regarding your Clinical Record and disclosures of protected health information. These rights include requesting that ATAGF amends your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about ATAGF policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and ATAGF privacy policies and procedures. Dr. Haugen or an ATAGF administrative assistant is happy to discuss any rights with you.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their guardians should be aware the law may allow guardians to examine their child's treatment records unless Dr. Haugen decides that such access is likely to injure the child or the legal guardian and the child's provider agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes ATAGF's policy to request an agreement from guardians that they consent to give up their access to the child's records. If they agree, during treatment, Dr. Haugen will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Dr. Haugen may also provide guardians with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless Dr. Haugen feels the child is in danger or is a danger to someone else, in which case, Dr. Haugen will notify the guardians of his/her concern. Before giving guardians any information, Dr. Haugen will discuss the matter with the child, if possible, and do his/her best to handle any objections the child may have.

RECORDING

Your sessions with Dr. Haugen may not be recorded in any way by any party unless agreed to in writing by mutual consent (between you/your guardian and Dr. Haugen). The end date of this mutual consent will be included in the written agreement. A copy of this written agreement will be maintained in your medical record.

APPOINTMENT REMINDERS

ATAGF utilizes electronic SMS messaging (texting) for appointment reminders which may include phone calls with voicemail. It is your responsibility to ensure that contact information is updated with ATAGF staff and that failure to do so may result in someone other than yourself receiving the appointment reminder. You may also choose to opt out of text messaging reminders or to receive them in an alternative format, such as a phone call with voicemail. In order to do so, please submit the request to ATAGF staff in writing and appointment reminders will be handled accordingly.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless you and Dr. Haugen agree otherwise or unless you have insurance coverage that requires another arrangement. Credit card payments and similar arrangements are more confidential than checks (with names on them), as we deposit these checks into our banking account. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, your provider may be willing to negotiate a fee adjustment (if allowed by managed care contracts) or payment plan.

If you would like someone other than yourself to pay your bill at ATAGF (such as parent of someone over the age of 18 or your institution's athletic department), we need additional information from you. We ask you provide contact

information for the individual responsible for the account and provide your written authorization for us to speak with this individual about matters pertaining to your bill. Additional information is included in the form Payment of Outstanding Balances attached to this Agreement (page 8).

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, ATAGF has the option of using legal means to secure the payment. This may involve hiring a collection agency (i.e., United Accounts) or going through small claims court which will require Dr. Haugen to disclose otherwise confidential information. In most collection situations, the only information ATAGF releases regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon or if the arrangements have not been followed, Dr. Haugen may speak with you about a referral to another agency or individual provider who is able to provide more cost-effective services to you.

INSURANCE REIMBURSEMENT

For you and Dr. Haugen to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. ATAGF administrative assistants and Dr. Haugen will fill out forms and provide you with whatever assistance they can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of Dr. Haugen's fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, ATAGF administrative staff will provide you with whatever information they can based on their experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, ATAGF administrative staff will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Although much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed care plans will not allow providers to provide services to you once your benefits end. If this is the case, Dr. Haugen will do his/her best to find another provider who will help you continue your psychotherapy.

You should also be aware that your contract with your health insurance company requires that ATAGF provides it with information relevant to the services that your provider provides to you. Dr. Haugen is required to provide a clinical diagnosis when using insurance. Sometimes Dr. Haugen is required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, Dr. Haugen will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, ATAGF has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Dr. Haugen will provide you with a copy of any report she submits, if you request it in writing. By signing this Agreement, you agree that ATAGF can provide requested information to your carrier.

Once we have all information about your insurance coverage, you and Dr. Haugen will discuss what you can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end

your sessions. It is important to remember that you always have the right to pay for Dr. Haugen's yourself to avoid the problems described above unless prohibited by contract.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ THE INFORMATION IN THE PATIENT SERVICES AGREEMENT-SPORT PSYCHOLGY VERSION (Revised May 2019) AND AGREE TO ABIDE BY ITS TERMS DURING THE PROFESSIONAL RELATIONSHIP YOU HAVE WITH ATAGF, ITS STAFF, AND ITS PROVIDERS. YOUR SIGNATURE ALSO INDICATES YOU WERE OFFERED A COPY OF THIS AGREEMENT FOR YOUR OWN RECORDS AND GIVEN THE OPPORTUNITY TO HAVE ANY QUESTIONS ANSWERED.

_____
Printed legal name of patient

_____
Printed legal name of guardian (or "self" if the same as name of patient)

_____ _____
Signature of patient or legal guardian Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (NPP)

I acknowledge I was provided a copy of the Notice of Privacy Practices (NPP) for Assessment and Therapy Associates of Grand Forks, PLLC (effective date September 23, 2013; updated April 20, 2018).

Patient Name (printed): _____

Patient or Legal Guardian Signature: _____ Date: _____

If no acknowledgement could be obtained, please document the reason(s) why below and efforts taken to obtain the acknowledgement:

CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION TO INSURANCE COMPANY AND ASSIGNMENT OF BENEFITS

I hereby authorize Assessment and Therapy Associates of Grand Forks, PLLC to disclose to my current insurance carrier past and present information that is necessary to prepare an insurance claim. The insurance company will use this information to process my claim for benefits. I authorize all insurance payable on claims originating from Assessment and Therapy Associates of Grand Forks, PLLC to be paid directly to Assessment and Therapy Associates of Grand Forks, PLLC.

I understand that no other use will be made of this information except for that otherwise authorized by law.

_____ _____
Patient name (please print) Patient/legal guardian signature Date

_____ _____
Primary policy carrier name Name of insurance company and policy number

_____ _____
Address of insurance company Phone number of insurance company

PAYMENT OF OUTSTANDING BALANCES

IF THE INDIVIDUAL RESPONSIBLE FOR PAYING THE BILL IS SOMEONE OTHER THAN YOU, PLEASE COMPLETE THE FOLLOWING SECTION. This allows ATAGF staff to communicate with the individual paying the bill regarding matters that pertain only to bill payment. We will not communicate with this individual about other matters regarding your care (e.g., diagnosis) unless you authorize us to do so. It is your responsibility to update this information if it changes, and you are welcome to change this information yourself at any time. If you have any questions, please contact our billing manager.

☐ **Check here if the entity responsible is the University of North Dakota (UND) Department of Sports Medicine/UND Athletic Department**

For other responsible individuals (e.g., parent) please provide the individual's contact information:

Name of individual:_____

Address of individual: _____

Telephone number of individual or entity:_____

I authorize Assessment and Therapy Associates of Grand Forks, PLLC (ATAGF) to communicate with the entity or individual named above regarding matters related to payment of my bill. I understand this may involve providing this entity or individual with an invoice that includes dates services were provided and service type. This authorization will remain in effect unless it is revoked in writing. If you wish this authorization to be in effect for a shorter term, please indicate the date it shall expire. I understand that I may revoke this authorization at any time in writing.

_____ _____
Patient signature Date

_____
Patient name (printed)

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Assessment and Therapy Associates of Grand Forks, PLLC
Notice of Privacy Practices (Brief Version)

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

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a shorter version of the attached, full, legally required notice of privacy practices. Please talk to our privacy officer (see the end of this form) about any questions or problems.

How we use and disclose your protected health information with your consent

We will use the information we collect about you mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities that are called, in the law, **health care operations** (e.g., billing for services). After you have read this notice we will ask you to sign a **consent form** to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this. We send appointment reminders that include phone calls (with voicemails) or SMS messaging (texting). If this is a problem for you, please notify us, and you can no longer receive these reminders.

Disclosing your health information without your consent: There are times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices (please ask for a copy).

Your rights regarding your health information

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you for it. Contact our privacy officer to arrange how to see your records. See below.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.
7. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
8. You have a right to be notified if there is a breach involving your PHI, if your PHI has not been encrypted to government standards; and our risk assessment fails to determine there is a low probability your PHI has been compromised.
9. You have the right to decide you would not like to be included in fundraising communications that we may send out.

Your choices regarding your health information: You also have some choices regarding whether or not we share your information. For example, whether or not we tell family or friends about your health care, releasing Psychotherapy Notes, or whether or not you are contacted for fundraising efforts. Please see the long version of our Notice of Privacy Practice for additional information.

Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer, who is Tiram Gamliel, LPCC. and can be reached by phone at (701) 780-6821. The effective date of this notice is September 23, 2013. It was updated on April 26, 2019.