

**Paul J. Cardozo, Ed.D.**  
***Licensed Psychologist***  
**215 Hawthorne Park**  
**Suite A**  
**Athens, GA 30606**  
**(706)546-9880**

**NEW PATIENT INFORMATION**

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of Mother: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail address \_\_\_\_\_

Preferred contact: (check one) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Father: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

Preferred contact: (check one) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of Step-Mother (if applicable): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Step-Father (if applicable): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Foster Parents (if applicable):  
\_\_\_\_\_

E-mail address \_\_\_\_\_

**Please list all brothers, sisters, step-brothers, step-sisters and anyone else living in the child's home:**

<b>Name:</b>	<b>Relationship:</b>	<b>Age:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Who Referred You?** \_\_\_\_\_

**Name of Primary Care Provider** \_\_\_\_\_

**Please Give Names and Dates of Any Previous Treatment the Child Has Had:**

\_\_\_\_\_  
\_\_\_\_\_

**Primary Insurance Company:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Policy Number:** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Policy Number:** \_\_\_\_\_ **Group #** \_\_\_\_\_

.....

**Please Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

.....

**Paul J. Cardozo, Ed.D.**  
***Licensed Psychologist***  
**215 Hawthorne Park**  
**Suite A**  
**Athens, GA 30606**  
**(706)546-9880**

## **OUTPATIENT SERVICES CONTRACT**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist

you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

## **MEETINGS**

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.

## **PROFESSIONAL FEES**

My hourly fee is \$140 (and \$170 for the initial session). In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$175 per hour for preparation and attendance at any legal proceeding. Insurance policies do not cover charges incurred outside of therapy sessions. Even if you have insurance, you will be financially responsible for the additional services performed on your behalf.

In addition to the fees, I also charge 5% interest on any account that is 30 days past due.

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is

necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

## **INSURANCE REIMBURSEMENT**

In order for us 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. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. Still, you (not your insurance company) are responsible for the full payment of my 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 I will provide you with whatever information I can based on my experience and will be happy to help you understand the information you receive from your insurance company. If it is necessary to clear confusion, I 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. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. If this becomes the case with you, I will be happy to continue providing treatment on a fee-for-service basis. If this is not feasible for you, I will do my best to refer you to another provider.

You should also be aware that insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes insurance companies ask me to provide additional clinical information such as treatment plans or summaries. If I submit this information, it will become part of the insurance company's files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, I have 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. I will provide you with a copy of any report I submit to them, if you request it.

Once my office has all of your insurance coverage information, should you desire to use your insurance to help defray the costs associated with psychotherapy, we will discuss both what we can expect to accomplish with the benefits that are available and what will happen if the benefits run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

## **CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office between 8 AM and 5 PM, I probably will not answer the phone when I am with a patient. My secretary is normally available to take messages and assist you with nonclinical matters. I do have call times that are usually from 11-12 Monday through Friday. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In emergencies, a number is provided on my voice mail message that allows you to page me. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health practitioner on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

My practice uses a portal that is designated for secure communications. You will be able to send me messages through this portal. I may ask you to complete some clinical forms and assessments through this portal. We will discuss setting up this portal with you. Please note that e-mail communication is not secure. If you try to communicate with me through e-mail rather than through the portal, there is greater opportunity for someone else to see this information.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging to you, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss their

contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

## **MINORS**

If you have a child under eighteen years of age, please be aware that the law provides you the right to examine your child's treatment records. It is my policy to request an agreement from you that I not divulge details of the sessions. If you agree, I will provide you only with general information about my work with your child, unless I feel there is a high risk that your child will seriously harm himself or herself, or that someone else will be harmed. In this case, I will notify you of my concern. I will also provide you with a summary of your child's treatment.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

---

Patient or Guardian

---

Date

**Paul J. Cardozo, Ed.D.**  
***Licensed Psychologist***  
**215 Hawthorne Park**  
**Suite A**  
**Athens, GA 30606**  
**(706)546-9880**

**PLEASE READ**

You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include pre-recorded/artificial voice messages and/or use of an automatic dialing service, as applicable.

I have read this disclosure and agree that the Lender/Creditor may contact me as described above.

\_\_\_\_\_  
Patient or Guardian

\_\_\_\_\_  
Date