

## FORENSIC AND MENTAL HEALTH SERVICES, LLC

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I am glad that you have chosen to begin therapy/assessment services with me. I look forward to helping you identify and change the patterns that have caused difficulty in your child's and your family's life. If you have asked for evaluation services, they will involve testing, interviews, and a brief report outlining your child's strengths, weakness, problem areas, diagnoses, and recommendations.

Before we meet you will need to download and complete the forms for minors. This includes some information for you to read and paperwork that you need to complete prior to our meeting. First, there is the Client Information Brochure with attached Informed Consent signature page. Read through the brochure so that we can discuss whatever concerns or questions you have when we first meet. There is also a consent form to work with your child. Please read through it with your child and bring it with you to our first meeting. After discussing it, we will both sign the last page. Next, there are some other forms for you to complete. The Client Information Form and the Child Development History Record ask for some information about your child. There are also two simple checklists of concerns; you complete both the Adult and the Child checklists about your child. If you would like me to bill your insurance company, you will also need to complete the Insurance Information Form. I know this is a lot of paperwork. If you have any questions, feel free to call or e-mail me.

Please bring all of this paperwork, along with your ID and insurance cards, to our first meeting. If you are divorced or separated from your child's other parent, you will also need to bring in a copy of the most recent custody agreement or order. Also, if your child has been involved in any treatment or evaluations for mental health problems in the past (therapy, counseling, medication, etc.), please bring contact information for those who provided treatment.

Please let me know as soon as possible if you would like to reschedule or cancel your appointment for any reason.

Again, feel free to call or e-mail me with any questions or concerns that you might have. I look forward to working with you.

Sincerely,

Lisa B. Magazine, PhD, LCP, CSOTP

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## CLIENT INFORMATION BROCHURE

I am glad that you have chosen to begin therapy services with me. This document contains important information that you should know before you begin. Please read it carefully before you come in for your first appointment. You may wish to write down any questions or concerns you have and bring them in to your first meeting with me so you can be sure to address them all.

I look forward to helping you change the patterns that have caused difficulty in your life. You have demonstrated some strength, courage, and insight by taking steps to deal with those issues. Those are all qualities that can be very useful in helping you to achieve your goals. I usually approach a client by first seeking to understand that person's perspective of the situation or problem. That individual's thoughts and perceptions have enormous power over the reality he or she lives with every day. With teamwork and respect goals can be put into action to help change that reality for the better. This is often referred to as cognitive behavioral therapy (CBT). I also draw on other schools of thought as appropriate to the client's needs. Emphasis is placed on evidence-based practices (EBP), although what works for many does not necessarily work for every individual. I will try to respond to calls and e-mails quickly. However, in case of an emergency you should call 911 or head to your nearest emergency room.

### What You Should Know About Confidentiality in Therapy

I will treat what you tell me with great care. My professional ethics (that is, my profession's rules about moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy. But I cannot promise that everything you tell me will *never* be revealed to someone else. There are some times when the law requires me to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because I want you to understand clearly what I can and cannot keep confidential. You need to know about these rules now, so that you don't tell me something as a “secret” that I cannot keep secret. These are very important issues, so please read these pages carefully and keep this copy. At our next meeting, we can discuss any questions you might have.

1. **When you or other persons are in physical danger**, the law requires me to tell others about it. Specifically:
  - a. If I suspect that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.
  - b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.
  - c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
  - d. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency may investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

In any of these situations, I would reveal only the information that is needed to protect you or the other person. I would not tell everything you have told me.

2. In general, **if you become involved in a court case or proceeding**, you can prevent me from testifying in court about what you have told me. This is called “privilege,” and it is your choice to prevent me from testifying or to allow me to do so. However, there are some situations where a judge or court may require me to testify:

- a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt.
- b. In cases where your emotional or mental condition is important information for a court’s decision.
- c. During a malpractice case or an investigation of me or another therapist by a professional group.
- d. In a civil commitment hearing to decide if you will be admitted to or continued in a psychiatric hospital.
- e. When you see me for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don’t have to tell me what you don’t want the court to find out through my report.

3. There are a few other things you must know about confidentiality and your treatment:

- a. I may sometimes consult (talk) with another professional about your treatment. This other person is also required by professional ethics to keep your information confidential. Likewise, when I am out of town or unavailable, another therapist may be available to help my clients. In that case, I must give him or her some information about my clients, like you.
- b. I am required to keep records of your treatment, such as the notes I take when we meet. You may have a right to review some of these records with me. If something in the record might seriously upset you, I may leave it out.
- c. If you have been referred by Probation/Parole, Social Services, a Court, or other legal entity, confidentiality is very likely limited. We will need to discuss what information I will likely share with those referring agencies. That information may include attendance, major issues, areas of concern, and treatment compliance. Also, in such situations, you may not have a right to review your records.

4. Here is what you need to know about confidentiality **in regard to insurance and money matters:**

- a. If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. If you use your health insurance to help pay for psychotherapy, you must allow me to tell the MCO about your problem (give it a psychiatric diagnosis). You must also permit me to tell the MCO about the treatment I am recommending, about your progress during treatment, and about how you are doing in many areas of your life (functions at work, in your family, and in activities of daily living). I am not paid separately for collecting, organizing, or submitting this information, and I cannot bill you for these services. All of this information will become part of the MCO’s records, and it will be included in your permanent medical record at the Medical Information Bureau, a national data bank. The information will be examined when you apply for life or health insurance, and it may be considered when you apply for employment, credit or loans, a security clearance, or other things in the future. You will have to indicate that you were treated for a psychological condition and release this information, or you may not get the insurance, job, loan, or clearance.

All insurance carriers claim to keep the information they receive confidential, and there are federal laws about its release. The laws and ethics that apply to me are much stricter than the rules that apply at present to MCOs. *There have been reports in the media about many significant and damaging breaches of confidentiality by MCOs.* If you are concerned about who might see your records now or in the future, we should discuss this issue more fully before we start treatment and before I send the MCO any information. You should evaluate your situation carefully in regard to confidentiality. For some people and some problems, the privacy of their communications to their therapist is absolutely essential to their work on their difficulties. For others, their problems are not ones that raise much concern over confidentiality. Insurers such as Blue Cross/Blue Shield or managed care organizations ask for much information about you and your symptoms, as well as a detailed treatment plan.

- b. If you would like, I will give you a record of services with much of the same information as in the bill I send to your insurance. I can also give you a copy of any other forms needed, and ask you to send these to your insurance company to file a claim for your benefits. That way, you can see what the company will know about our therapy. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although I believe the insurance company will act morally and legally, I cannot control who sees this information at the insurer’s office. You cannot be required to release more information just to get payments.

- c. If you have been sent to me by your employer's Employee Assistance Program, the program's staffers may require some information. Again, I believe that they will act morally and legally, but I cannot control who sees this information at their offices. If this is your situation, let us fully discuss my agreement with your employer or the program before we talk further.
- d. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due to me.

**5. Confidentiality in group therapy is also a special situation.**

In group therapy, the other members of the group are not therapists. They do not have the same ethics and laws that I have to work under. You cannot be certain that they will always keep what you say in the group confidential. Violations of group confidentiality are taken very seriously and may result in the person who broke confidentiality being removed from the group. If you know or suspect that a member of the group has broken confidentiality, I ask that you address this with me first so that we can discuss the best way to handle the situation. This will likely include discussing the breach with the group as a whole, so that all the group members can deal with the situation and make decisions about what information to share in the group. This is usually the best way to proceed for yourself, the group, and the party who may have broken confidentiality.

**6. Finally, here are a few other points:**

- a. I will not record our therapy sessions on audiotape or videotape without your written permission.
- b. If you want me to send information about our therapy to someone else, you must sign a "release-of-records" form. I have copies you can see, so you will know what is involved.
- c. Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.
- d. You can feel free to contact me by e-mail, but bear in mind that there are always risks when corresponding by e-mail because it is not as confidential (e.g., someone else might accidentally get a message due to a typo in an e-mail address, copies of e-mails are stored on servers, others might have access to your e-mail). I also may keep a copy of e-mails to document our communication. I respect your ability to choose the method of communication that is best for you.

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

## Notice of Privacy Practices

**EFFECTIVE OCTOBER 17, 2007**

***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.***

This notice describes the privacy practices of Forensic and Mental Health Services, LLC. Forensic and Mental Health Services, LLC is required by law to maintain the privacy of protected health information. I am also required by law to provide you with this notice telling you about my legal duties and privacy practices with respect to protected health information. Protected Health Information refers to information in your health record that could identify you. If you have someone making decisions on your behalf because you are not able to make decisions yourself, I will give a copy of this notice to that person, and I will work with that person in all matters relating to uses and disclosures of your health information.

### How I May Use and Disclose Health Information About You to Other People

**When I have your written permission.** If you give me written permission to use or disclose your health information to someone else, I will use or disclose it according to your instructions. You may revoke your permission, in writing, at any time, except to the extent that I have already used or disclosed the information that you gave me permission to use or disclose.

**When I do not have your written permission, such as when required by law.** Sometimes I will disclose information without your permission. In each of these cases, I will attach a statement that tells the person receiving the information that they cannot disclose it to anyone else unless you give them permission or unless a law allows or requires them to disclose the information without your permission.

Any time I disclose information without your permission, I will place in your medical record a written notation of the information I disclosed, the name of the person who received the information, the purpose of the disclosure, and the date of disclosure. I will also let you know in writing about the disclosure, including the name of each person who received the information and the nature of the information. I will do this before the disclosure or, in an emergency, as soon as I can afterwards.

If the disclosure is not required by law, I will give strong consideration to any objections from you in making the decision to release information. Before I disclose information to anyone, I will verify the identity and authority of the person receiving the information.

The following categories describe different ways that I may use and disclose health information about you *without your written permission*. Not every use or disclosure in a category will be listed. However, all of the ways that I am permitted to use and disclose information without your permission will fall within one of these categories:

- **To find someone to make decisions on your behalf.** If you are not capable of making medical decisions, I may disclose your health information in order to identify someone to make those decisions for you (called a “legally authorized representative” or “LAR”). Before I disclose any information, I must determine that disclosure is in your best interests.
- **Payment.** I may use and disclose health information about you so that I can bill and receive payment for the treatment and services you receive at the facility and so that other providers can bill and be paid for the treatment services they provide. I have to follow Virginia law that limits the amount of health information I can disclose about you. *For example,* I may send a bill to you or someone who has agreed to pay your medical bills, such as an insurance carrier or Medicaid. The information I send to an insurer may include your name; the date you began treatment or assessment at this facility; the date you became ill; the date you treatment or assessment services were terminated; your diagnosis; a brief description of the type and number of services I provided you; your status; and your relationship to the person who has agreed to pay your bills.
- **Health Care Operations.** Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Business Associates.** Some of my services may be provided through contracts or agreements with other public and private entities, and some of these contracts or agreements require that health information be disclosed to the contractor. These contractors are known as “business associates.” Examples include other psychologists or physicians. I may disclose your health information to these people so that they can perform the job I have asked them to do. These business associates will also comply with HIPAA regulations.
- **Required by Law.** I will disclose health information about you when I am required to do so by a federal, state, or local law or regulation.
- **Public Safety.** If I reasonably believe that you pose a serious and imminent threat to a specifically identifiable person or the public, I may communicate those facts necessary to prevent or lessen the potential threat.
- **Public Health.** As authorized by law, I will disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability.
- **Workers’ Compensation.** I may release health information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illness, as authorized by, and to the extent I am required to do so to comply with, law.
- **Food and Drug Administration (FDA).** I may disclose information about you to the FDA as necessary for product recalls, withdrawals, and other problems with a product; to track products; or to report adverse events, product defects, or other problems with products.
- **Health Oversight Agencies.** I may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensing. Information may be disclosed to oversight agencies.
- **Coroners, Medical Examiners and Funeral Directors.** I may release health information regarding decedents to coroners, medical examiners, or funeral directors, as authorized by law. *For example,* Virginia law may require me to notify the medical examiner when an individual dies in our facility. I am also required to report to a funeral director any infectious disease that someone who died may have had.
- **National Security, Intelligence Activities and Protective Services for the President.** I may disclose health information to a public official for national security activities and the protective services of the President and others when I am required to comply with a valid subpoena or other legal processes, or if such disclosure is required by state or federal law.
- **Correctional Institutions and Other Law Enforcement Custodial Situations.** I may disclose health information to a correctional institution if the disclosure is required by state or federal law.
- **Judicial and Administrative Proceedings.** When a court orders me to disclose health information, I will disclose the information that the court orders. I will also disclose health information in response to a subpoena that meets the requirements of Virginia law.
- **Law Enforcement Officials.** I may disclose health information to a law enforcement official in response to a valid subpoena or other legal process or if the disclosure is required by state or federal law.
- **Research.** I may disclose aggregate health information to researchers, when this information does not identify you or any other person or when research has been approved by an institutional review board that has established procedures to ensure the privacy of your health information.
- **Victims of Abuse and Neglect.** If I reasonably believe that you are a victim of abuse or neglect, I will disclose health information about you to a government agency authorized by law to receive such information, to the extent that I am required to do so by law.

**Other uses and disclosures will be made only with your written authorization (permission). You may revoke your authorization in writing at any time, except to the extent that I have acted in reliance on the authorization.**

#### **Your Rights Regarding Health Information About You**

You have the following rights regarding the health information I maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy health information that I maintain about you as allowed by state and federal law. If you request a copy of your information, I may charge a fee for copying, labor, supplies and mailing.

I may deny your request in certain circumstances. If you are denied access to your health information, you may request that the denial be reviewed. A physician or a licensed clinical psychologist not involved with your care will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review. If you are denied access to any portion of your record, you have the right to ask that a psychiatrist, doctor, psychologist or lawyer of your choosing get a copy of what has been denied to you.

**Right to Amend.** If you feel that health information that I have about you is incorrect or incomplete, you may ask me to amend, or correct, the information. You have the right to request an amendment for as long as the information is kept by or for me.

I may deny your request to amend information that:

- Was not created by me, unless the person or organization that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for me;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you have the right to ask me to put a statement of disagreement in your record.

**Right to an Accounting of Disclosures.** You have the right to request and receive a list of the disclosures that I have made of your health information. Your request may indicate a time period, and you should tell me the form in which you want the list (for example, on paper or electronically).

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information I use or disclose about you for treatment, payment or health care operations. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to **me using the address at the top of this Notice**. In your request you must tell me: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you must make your request in writing to **me using the address at the top of this Notice**. I will not ask you the reason for your request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** Upon your request, you have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.

I am required to abide by all of the terms of the Notice of Privacy Practices currently in effect.

**I reserve the right to change the terms of this Notice** and to make the new notice provisions effective for all protected health information I maintain. I am not obligated to tell you if this notice changes, but you may request a copy of the revised notice by calling or writing to me using the contact information at the top of this form.

**For more information:** If you have questions and would like additional information, you may contact me using the contact information at the top of this Notice.

**If you believe your privacy rights have been violated,** you can file a complaint by contacting any the Secretary of the United States Department of Health and Human Services, at 202-619-0257; or toll free at 1-877-696-6775.

**No one will retaliate against you in any way for filing a complaint.**

## **What You Should Know about Managed Care and Your Treatment**

Your health insurance may pay part of the costs of your treatment, but the benefits cannot be paid until a managed care organization (MCO) authorizes this (says they can be paid). The MCO has been selected by your employer, not by you or me. The MCO sets some limits on us, and you need to know what these are before we go further.

The MCO will review the information I send it and then decide how much treatment I can provide to you. *The MCO can refuse to pay for any of your treatment, or for any treatment by me. Or it may pay only a very small part of the treatment's cost, and it can prevent me from charging you directly for treatment we agree to.* Finally, it can set limits on the kinds of treatments I can provide to you. These limited treatments may not be the most appropriate for you or in your best interest. The MCO will approve treatment aimed at improving the specific symptoms (behaviors, feelings) that brought you into therapy, but it may not approve any further treatment. The MCO will almost always require you to see a psychiatrist for medication evaluations (and prescriptions), *whether you or I think this is appropriate.*

When it does authorize our treatment, the MCO is likely to limit the number of times we can meet. Your insurance policy probably has a maximum number of appointments allowed for outpatient psychotherapy (usually per year, though there may be a lifetime limit as well), but the MCO does not have to let you use all of those. It may not agree

to more sessions, even if I believe those are needed to fully relieve your problems, or if I believe that undertreating your problems may prolong your distress or lead to relapses (worsening or backsliding).

If the MCO denies payment before either of us is satisfied about our progress, we may also need to consider other treatment choices, and they may not be the ones we would prefer. We can appeal the MCO's decisions on payment and number of sessions, but we can only do so within the MCO itself. We cannot appeal to other professionals, to your employer, or through the courts. This state does not have laws regulating MCOs—that is, laws about the skills or qualifications of their staff members, about access to medical and psychological records by employers and others, or about the appeals process.

You should know that my contract or your employer's contract with a particular MCO prevent us from taking legal actions against the MCO if things go badly because of its decision. *My contract may prevent me from discussing with you treatment options for which the MCO will not pay.* I will discuss with you any efforts the MCO makes to get me to limit your care in any way.

The particular MCO in charge of your mental health benefits can change during the course of your treatment. If this happens, we may have to go through the whole treatment authorization process again. It is also possible that the benefits or coverage for your treatment may change during the course of our therapy, and so your part of costs for treatment may change.

Lastly, even if we send all the forms and information to the MCO on time, there may be long delays before any decisions are made. This creates stressful uncertainty and may alter our earlier assumptions about the costs and nature of your treatment.

If, after reading this and discussing it with me, you are concerned with these issues, you may have the choice of paying me directly and not using your health insurance. This will create no record outside of my files. This possibility depends on my contract with the MCO. If you would like to pursue this option, you need to tell me so that we can determine what is allowable in your situation.

### **Limits of the Therapy Relationship: What Clients Should Know**

Psychotherapy is a professional service I can provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of psychologist and client *only*. If we were to interact in any other ways, we would then have a “dual relationship,” which would not be right and may not be legal. The different therapy professions have rules against such relationships to protect us both.

I want to explain why having a dual relationship is not a good idea. Dual relationships can set up conflicts between my own (the psychologist's) interests and your (the client's) best interests, and then your interests might not be put first. In order to offer all my clients the best care, my judgment needs to be unselfish and professional.

Because I am your psychologist, dual relationships like these are improper:

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot provide therapy to people I used to know socially, or to former business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, child care, etc.) or goods for therapy.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. As your psychologist, I cannot be your friend. Friends may see you only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term

best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A psychologist offers you choices and helps you choose what is best for you. A psychologist helps you learn how to solve problems better and make better decisions. A psychologist's responses to your situation are based on tested theories and methods of change. You should also know that psychologists are required to keep the identity of their clients secret. Therefore, I may ignore you when we meet in a public place, and I must decline to attend your family's gatherings if you invite me. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends.

In sum, my duty as psychologist is to care for you and my other clients, but *only* in the professional role of psychologist. Please note any questions or concerns on the back of this page so we can discuss them.

### **Policies for Individual and Group Mental Health Treatment**

1. Payment is due prior to the beginning of the session. Currently, acceptable payments forms include cash, check, or money order. A returned check fee of \$25 will be applied to any "bounced" checks.
2. The fee for each individual/group session is \$ 75 / n/a . The 1.5-2.0 hour intake will be \$ 150 . My insurance will be billed if applicable.
3. I understand that therapy has some risks and likely benefits, and I have discussed them with my therapist. By signing below I also acknowledge that I have discussed the treatment options available to me, and I understand that due to the dynamic and individual nature of therapy, the outcome cannot be guaranteed.
4. Missed appointments can adversely affect my treatment for a number of reasons. Therefore, I commit to do my very best to attend every appointment as scheduled. Dr. Magazine reserves the right to bill me her hourly individual therapy rate of \$75.00 for the length of appointments missed or for failure to cancel with at least 24 hours notice.
5. Dr. Magazine reserves the right to use a collection agency to obtain payment for very overdue accounts, and that I agree to pay all reasonable and customary fees associated with the use of a collections agency.
6. Copies of records are billed at the following rate: the first 5 pages are free, with each additional page copied at a rate of 20 cents. When applicable, shipping charges will also be billed for any copied records. Payment is due prior to the shipping or pick-up of copied records.
  - a. One copy of a treatment summary report may be sent to an attorney and to one referral agency or other treatment provider for free; they will count towards the free pages. Additional copies are billed as described above.
7. For clients involved in legal proceedings: I agree that if Dr. Magazine is required or asked to give testimony or depositions, the fee is \$100 per hour or part-thereof, with a 6-hour minimum (e.g., at least \$600). This fee also applies if Dr. Magazine has scheduled the testimony and it is then cancelled for any reason with less than 72 hours notice. I understand that other expenses incurred, such as hotel stay, may also be billed to my account if applicable. I agree to these reasonable and customary fees, regardless of the outcome of my case.
8. I will be notified in writing as soon as possible if there are any changes in the above policies.

If other arrangements are made they will be documented in writing and signed by the client(s) and psychologist.

### **Information You Have a Right to Know**

When you come for therapy, you are buying a service to meet your individual needs. You need good information about therapy to make the best choice for yourself and your family. I have written down some questions you might want to ask me about how I do therapy. We may have talked about some of them already. You are free to ask me any of these questions, and I will try my best to answer them for you. If my answers are not clear, or if I have left something out, or if you have more questions, just ask me again. You have the right to full information about therapy.

#### **A. About Therapy**

1. What will we do in therapy?
2. What will I have to do in therapy?
3. Could anything bad happen because of therapy?
4. What will I notice when I am getting better?

5. About how long will it take for me to see that I am getting better?
6. Will I have to take any tests? What for? What kind?
7. About how long will therapy take?
8. What should I do if I feel therapy isn't working?
9. How many (that is, what fraction) of people with the same kinds of problems get better without therapy? How many get worse?
10. What is a licensed clinical psychologist?
11. What is a Certified Sexual Offender Treatment Provider?
12. What if I need medication?

B. About Other Therapy and Help

1. What other types of therapy or help are there for my problems?
2. How often do these other methods help people with problems like mine?
3. What are the risks or limits of these other methods?

C. About Our Appointments

1. How will we set up our appointments?
2. How long will our sessions last? Do I have to pay more for longer ones?
3. How can I reach you in an emergency?
4. If I can't reach you, to whom can I talk?
5. What happens if the weather is bad or I'm sick and can't come to an appointment?

D. About Confidentiality

1. What kinds of records do you keep about my therapy?
2. Who is allowed to read these records?
3. Are there times you *have* to tell others about the personal things we might talk about?

E. About Money

1. What will you charge me for each appointment?
2. When do you want to be paid?
3. Do I need to pay for an appointment if I don't come to it, or if I call you and cancel it?
4. Do I need to pay for telephone calls to you?
5. Will you ever raise the fee that you charge me? When?
6. If I lose some of my income, can my fee be lowered?
7. If I do not pay my bill, what will you do?

F. Other Matters

1. How much training and experience do you have? Do you have a license? What are your other qualifications?
2. What kind of morals and values do you have?
3. To whom can I talk if I have a complaint about therapy that you and I can't work out?

The list above deals with the most commonly asked questions, but many people want to know more. Feel free to ask me any questions you have at any time. Please read them carefully at home, and if any questions come up, write them on this page so we can talk about them when we meet next time.

# FORENSIC AND MENTAL HEALTH SERVICES, LLC

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## INFORMED CONSENT

I have read or had read to me the information in the Client Information Brochure, including information about confidentiality in therapy, notice of privacy practices, insurance/managed care issues, limits of the therapy relationship, individual and group treatment policies, and information I have a right to know. My questions have been answered to my satisfaction. I understand and agree to the above policies/information.

I understand the issues described above and willingly begin treatment accepting these limits. I give my therapist permission to submit information in order to secure payment for the mental health services to be provided to me.

\_\_\_\_\_  
Signature of Individual or  
Legally Authorized Representative

\_\_\_\_\_  
Printed Name of Individual or  
Legally Authorized Representative

Relationship or Authority of Legal Representative \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Witness (Printed and signed name)

\_\_\_\_\_  
Date

Copy for patient or parent/guardian

Copy for provider/therapist

Date Notice given: \_\_\_\_\_

Staff Notes: \_\_\_\_\_



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## Consent to Treatment/Evaluation of a Legal Minor--Agreement for Parents

Psychotherapy and psychological evaluations (hereafter referred to collectively as psychotherapy or therapy) can be a very important resource for children, including children whose parents have separated or divorced. Establishing a therapeutic alliance outside of the home can:

- Facilitate open and appropriate expression of the strong feelings which routinely accompany family transitions, including guilt, grief, sadness and anger.
- Provide an emotionally neutral setting in which children can explore these feelings.
- Help children understand and accept changes in family composition and the plans for contact with each member of the family.
- Offer feedback and recommendations to a child's caregivers based on knowledge of the child's specific emotional needs and developmental capacities.

*However*, the usefulness of such therapy is extremely limited when the therapy itself becomes simply another matter of dispute between parents. With this in mind, and in order to best help your child, I strongly recommend that each of the child's caregivers (e.g., parents, stepparents, daycare workers, *guardian ad litem* [GAL]) mutually accept the following as requisites to participation in therapy.

1. As your child's psychotherapist, it is my primary responsibility to respond to your child's emotional needs. This includes, but is not limited to, contact with your child and each of his or her caregivers, and gathering information relevant to understanding your child's welfare and circumstances as perceived by important others (e.g., pediatrician, teachers). In some cases, this may include a recommendation that you consult with a physician, should matters of your child's physical health be relevant to this therapy.
2. I ask that all parties recognize and, as necessary, reaffirm to the child, that I am the child's helper and not allied with any disputing party.
3. I strongly recommend that all caregivers involved choose to participate in psychoeducational groups in which separating and divorced parents learn basic strategies for conducting a divorce in the best interests of the child. I can refer you to such programs.
4. I ask that all caregivers remain in frequent communication regarding this child's welfare and emotional well-being. Open communication about his or her emotional state and behavior is critical. In this regard, I invite each of you to initiate frequent and open exchange with me as your child's therapist.
5. However, an expectation of privacy is also important in helping the child feel comfortable opening up and discussing sensitive issues. Therefore, I ask that all caregivers agree to respect the child's privacy, allowing me to disclose to them only information that directly and clearly relate to significant and imminent safety issues (e.g., current significant drug use, suicidal plans, plans and/or intent to harm others). Please be advised regarding the limits of confidentiality as it applies to psychotherapy with a child in these circumstances:
  - I keep records of all contacts relevant to your child's well-being. If you are divorced from the other parent of this child, these records are subject to court subpoena and may, under some circumstances, be solicited by parties to your divorce, including your attorneys.
  - Any matter brought to my attention by either parent regarding the child may be revealed to the other parent. Matters which are brought to my attention that are irrelevant to the child's welfare may be kept in confidence. However, these matters may best be brought to the attention of others, such as attorneys, personal therapists or counselors.
  - **I am legally obligated to bring any concern regarding the child's health and safety to the attention of relevant authorities. When possible, should this necessity arise, I will advise all parties regarding my concerns.**



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## CLIENT INFORMATION FORM

**Today's date:** \_\_\_\_\_

**Note:** If you have been a patient here before, please fill in only the information that has changed.

### A. Identification

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

### B. Referral: Who gave you my name to call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

May I have your permission to thank this person for the referral?  Yes  No

How did this person explain how I might be of help to you? \_\_\_\_\_

### C. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

### D. Your current employer

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

Work phone: \_\_\_\_\_ Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

### E. Your education and training

Dates		Schools	Special Classes?	Adjustment to school	Did you graduate?
From	To				

**F. Employment and military experiences**

Dates		Name of military or employers	Job title or duties	Reason for leaving
From	To			

**G. Family-of-origin history**

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father					
Mother					
Stepparents					
Grandparents					
Uncles/Aunts					
Brothers					
Sisters					

**H. Significant nonmarital relationships**

	Name of other person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First					
Second					
Third					
Current					

**I. Marital/relationship history**

	Spouse's name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Is spouse remarried?
First					
Second					
Third					

**J. Children** (Indicate which are from a previous marriage or relationship with the letter P in the last column)

Name	Current Age	Sex	School	Grade	Adjustment problems?	P?

**K. Chief concern**

Please describe the main difficulty that has brought you to see me: \_\_\_\_\_

\_\_\_\_\_

**L. Treatment**

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No  Yes If yes, please indicate:

When?	From whom?	For what?	With what results?

2. Have you ever taken medications for psychiatric or emotional problems?  No  Yes If yes, please indicate:

When?	From whom?	Which medications?	For what?	With what results?

**M. Relationships in your family of origin.** Please describe the following:

1. Your parents' relationship with each other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Your relationship with each parent and with other adults present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Your parents' physical health problems, drug or alcohol use, and mental or emotional difficulties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Your relationship with your brothers and sisters, in the past and present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**N. Abuse history:**  I was not abused in any way.  I was abused. If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect. E = Emotional, such as humiliation, etc.

Your age	Type of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?

**O. Present relationships**

1. How do you get along with your present spouse or partner? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How do you get along with your children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Your important friends, past and present:

Names	Good parts of relationship	Bad parts of relationship

**P. Chemical use**

- 1. Have you ever felt the need to cut down on your drinking?  No  Yes
- 2. Have you ever felt annoyed by criticism of your drinking?  No  Yes
- 3. Have you ever felt guilty about your drinking?  No  Yes
- 4. Have you ever taken a morning “eye-opener”?  No  Yes
- 5. How much beer, wine, or hard liquor do you consume each week, on the average? \_\_\_\_\_
- 6. Are there times when you drink to unconsciousness, or run out of money as a result of drinking? \_\_\_\_\_
- 7. How much tobacco do you smoke or chew each week? \_\_\_\_\_
- 8. Have you ever used inhalants (“huffing”), such as glue, gasoline, or paint thinner?  No  Yes If yes, which and when? \_\_\_\_\_
- 9. Which drugs (not medications prescribed for you) have you used in the last 10 years? \_\_\_\_\_

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q. Legal history**

- 1. Are you presently suing anyone or thinking of suing anyone?  No  Yes If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Is your reason for coming to see me related to an accident or injury?  No  Yes If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you required by a court, the police, or a probation/parole officer to have this appointment?  No  Yes

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Under "Jurisdiction," write in a letter: F = federal, S = state, Co = county, Ci = city. Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

Date	Charge	Jurisdiction (F, S, C, Ci)	Sentence (AR, I, Pr, Pa)	Probation/parole officer's name	Your attorney's name

5. Your current attorney's name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Are there any other legal involvements I should know about? \_\_\_\_\_  
 \_\_\_\_\_

**R. Other**

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please do not write below this line.**

-----

**S. Follow-up by clinician**

Based on the responses above and on  interview data  records I reviewed  other information

I have requested the client to complete and/or I have completed the following forms:

- Chemical use survey
- Suicide risk assessment summary and recommendations
- Mental status evaluation report
- Other:

*This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.*