ASSESSMENT AND THERAPY
Associates of Grand Forks

COUPLES & RELATIONSHIP THERAPY INTAKE FORM
www.grandforkstherapy.com

Please fill out one of these 2-page demographic forms for each member of the couple/relationship:

Individual A information:

Name:_____Date of Birth:_____Age: _____

Gender identity:_____Sexual orientation(s): _____

Gender pronouns:_____Ethnicity: _____Race: _____

Address:_____City:_____State/Zip:_____

Home telephone:_____Cell/Other:_____

Religious affiliation: _____Involvement: ☐ None ☐ Some/irregular ☐ Active

Relationship identity (check all that apply): ☐ Single ☐ Married ☐ Open relationship ☐ Polyamorous ☐ Partnered, not living together ☐ Partnered, living together ☐ In a committed relationship ☐ Divorced ☐ Widowed ☐ Engaged ☐ Consensually non-monogamous ☐ Other: _____

List name(s) of your partner(s):

Children (names & ages):

Name(s) of previous spouse(s), if applicable:

_____ _____ _____

Referral Information: Who referred you? _____

Presenting Problem: Summarize current problem(s), why you are coming here, how & when it started, and how it has affected you:

Work Status (check all that apply): ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Disabled ☐ Student ☐ Retired

Occupation/Employer: _____

Describe your educational background and list any area(s) of study:

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

Health & Treatment History:

Have you ever taken medications for psychiatric or emotional problems? ☐ Yes ☐ No

If yes, please indicate:

Date	Medication	Prescribed by	Diagnosis	Was it helpful?

Pertinent/current medical problems:

Have you ever received psychiatric, psychological, drug/alcohol treatment, or counseling services before?
☐ Yes ☐ No

If yes, please indicate:

Date	Professional/Facility	Diagnosis	Was it helpful?

How much beer, wine, or hard liquor do you consume each week, on average? _____

Which drugs (not medications prescribed for you) have you used in the past 10 years?

Have you ever used prescription medication (e.g., Oxycontin, Xanax) in a manner that was different than the doctor prescribed for you? ☐ Yes ☐ No

Please describe any past or present legal difficulties:

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Individual B information:

Name:_____Date of Birth:_____Age: _____

Gender identity:_____Sexual orientation(s): _____

Gender pronouns:_____Ethnicity: _____Race: _____

Address:_____City:_____State/Zip:_____

Home telephone:_____Cell/Other:_____

Religious affiliation: _____Involvement: ☐ None ☐ Some/irregular ☐ Active

Relationship identity (check all that apply): ☐ Single ☐ Married ☐ Open relationship ☐ Polyamorous ☐ Partnered, not living together ☐ Partnered, living together ☐ In a committed relationship ☐ Divorced ☐ Widowed ☐ Engaged ☐ Consensually non-monogamous ☐ Other: _____

List name(s) of your partner(s):

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_____ _____ _____

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Work Status (check all that apply): ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Disabled ☐ Student ☐ Retired

Occupation/Employer: _____

Describe your educational background and list any area(s) of study:

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

Health & Treatment History:

Have you ever taken medications for psychiatric or emotional problems? ☐ Yes ☐ No

If yes, please indicate:

Date	Medication	Prescribed by	Diagnosis	Was it helpful?

Pertinent/current medical problems:

Have you ever received psychiatric, psychological, drug/alcohol treatment, or counseling services before? ☐ Yes ☐ No

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Have you ever used prescription medication (e.g., Oxycontin, Xanax) in a manner that was different than the doctor prescribed for you? ☐ Yes ☐ No

Please describe any past or present legal difficulties:

ASSESSMENT AND THERAPY ASSOCIATES OF GRAND FORKS (ATAGF), PLLC
PATIENT SERVICES AGREEMENT-COUPLES/RELATIONSHIP THERAPY

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 with regard to 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 your professional 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 your professional.

YOUR PROFESSIONAL

Your professional is a Licensed Psychologist (LP), Psychology Resident, a Licensed Professional Clinical Counselor (LPCC), Licensed Associate Professional Counselor (LAPC), or a Licensed Clinical Social Worker (LCSW). Individuals who are Licensed Psychologists have a PhD in Clinical or Counseling Psychology and have completed the requirements for licensure as a psychologist in the state of North Dakota. Individuals who are Psychology Residents have a PhD in Clinical or Counseling Psychology, are supervised by a Licensed Psychologist in our practice, and are working toward completing the requirements for licensure as a psychologist in the State of North Dakota. Psychology Residents will provide you with the name of his or her supervisor during the initial session. Individuals who are LPCCs have a master's degree in Counseling and have completed the requirements for licensure as a counselor in the state of North Dakota. Individuals who are LAPCs have a master's degree in Counseling, are supervised by a LPCC, and are working toward completing the requirements for licensure as a LPCC in the state of North Dakota. LAPCs will provide you with the name of his or her supervisor during the initial session. Individuals who are LCSWs have a master's degree in Social Work and have completed the requirements for licensure as social workers in the state of North Dakota. Some of our professionals are licensed in states in addition to North Dakota and will share this information with you if it is relevant to your work with them.

PSYCHOLOGICAL SERVICES

You are coming to ATAGF for couples or relationship therapy. Couples/relationship therapy is not easily described in general statements. It varies depending on the personalities of the professional 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. Couples/relationship therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. For the therapy to be most successful, you will have to work on things you and your professional talk about both during your sessions and at home.

The length of a course of couples/relationship therapy varies based upon goals you establish with your professional, modality of couples/relationship therapy being used, your presenting concerns, severity of presenting concerns, frequency of sessions, your motivation to participate in couples/relationship therapy, and your ability to implement learned skills outside of session.

Couples/relationship therapy can have benefits and risks. Since couples/relationship therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. You may also initially experience more discord with your partner(s) while you are learning relationship skills. Fortunately, your couples/relationship professional can minimize these risks because they are trained to offer support and tools to cope with temporary challenges and setbacks.

On the other hand, couples/relationship therapy has also been shown to have many benefits. Couples/relationship therapy often leads to better relationships, solutions to specific problems, increased emotional closeness, improved

communication, and significant reductions in feelings of distress. Yet, there are no guarantees of what you will experience. Alternatives to couples/relationship therapy include family therapy, individual therapy, and couples/relationship workshops. Your professional can provide referrals for these alternatives, if desired and appropriate.

The first few sessions with your professional will involve an evaluation of your needs. Part of this evaluation may involve completing psychological inventories with your professional. By the end of the evaluation period, your professional 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 professionals for services (such as individual psychotherapy and/or other treatment recommendations). You should evaluate this information along with your own opinions of whether you feel comfortable working with these professionals.

Couples/relationship therapy involves a large commitment of time, money, and energy, so you should be very careful about the professional you select. If you have questions about our procedures at ATAGF, you should discuss them with your professional whenever they arise. If your doubts persist, your professional will be happy to help you set up a meeting with another couples/relationship therapy professional for a second opinion.

During couples/relationship therapy, your professional may see a smaller part of the treatment unit (e.g., an individual) for one or more sessions. These sessions should be seen by you as a part of the work your professional is doing with the couple/relationship, unless otherwise indicated and documented. If you are involved in such sessions with your professional, please understand that generally these sessions are confidential in the sense confidential information will not be released to a third party (e.g., another treatment professional) unless your professional is required by law to do so or unless your written authorization is obtained. In fact, because these sessions should be considered a part of couples/relationship therapy, your professional will also seek the authorization of the other individual in the couple before releasing confidential information to a third party.

Your professional may need to share information learned in an individual session with the entire treatment unit (the couple/relationship) if your professional is to effectively serve the couple/relationship being treated. Your professional will use their best judgment as to whether, when, and to what extent disclosures will be made to the treatment unit. If appropriate, your professional will also first give the individual the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters you absolutely want to be shared with no one, you may want to consult with an individual therapist who can treat you individually.

These policies are intended to allow your professional to continue to treat the couple/relationship by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the couple/relationship being treated. If your professional is not free to exercise their clinical judgment regarding the need to bring such information to the couple during couples/relationship therapy, your professional may be placed in a situation where your professional may have to terminate treatment of the couple/relationship. These policies are intended to prevent the need for such termination.

SOCIAL MEDIA

ATAGF and its professionals have several social media profiles to share information about relevant topics (psychology, mental health, couples/relationship dynamics, events, etc.). Because we are active on social media, we have a Social Media Policy that outlines office policies related to use of social media. This policy is available on our website at www.grandforkstherapy.com/social-media-policy or by request. If you are working with Dr. Jackson, he has his own social media policy, which is available on his website at https://www.securecouples.com/social-media-policy. You are encouraged to view our social media policies and discuss any questions you have with your professional.

MEETINGS

Our professionals normally conduct an evaluation during the first session that typically consists of answering questions. During this time, you and the professional can both decide if they are the best person to provide the services you need to meet your treatment goals. If psychotherapy is begun, your professional 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.

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, SMS (text) messages, and/or emails for appointment times as a courtesy, it is your responsibility to know when you are scheduled to meet with your professional. Given reminder calls or 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, ATAGF professionals reserve the right to remove you from a regular spot in their schedules and speak with you prior to scheduling additional appointments to determine your commitment to therapy.

PROFESSIONAL FEES

The fees involved for services at ATAGF depend upon the specific service and type of professional involved. Couples/relationship therapy is a cash service, and this is described further in the Billing and Payments section of this agreement. Our couples and relationship therapy fees are re-evaluated and subject to increase yearly. You will be informed in advance of any fee increases. The agreed upon fee between you and your professional will be identified in the Credit Card Payment (Couples/Relationship Therapy) form attached to the end of this agreement. Please contact ATAGF administrative staff or speak with your professional for more information about fees for services provided to you.

In addition to weekly appointments, ATAGF professionals may charge for other professional services you may need, although the professional will break down the hourly cost if they work 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 your professional.

If you become involved in legal proceedings that require your professional's participation, you will be expected to pay for all of your professional's professional time, including preparation and transportation costs, even if your professional is called to testify by another party. Because of the difficulty of legal involvement, ATAGF professionals charge more than the hourly rate for preparation and attendance at any legal proceeding. You are encouraged to discuss this fee with your professional prior to any legal involvement.

CONTACTING YOUR PROFESSIONAL

Due to the work schedules of our professionals, they are often not immediately available by telephone. Although ATAGF professionals are usually in the office between 8 AM and 5 PM these hours vary based upon the individual professional with whom you are working. Please discuss your professional's office hours with them directly. Your professional probably will not be available when they are 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 your professional and may inform you when they are available to speak with you.

Your professional 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 your professional and feel that you cannot wait for him/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 call the University of North Dakota (UND) Crisis Line at 701-777-2127 (press "1" for FIRSTLINK if after 4:30pm) if you are a UND student. If your professional will be unavailable for an extended time, they will provide you with the name of a colleague to contact, if necessary. PLEASE NOTE: **ATAGF professionals 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 professional. 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 you to provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- Your professional may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, they make every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you do not object, your professional will not tell you about these consultations unless they feel it is important to your work together. Your professional 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 ATAGF professionals practice with other mental health professionals and that 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 the 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.

- We also have 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, we 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 themself or someone else, your professional or ATAGF staff may take actions to prevent this, including seeking hospitalization for the patient, notifying law enforcement, or contacting family members or others who can help provide protection.

There are some situations where ATAGF 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 professional-patient privilege law. ATAGF professionals 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 professional to disclose information.

- If a government agency is requesting the information for health oversight activities, your professional 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 to defend themself.

- 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 professional 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, your professional will make every effort to fully discuss it with you before taking any action and will limit 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 your professional discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be complex, and your professional is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of your professional's profession require that they 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 your professional'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 your professional 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. Your professional or an ATAGF administrative assistant is happy to discuss any rights with you.

RECORDING

Your sessions with any ATAGF professional may not be recorded in any way by any party unless agreed to in writing by mutual consent from all parties (all members of the couple/relationship and your ATAGF professional). You may be asked by your professional for permission to record your couples/relationship therapy sessions for educational and/or training purposes. All parties must provide written informed consent and your couples/relationship therapy will not be impacted negatively if you decline consent to record. 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 and consent may be revoked at any time in writing. Further details are outlined in the recording consent form.

APPOINTMENT REMINDERS

ATAGF utilizes electronic SMS messaging (texting) for appointment reminders, which may include phone calls with voicemail or email. 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, phone, and/or email messaging reminders. To do so, please submit the request to ATAGF staff in writing and appointment reminders will be handled accordingly.

BILLING AND PAYMENTS

ATAGF professionals do not bill insurance for couples/relationship therapy because no mental health diagnosis is rendered by ATAGF therapists during couples/relationship therapy because the couple/relationship is the client. Therefore, couples/relationship therapy is an out-of-pocket service. You will be expected to pay for each session at the time it is held unless you and your professional agree otherwise. 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 professional may be willing to negotiate a fee adjustment or payment plan.

Because the couple/relationship is the client, all members of the couple/relationship are responsible for the bill. ATAGF requires a current credit card number be kept on file for all out-of-pocket services. Each member of the couple/relationship will sign this agreement and agree to abide by terms put forth in that agreement. The credit card number provided will be billed if payment has not been received thirty (30) days after date of billing or if alternative payment arrangements have not been made, documented, and followed with your couples/relationship therapist (see Credit Card Payment, Couples/Relationship Therapy document attached to this Agreement).

If your account has not been paid for more than thirty (30) days and alternative 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 your professional 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 thirty (30) days and arrangements for payment have not been agreed upon or if the arrangements have not been followed, your professional may speak with you about a referral to another agency or professional who is able to provide more cost-effective services to you.

EMAIL INFORMED CONSENT

Email can be a useful method of correspondence for clients. Transmitting confidential information by email can create several risks, both general and specific that clients need to be aware of if they choose this method of correspondence.

General email risks include but are not limited to the following:

- Email can be immediately broadcasted worldwide and received by many intended and unintended recipients;
- Recipients can forward email messages to other recipients without the original sender's permission or knowledge;
- Users can easily send an email to the incorrect address;
- Email is easier to falsify than handwritten or signed documents;
- Backup copies of email may exist even after the sender or recipient has deleted his or her copy; and
- Without the benefit of face-to-face interaction, emails can be misinterpreted in tone and meaning.

Specific email risks include but are not limited to the following:

- Email containing information pertaining to a client's diagnosis and/or treatment must be included in the client's medical record. Thus, all individuals who have access to the medical record will have access to the email messages;
- If you are sending your emails from your employer's and/or educational institution's computer and/or email account, they do have access to your emails;
- While it is against the law to discriminate, an employer who has access to your email could use the information to discriminate against the employee. Additionally, the employee could suffer social stigma from a workplace disclosure;
- Insurance companies who learn of your PHI information could deny you coverage; and
- Although therapists and ATAGF staff will endeavor to read and respond to email correspondence promptly, they cannot guarantee that any email message will be read and responded to within any particular time frame.

Conditions for use of email

All email messages sent or received that concern your diagnosis or treatment or that are a part of your medical record will be treated as part of your PHI. Reasonable means will be used to protect the security and confidentiality of the email. Because of the risk outlined above, the security and confidentiality of email cannot be guaranteed.

Your consent to email correspondence includes your understanding of the following conditions:

- All emails to and from you concerning your protected health information (PHI) will be a part of your file and can be viewed by health care, insurance professionals, and ATAGF office support staff.

- Your email messages may be forwarded within ATAGF as necessary for diagnosis, treatment, and reimbursement. However, they will not be forwarded outside the office without your consent or as required by law.

- Though all efforts will be made to respond promptly, this may not be the case. Because the response cannot be guaranteed **do not use email in a medical or mental health emergency**.

- You are responsible for following up with your professional or ATAGF staff if you have not received a response.

- Medical information is sensitive and unauthorized disclosure can be damaging. You should not use email for communications concerning diagnosis or treatment of AIDS/HIV infection, other sexually transmittable diseases, mental health, developmental disability, or substance abuse issues. It is your right, however, to choose to communicate about this information if you desire.

- Since employers and educational institutions do not observe an employee's or student's right to privacy in their email system, you should not use their employer's or educational institution's email system to transmit or receive confidential emails.

- ATAGF will take reasonable steps to ensure that all information shared through emails is kept private and confidential. However, ATAGF is not liable for improper disclosure of confidential information that is not a result of our negligence or misconduct.

- If you consent to the use of email, you are responsible for informing your professional of any type of information that you do not want sent to you by email.

- You are responsible for protecting your password and access to your email account and any email you send or receive from ATAGF to ensure your confidentiality. ATAGF and its staff members cannot be held liable if there is a breach of confidentiality caused by a breach in your account security.

- Any email that you send that discusses your diagnosis or treatment constitutes informed consent to the information being transmitted. If you wish to discontinue emailing information, you must submit a written notification that you wish to discontinue or an email informing your therapist that you are withdrawing consent to email information.

Not all ATAGF professionals communicate with patients and/or collaterals by email. Please speak with your professional about whether they communicate in this manner.

CHECK APPROPRIATE BOX(ES):

☐ **Yes, I have read the above and consent to email correspondence between ATAGF/my professional and me.**

☐ **Yes, I have read the above and consent to email correspondence between ATAGF/my professional and other individuals for whom I have signed a release of information form.**

☐ **No, I do not want/need to correspond with my ATAGF professional.**

Primary email address to use for correspondence: _____

To whom does this email address belong?_____

List other email addresses you would like on file and to whom they belong (e.g., Individual B's email address):

Please note that you are responsible for ensuring that the primary contact email on this form is the same email that is on file with our office staff as the primary email contact.

If you are not sure which email address is the primary email address on file, call our office at (701) 780-6821 to confirm. The email on file with office staff as the primary email is the one that will be used for all correspondence unless you make specific alternative arrangements with office staff.

If you desire alternative arrangements (Example: you want correspondence sent to one email address and telehealth links sent to another email address), you are responsible for speaking with our office to make these special arrangements. To make these arrangements, call (701) 780-6821.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ THE INFORMATION IN THE *PATIENT SERVICES AGREEMENT, COUPLES/RELATIONSHIP THERAPY* (Revised November 2020), AND AGREE TO ABIDE BY ITS TERMS DURING THE PROFESSIONAL RELATIONSHIP YOU HAVE WITH ATAGF, ITS STAFF, AND ITS PROFESSIONALS. YOUR SIGNATURE ALSO INDICATES YOU WERE OFFERED A COPY OF THIS AGREEMENT FOR YOUR OWN RECORDS. ELECTRONIC SIGNATURES EFFECT THE FULL FORCE OF YOUR LEGAL, HANDWRITTEN SIGNATURE. IT IS UNDERSTOOD THAT THIS DOCUMENT MAY BE SIGNED & EXECUTED IN DUPLICATE COUNTERPARTS, EACH OF WHICH SHALL CONSTITUTE ONE AND THE SAME DOCUMENT. ESIGNATURES SHALL ALSO BE TREATED AS ORIGINAL SIGNATURES.

_____ _____
Printed legal name of Individual A Printed legal name of Individual B

_____ _____
Signature of Individual A Date Signature of Individual B Date

_____
Printed legal name(s), signatures(s), & date(s) signed for additional person(s) in couples/relationship therapy

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 22, 2020). IT IS UNDERSTOOD THAT THIS DOCUMENT MAY BE SIGNED & EXECUTED IN DUPLICATE COUNTERPARTS, EACH OF WHICH SHALL CONSTITUTE ONE AND THE SAME DOCUMENT. ESIGNATURES SHALL ALSO BE TREATED AS ORIGINAL SIGNATURES.

_____ _____
Printed legal name of Individual A Printed legal name of Individual B

_____ _____
Signature of Individual A Date Signature of Individual B Date

_____
Printed legal name(s), signatures(s), & date(s) signed for additional person(s) in couples/relationship therapy

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

CREDIT CARD PAYMENT (COUPLES/RELATIONSHIP THERAPY)

I understand couples/relationship therapy is an out-of-pocket service (at the rate of $_____ per therapy hour) & Assessment and Therapy Associates of Grand Forks, PLLC (ATAGF) will not bill any insurance company for couples/relationship therapy services. I further understand all members of the relationship are responsible for all fees incurred as part of couples/relationship therapy. It is ATAGF's policy that couples/relationship therapy is paid for at the time of service. A current credit card number must also be kept on file, regardless of my preferred method of payment.

I understand my credit card will not be charged if I choose to pay by check or cash at the time of service or if alternative arrangements have been directly made with my professional. I give ATAGF permission to charge my credit card for any services not paid within thirty (30) days of billing or if charging the credit card on file is the chosen payment method. All paid invoices will be mailed to the credit card holder at the time the credit card is charged.

I authorize ATAGF to automatically withdraw payments from the account listed below for the cost of services outlined above based upon the terms chosen below. This authorization will remain in effect until written notification is given to terminate the authorization.

Person A name: _____ Person B name: _____

Name(s) of additional person(s) in couples/relationship therapy: _____

Cardholder name: _____

Cardholder billing address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Phone Number: _____

Type of credit card (Visa, Mastercard, Discover, etc.): _____

Credit card cumber: _____/_____/_____/_____

CSC (3 digits on back of card):_____ Expiration Date: _____/_____

Terms of payment (check one):

☐ Charge the full couples/relationship therapy fee to my credit card at the time of service

☐ I will pay via another method (check, cash) at the time of service; my credit card will only be charged if my bill is not paid within thirty (30) days of billing

My signature below indicates I understand and agree to be bound by agreements outlined in this document.

_____ _____

Person A signature Date Person B signature Date

_____

Signature(s) and date(s) of additional persons in couples/relationship therapy

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. You may view the long version of this form on our website: https://bit.ly/ATAGF-NPP-LONG-VERSION

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 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 Catherine Yeager, PhD 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 22, 2020.

ASSESSMENT AND THERAPY
Associates of Grand Forks
www.grandforkstherapy.com

THE NO SURPRISES ACT STANDARD NOTICE & CONSENT DOCUMENTS (Good Faith Estimate)

Date of Good Faith Estimate:

SURPRISE BILLING PROTECTION FORM

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

IMPORTANT: You aren't required to sign this form, although your professional may decline to work with you if you do not sign it. You can choose to get care from a provider or facility in your health plan's network, which may cost you less. ATAGF does not bill insurance for couples/relationship therapy because the couple/relationship is the couple.

If you'd like assistance with this document, ask your professional or patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because your professional/ATAGF provides couples/relationship therapy as a cash-only service. This is because the "client" is the relationship/couple and a diagnosis is not given to the relationship/couple. Therefore, without a diagnosis ATAGF cannot bill this service to insurance companies.

Getting care from this professional could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your professional if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You will owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility for couples/relationship therapy. Again, ATAGF does not bill insurance companies for couples/relationship therapy because the couple/relationship is the client, and no diagnosis is given.

The date of the Good Faith Estimate is on the previous page. This estimate is for services for one year from the date of the Good Faith Estimate.

Brief explanation of estimate for new relationships/couples:

The estimate below is the cost that is likely for most new relationship/couples seeing this professional. Until your professional does an initial evaluation, and you begin work with them, they will not have a clear picture of your specific issues and needs. Because the "client" is the relationship/couple, no diagnosis is rendered. Our professionals typically see relationships/couples for 15 to 30 sessions for a total cost of $2400 to 4800. However, in several cases a relationship/couple's issues may be more complicated, so your professional may need additional sessions during the time covered by this estimate.

Brief explanation for continuing relationships/couples:

The estimate below is the range of costs that your professional thinks could be likely for your care over the period covered by this estimate. However, depending on how your relationship/couples therapy progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact Susan Battles at (701) 780-6821 or www.grandforkstherapy.com/contact (encrypted web form).

Details of the Estimate

The following is a detailed list of expected charges for relationship/couples therapy services scheduled for 1 year from the date on the first page of this form. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless your professional/ATAGF sends you an updated estimate.

Service	**Diagnosis Code**	**Service (CPT) code**	**Quantity per year**	**Cost per unit**	**Expected cost**
Couples/Relationship Therapy	N/A (no diagnosis rendered because couple/relationship is the client)	No CPT code for couples/relationship therapy	1 to 52	$160	$160 to $8320

Total estimated cost: $160 to $8320

Mental Health Professional providing couples/relationship therapy: _____

NPI number: _____ TIN: _____

Relationship/couple information:

Partner A name _____ DOB _____

Partner B name _____ DOB _____

Disclaimer: This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your relationship needs. The estimate is based on the information known to your professional/ATAGF when the estimate was completed.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the ATAGF at the contact listed above to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to: www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above. Please note that you are not required to sign this form. However, if you do not sign this form, your professional may not provide couples/relationship therapy services to you.

By signing this form, you consent of your own free will and are not being coerced or pressured. You also understand:

- You are giving up some consumer billing protections under Federal law.
- You will be billed bill for full charges for these services or may have to pay out-of-network cost-sharing under my health plan.
- You were given a written notice on the date written in the heading of this document explaining the rationale why ATAGF professionals do not bill health plans for couples/relationship therapy, the estimated cost of services, and what you may owe if you agree to work with this professional.
- You received the notice either on paper or electronically (consistent with your choice).
- You fully and completely understand that some or all amounts you pay might not count toward your health plan's deductible or out-of-pocket limit.
- You can end this agreement by notifying the professional or facility in writing before getting services.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed more than $400 than the estimate provided above.

Person A signature: _____ Date: _____

Person B signature: _____ Date: _____