



THE ARIZONA SCHWARTZ GROUP, PC

DR. ANDREA MONTOYA, PhD LICENSED CLINICAL PSYCHOLOGIST

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NEW PATIENT PACKET: Children, Adolescents, & Teens

Welcome to my practice! Please read through this entire packet and be sure all necessary forms are completed and submitted **at least 48 hours** prior to your first appointment. Below, you will find an intake checklist for your convenience. The checklist gives an overview of all the forms in this packet and instructions for each of them. If you have any questions or concerns while completing the forms, please call the office and one of our helpful staff members will be happy to assist you. I am looking forward to meeting you and your family.

Child/Adolescent Intake Checklist for Dr. Andrea Montoya

STEP 1: Please READ the following documents and keep for your records. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss questions you have about the procedures at any time.

- ☐ **Your First Appointment: What To Expect**
- ☐ **Psychologist-Patient Agreement**

This document (the Agreement) contains important information about the professional services and business policies of Dr. Andrea Montoya, PhD and The Arizona Schwartz Group, PC. It also contains a Notice of Privacy Practices which includes summary information about the Health Insurance Portability and Accountability Act (HIPAA). Finally,

- ☐ **Child Therapy Policies**
- ☐ **Office Policies**

STEP 2: Please COMPLETE and SIGN the following documents. If you have difficulty with any of the forms, please contact us for assistance. Your intake packet will be considered complete when ALL required paperwork is received.

REQUIRED PAPERWORK

- ☐ **Acknowledgement of Independent Contractor Status**
- ☐ **Child/Adolescent Registration Form and Communication Preferences**
- ☐ **Child/Adolescent Initial Intake Assessment**
- ☐ **Consent for Treatment and Provision of Psychological Services to a Minor**
- ☐ **Acknowledgment of Receipt of HIPAA**
- ☐ **Child Behavior Checklist – Parent Form**
- ☐ **Outcome Questionnaires (OQ-45)**
- ☐ **Teacher Questionnaire**

PLEASE COMPLETE ANY OF THE FORMS BELOW THAT APPLY:

- ☐ **Authorization for Release/Exchange of Information Form(s)**
Please complete a release form for any organizations or providers you would like Dr. Montoya to receive records and/or verbally coordinate with (for example, school staff, pediatrician, psychiatrist, and/or previous psychologists or counselors).
- ☐ **Parent Consultation Form**
- ☐ **Collateral Consent Form**
- ☐ **Credit Card Authorization Form**

STEP 3: Please make sure to bring the following to your first appointment:

- ☐ **Copies of records or reports relevant to your child's treatment** (e.g. evaluation reports, previous



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treatment records, teacher's report, schoolwork sample, IEP or 504 plan, updated list of medications, supplements, and dosage.)

- ☐ **Copies of documentation of legal custody** (in cases of parental divorce, separation, alternate caregivers).

Tips for Turbo-Charging Therapy from the Start

1. Use a therapy notebook (and we will be happy to provide you with one).

New patients coming into the practice will typically be given a loose-leaf binder that we call a therapy notebook. This notebook has been extremely valuable for many people. In it you can write down things you want to remember to discuss in therapy, details of problematic situations, ratings of progress, and things you learn in therapy.

2. Write out an exhaustive and detailed problem list.

Writing out all the problems that are weighing on you can help to reduce the sense of being overwhelmed, help you and your therapist to organize and prioritize the issues, and keep therapy focused.

3. Write out your goals in exquisite detail.

Writing out your goals in as much detail as possible will help you to break them down into smaller steps, will help you to visualize them clearly, and will help you to identify what you really want to accomplish. If you don't know where you are going, it will take you a long time to get there.

4. Be courageous and tell your therapist about both positive and negative feelings about therapy.

Most therapists are flexible in their style of working. If you want more or less direction, advice, support, etc., please ask! You can't get your needs met if you don't make them known.

5. Ask your therapist to help you establish a way of measuring your progress.

Most problems can be tracked using some sort of measurement device. For example, we have scales that can rate depression, anxiety, worry, stress, and all sorts of issues. We are also able to help you develop rating scales that are particular to the unique goals you have for treatment. By developing a way of measuring your progress, and even graphing your progress, we can make sure therapy is moving in the right direction. If you ask your therapist to help you do this, they will be glad to.

6. Choose specific goals to work on during each phase of therapy.

Try to be clear with yourself and your therapist which goals are most important to work on at any given time. Successful therapy often results when some goals are identified as clear targets and other goals are put "on the shelf" for the time being. It can be useful to think about there being different phases of therapy, that can last from one to three months or longer. Your therapist will help you to decide which goals are best to shoot for first.

7. Tell your therapist if you are ready to come less frequently, end the therapy for now, or feel like you aren't making progress.

We love to see patients grow and develop and eventually reduce the frequency of sessions. Much of the time therapy sessions are scheduled weekly until there is a good sense of progress, then taper to every other week. From there, patients often come in for monthly visits, then every few months, and then perhaps yearly for check-ups. It can be hard to tell your therapist that you are ready to end therapy or to come in less frequently. Please know that we love to see people "graduate" therapy. We also generally do not like to see people just stop coming after a while. Please push yourself to be open about where you see yourself in the process of therapy. If you would like to take a break from therapy, or even want another referral, please let us know. We support people ending therapy when they believe they are ready.

8. Try to participate in a group workshop.

The power of group workshops is striking! Hearing about the struggles of other people and celebrating victories together often makes for more rapid changes than patients thought was possible. Group workshops teach strategies, reduce isolation, provide accountability for making positive changes, and are generally very enjoyable. There is almost a surprising amount of laughter and connection in every group.

9. Read workbooks and watch movies.



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Seeing the recommendations made by your therapist in print is almost always helpful. There just isn't enough time in sessions to develop therapeutic points the way a workbook can. Just ask your therapist for a book recommendation. Also, watching movies and videos that relate to issues you are working on can be motivating and helpful. We have several videos available for patients to watch at RICBT. Your therapist can help you watch a video in our conference room after a session, for instance.

PSYCHOLOGIST- PATIENT SERVICES AGREEMENT

This document (the Agreement) contains important information about the professional services and business policies of Dr. Andrea Montoya, PhD and The Arizona Schwartz Group, PC. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is 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 Dr. Montoya obtain your signature acknowledging that she has provided you with this information prior to the end of your session.

Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss questions you have about the procedures at any time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless we have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you are experiencing. 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. Psychotherapy has also shown to have many benefits. 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. In addition, therapy may be experiential at times. Therefore, you may be requested to participate physically. Please notify me of any physical limitations and know that you have the right to refuse. Our first few sessions will involve an



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evaluation of your needs. By the end of the evaluation process, 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 our procedures, you should discuss them whenever they arise. If your doubts persist, I encourage you to set up a meeting with another mental health professional for a second opinion.

TERMINATION

Termination of psychotherapy is a critical juncture of the psychologist-patient relationship, much like the initiation of the professional relationship. Termination may take place for a variety of reasons and may be initiated by the patient, the psychologist, or as a mutual agreement. Reasons for termination may include; the patient achieves their desired outcome from therapy and no longer feels the need for services, the patient or psychologist experience a significant life change (e.g., moving out of state), or the psychologist feels that the patient would be better served by a different provider due to the patient's individual needs. At times, financial or time constraints may be an issue for the patient or the family. Due to the importance of processing the end of the therapeutic relationship, I will make adjustments and do my best to ensure that we are able to meet for a final session.

In order to provide you with the best care possible, I ask that you notify me if you are thinking about ending the therapeutic relationship so we can collaborate and determine the best options for you. Since attendance in regularly scheduled sessions is essential to therapeutic progress, I expect that you will discuss any questions or concerns with me as they come up. If you have missed or cancelled several sessions, I will contact you to check in regarding your well-being and your continued interest in services. If I do not receive a response within three weeks of this date, you will be sent a letter notifying you that I am assuming you are no longer interested in services and your case will be considered "closed." I must do this for legal and ethical reasons, however, please be aware that you may communicate your renewed interest in treatment at any time. Additionally, I reserve the right to terminate treatment services for any patient who violates treatment protocol, is generally non-compliant, or who willfully disregards other treatment objectives that could support positive outcomes in therapy.

PATIENT RESPONSIBILITIES

Each patient is responsible for providing accurate contact information as well as billing information. If telephone numbers and/or addresses change, patients must inform Dr. Montoya's business office. Furthermore, the patient understands that the examination and treatment provided by Dr. Montoya is limited to outpatient psychology services. This does not necessarily constitute total or definitive psychological care. Further evaluation and treatment may be required in some cases. It is the patient's responsibility to obtain follow up medical care for general health as needed, or when advised to do so by Dr. Montoya.

MEETINGS/SCHEDULING

The initial evaluation period may last from 2 to 4 sessions. During this time, you and Dr. Montoya can decide if she is the best person to provide the services that you need in order to meet your treatment goals. A "therapy hour" is defined as a 45-50 minute session. Once an appointment is scheduled, you will be responsible to pay for that session unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). The 24 hours translates to one business day, not including weekends or holidays. If you need to call to schedule an appointment, please call during regular business office hours of 8:00 am to 4:45 pm Monday through Friday. The business offices are closed on Memorial Day, July 4th, Labor Day, Thanksgiving Holiday (both Thursday and Friday), Christmas Day and New Year's Day. There may be times when we need to contact you by phone. Please inform us if you do not want us to leave a message at any of the phone numbers you provided. Cancellation Policy: A one- (1) hour session requires 24 hour notice not including weekends or holidays to cancel without penalty. A two- (2) hour session requires 48 hour notice not including weekends or holidays to cancel without penalty. Three or more (3+) hours block time appointments require 5 business days to cancel without penalty. If you schedule a psychological testing, there are specific



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guidelines that will be discussed upon scheduling these services. **If you need to cancel or change an appointment, please call 480-899-4077 during regular business office hours of 8:00 am to 5:00 pm Monday through Friday only. Please remember that you will be charged when you do not show for a scheduled appointment.** We do not accept cancellation or change notices received via email. You must speak to a scheduler to make, change, or cancel appointments.

CONTACTING DR. MONTOYA

You may call and leave a confidential message with one of our receptionists or our office voicemail at any time. I do not return calls on evenings, weekends, and holidays. During business hours, I am often not immediately available by telephone. I typically check my messages several times a day and will return your call within 48 hours unless it is a weekend or holiday, in which case I will return your call on the first business day thereafter. 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 psychologist [psychiatrist] on call. You may also e-mail me at: DrMontoya@azschwartzgroup.com. I will only use email for the purposes of brief communications, questions, and to exchange resources and will NOT provide clinical guidance or treatment recommendations over email. Please note that email is NOT a confidential means of communication – by emailing me you assume the risk that your confidentiality may not be upheld. If I have not returned your call (or email) within a reasonable time period, please call again because it is likely that something went wrong and I did not receive your message. If you are requesting correspondence over email or phone that requires more than 10 minutes of my time, I may inform you that charges may apply before this service is provided.

EMERGENCIES

I do not provide 24-hour or emergency therapy services. Although I will make every effort to be available to you if crises arise, you cannot depend on me to be available in emergency situations. If I am out of town or unavailable for an extended period of time, I will provide you with contact information for a colleague so that you may have interim support, if necessary. If you anticipate needing more than very occasional crisis contact with me outside of our sessions, please talk with me about this prior to beginning our work together. In the event that you have an urgent need and cannot reach me, please go to the nearest emergency room or call 911. You may also call the EMPACT psychological crisis line (480)-784-1500 or the Maricopa County Crisis Line (602) 222-9444. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

MINORS & PARENTS

For patients under 18 years of age, their parents must review the Child Therapy Policies Addendum and sign the Consent for the Provision of Psychological Services to a Minor Form. Consent from both parents, regardless of the custodial arrangement, is the preferred practice of this office. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is our policy to request an agreement from parents to allow their child's records to remain private. I will provide you with general information about your child's (i.e. 12 years and younger) treatment status and will encourage teenage children to share directly with their parents. I will not share with you what your child has disclosed to me without your child's assent. If I believe that your child is at serious risk of harming him/herself or another, I will inform you. Examples of serious risk would include a plan to harm self or suicidal ideation which is intensifying.

If you are in a divorce or custody litigation, or involved in the court system in any other manner, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and a patient. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on



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disputed issues concerning parental responsibilities and parenting plans. I am always happy to write letters to jurisdictions regarding a person's attendance in psychotherapy when requested by the patient.

INDEPENDENT PRACTICE

As you know, I work with a group of independent mental health professionals, under the name The Arizona Schwartz Group, PC. This group is an association of independently practicing professionals which share certain expenses and administrative functions. While the members share a name and office space, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

BILLING AND PAYMENTS

Dr. Montoya is a fee-for-service provider. The office does not file insurance claims for you, however, we will provide you with all of the information that you should need to make a claim in the form of a "super bill" invoice. You may receive reimbursement from your insurance provider if you have "out of network" benefits. This has been successful for a number of patients. Of course, plans vary, particularly with regard to mental health coverage, and you will need to discuss reimbursement with your insurance provider if you would like to pursue this option.

Office staff collects full payment at the time of your visit and then your insurance company will reimburse you directly after you submit your claim. Also, if you plan on billing your insurance for reimbursement of your visit, you may need to obtain a prescription from your physician prior to your first appointment (depending on the type of insurance plan you have). If you do not plan on billing insurance, you do not need a prescription. You will be expected to pay for each session at the time it is held at the beginning of your session. When therapy is provided over the telephone during or after office hours, you will be responsible for paying for these therapy services prior to the telephone call. You may choose to have a credit card number kept on file for these appointments if this would be more convenient.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we 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. We will provide you with a copy of any report we submit, if you request it.

PROFESSIONAL FEES

The following are my fees for routine services. If our sessions or other services are shorter or longer than the defined payment schedule, fees will be prorated accordingly. I do not charge for emails or telephone calls to patients, family members, or other care providers that are under 10 minutes.

- Individual therapy, Family, or Parent-child Therapy (In-office): \$185/50-minute session
- Group therapy: \$85/90-minute session (or to be determined by package of group sessions)
- Parent Consultation: \$200/60 minute session (for new patient appointments). Existing patients billed at therapy rate.
- Psychological Assessment: \$300/60 minutes of testing (minimum of 2 hours) – package rates may be offered.
- Preparation, travel time, and testimony during legal proceedings: \$400/hour (with a minimum of three hours).
- Other Services and Administrative tasks: \$200/hour, prorated to 15-minute (.25 hour) increments – includes email, telephone conversations with you or professionals whom you have authorized me to speak with on your behalf, and/or any other tasks that you ask of me outside of our scheduled therapy sessions. Other



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services include report or letter 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. Please note that services related to legal involvement (e.g. consultations with attorneys) will be billed at a higher rate.

Payment schedules for other professional services, such as psychotherapy performed out of office, will be discussed and agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we 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 we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. Please note that the above listed fees are subject to change. If you are a current patient, you will receive

PROFESSIONAL RECORDS

I maintain an electronic record keeping system. I will make progress notes in your chart after each session. These notes will be brief and will only convey general information that communications the progress you are making. If another physician referred your case to me and you have provided written consent for care coordination, your progress will be communicated to the physician in writing or by phone. When written consent is obtained I can share information about you with whoever you wish. Otherwise, our communication will be confidential between us. Clinical data and psychotherapy notes, along with your financial records and all related information about your case, are stored on a server which is kept locked. This server is backed up and on line in a secured and encrypted server. By signing the consent for treatment, you hereby give me permission to destroy the original of any document that you provide to me, and to retain such documents only in an electronic imaged format. After termination of our professional relationship, I will likely only retain an electronic copy of your file for the minimum period required by law. The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your (or your child's) records, I recommend that you review them in my presence so that we can discuss the contents.

ELECTRONIC COMMUNICATION POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

EMAIL COMMUNICATIONS AND TEXT MESSAGING

I use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with my office should be limited to things like questions regarding services, appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication. Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond



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to text messages from anyone in treatment with me. Please do not text message me unless we have made other arrangements.

SOCIAL MEDIA

I do not communicate with, or contact, any of my patients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with patients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

WEBSITES AND WEB SEARCHES

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions. I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment. Recently it has become fashionable for patients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me please share it with me so we can discuss it and its potential impact on your therapy.

CONFIDENTIALITY POLICIES

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I 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 that you provide written, advance consent. Your signature on this Agreement provides consent for those activities. You should also know that:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient(s). The other professionals are 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. I will note all consultations in your clinical record.

There are some situations when I am permitted or required to disclose information without either your consent or Authorization. They are:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient client privilege law. I 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 me to disclose information.
- If a government agency is requesting the information for health oversight activities, I am required to provide it for them



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- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I am required to submit a report to the Workers' Compensation Division.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect you or others from harm, and I may have to reveal some information about your treatment. They are:

- If you communicate intent to harm or kill yourself, I may be obligated to seek hospitalization for you, or to contact family members or others who can provide protection and necessary support.
- If I have reasonable cause to believe that an at-risk adult has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If you communicate a serious threat of imminent physical violence against a specific person or persons, I must make an effort to notify such person; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the patient. If you communicate a serious threat to national security, I must make an effort to notify the appropriate authorities.
- If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a. engaged in sexual contact with a patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board. I would inform you before taking this step. If you are my patient and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.
- If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect or if I have observed a child being subjected to circumstances or conditions which would reasonably result in abuse or neglect, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information. As a psychologist, I am legally obligated to break confidentiality and report any child or elder abuse (including physical, emotional, or sexual) or neglect.



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CONSENT FOR TREATMENT AND HIPAA PRIVACY ACKNOWLEDGEMENT

Please sign and return after reading the Psychologist-Patient Agreement and the HIPAA Notice.

I acknowledge that I have received the information listed above from Dr. Andrea Montoya, Psy.D. I also understand that it is very important that I read this information carefully before our next session. I understand that I can discuss any questions I have about the procedures at that time.

I hereby consent to enter psychological evaluation and/or treatment, for either myself or my child, with Dr. Montoya. I understand that treatment is a joint effort between the psychologist and patient, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I understand that during the course of diagnostic assessment or therapy at times it is necessary to discuss material that may be upsetting in order to receive help. I agree that I will be responsible for the payment of all professional fees. I understand that records or information collected about me will be held or released in accordance with the state laws regarding confidentiality of such records. I understand that state and local laws require that psychologists report all cases in which there is a danger to self or other as well as any information that might be related to child or elder abuse. I know that I can end treatment at any time I wish and that I can refuse any requests or suggestions made by my psychologist.

Please check if we may leave a message at the following numbers: ☐ Home # ☐ Work # ☐ Cell #

FAXES: ☐ When expedient, I authorize the transmittal of my records by FAX. I understand that transmission by FAX, by its very nature, is not confidential. Please check box to give your authorization.

OPTIONAL AUTHORIZATION FOR CONSULTATION AND CARE COORDINATION WITH DR. MARC SCHWARTZ, DO.

Dr. Montoya is an independent contractor with the Arizona Schwartz Group, PC. In order to provide the highest level of care, psychologists often consult with other clinicians and physicians to discuss clinical impressions and treatment plans. You have the option of giving authorization for Dr. Montoya to consult and coordinate care with Dr. Marc Schwartz, DO, Board Certified Child, Adolescent, & Adult Psychiatrist. This authorization is completely voluntary and can be revoked at any time by giving written notice.

☐ By checking this box, I hereby authorize Dr. Andrea Montoya, PhD permission to discuss, send and/or receive medical information to/from Dr. Marc Schwartz, DO and The Arizona Schwartz Group, PC for the purpose of care coordination and professional consultation.



THE ARIZONA SCHWARTZ GROUP, PC

DR. ANDREA MONTOYA, PhD LICENSED CLINICAL PSYCHOLOGIST

1490 SOUTH PRICE ROAD, SUITE 316
CHANDLER, AZ 85286
T 480.899.4077 F 480.269.9104
www.azschwartzgroup.com

By signing below, I am indicating that I have read, understand, and agree to the information contained in the Psychologist-Patient Agreement document, and I have received and reviewed a copy of this office's Notice of Privacy Practices and I understand my rights and responsibilities with respect to my medical records.

Patient or Parent/Legal Guardian signature

Printed Name

Date

Additional Parent/Legal Guardian signature
* (if required)

Printed Name

Date

CONSENT FOR PROVISION OF PSYCHOLOGICAL SERVICES TO A MINOR

If you are consenting to receive services **for your minor child**, please select the custodial arrangement that applies to your current situation. If legal documents exist regarding custodial agreements it is required that a copy be on file with my office. ***Please bring a copy of Custody Decree to your first appointment.**

| | | |
|---|--|---|
| <input type="checkbox"/> Biological or adoptive parents residing together *This consent form may be signed may be signed by one parent and/or both parents | <input type="checkbox"/> One parent/guardian has SOLE legal custody *This consent form MUST be signed by parent/guardian with legal custody | <input type="checkbox"/> Joint custody arrangement *This consent form MUST be signed by BOTH parents |
|---|--|---|

I/We the undersigned parent(s) or guardian(s) of the herein identified minor: _____, do hereby give my/our written consent for said minor to be entered into counseling/psychological services at The Arizona Schwartz Group, PC with Dr. Andrea Montoya, Psy.D.

Please initial each area below indicating your understanding:

/ Parents are encouraged to respect their minor child's right to confidentiality. The specifics of therapy conversations with children will be kept private. Parents can be assured that the child will be encouraged to share critical information and that the parents will be given information regarding therapy themes and treatment progress. Laws regarding disclosure as specified previously also apply to minor patients. Children of divorce must have permission from the custodial parent to attend therapy. Permission from both parents, regardless of the custodial arrangement, is a required practice of this office. A copy of the decree must be included in the patient's file indicating the custodial arrangement. In any custodial arrangement, both parents have the right to contact the psychologist and inquire regarding their child's treatment progress (unless legally indicated by court).

/ I understand that the psychologist is not conducting a custody or visitation evaluation for my child. I agree not to involve the psychologist in any custody or visitation disputes, as I understand that would not be in the best interest of my child's relationship with the psychologist and would be counterproductive to the therapeutic process. I agree not to involve the psychologist in court proceedings regarding any treatment of my



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child now or in the future, nor will the psychologist be asked to share my child's records regarding any such proceeding.

/ Please note that records may be shared DIRECTLY with a custody evaluator, guardian ad litem, or parenting coordinator pending authorization from both biological and custodial parents, as well as assent from the minor patient.

My signature below also verifies that I am a legal parent or guardian of the above identified minor and have the legal right to consent for said minor to receive treatment from Dr. Andrea Montoya, PhD. It is understood that this consent is subject to revocation by the undersigned at any time except to the extent that action has already been taken on that consent.

Signature of Parent or Guardian

Date Signed

Signature of Parent or Guardian

Date Signed