

List ALL Medical Conditions _____

List ALL Medications
(Rx, OTC, Supplements) _____

Primary Care Physician/Psychiatrist/All Medical Providers: _____

Highest Level of Education _____

Professional Certificates/Degrees _____

Name of College(s)/ Technical School _____

Religious Orientation _____ Sexual Orientation _____

Family Members:

Name	Age	Relation	Occupation	Living/Deceased	Marital Status

Previous Mental Health Treatment:

Approximate Dates (Begin/End)	Type of Therapy	Therapist

Personal/Family History (Circle all positive):

<i>Attention Deficit Disorder (ADHD)</i>	<i>Anxiety</i>	<i>Schizophrenia</i>	<i>Trauma/Abuse</i>
<i>Substance Abuse/Alcoholism</i>	<i>Bipolar</i>	<i>Learning Disorders</i>	<i>OCD</i>
<i>Depression</i>	<i>Suicide</i>	<i>Other</i> _____	

Practice Policies and Information

Emergencies & Contact between Sessions

Dr. Frontman schedules all appointments and maintains all records. Our practice does not provide reminder calls for sessions. The receptionist does not have access to my schedule or to my records. To reach me for non-emergencies, call **678-624-0930, ext. 16** and leave a message. I check voice mail frequently and will return your call—less frequently on Wednesdays & Thursdays. In an urgent situation, you may page me at **678-778-6819**. Always leave a message on voice mail if you page; therefore I can get back to you later if the pager is not operating properly. If I do not respond immediately, call back in 15 minutes. If I am out of town, another clinician will be on call. In a dangerous or life-threatening emergency, please call 911 or IMMEDIATELY proceed to the nearest emergency room. Ridgeview Institute on South Cobb Drive provides 24 hour assessments; you may call their Access Center at **770-434-4567**.

Confidentiality

All services are confidential. Written permission is required for release of any records or information except under certain circumstances. By law, evidence of abuse of children and the elderly must be reported. Adolescents under the age of 18 must have services approved by a parent or guardian. Parents have the right to access records of clients under the age of 18. Dr. Frontman has an ethical obligation to take action if there is an eminent threat to your life or another’s; however, even under such circumstances, disclosure is to be as limited as possible.

Cancellations and Missed Appointments

We request that you provide 48 hours for cancellations. To avoid cancellation fees, you must give full 24 hour notice of cancellation. If possible, please cancel a Monday appointment by the prior Friday. If you miss an appointment or give less than 24 hours notice, you will incur a fee of \$60.00 or the session charge and this fee cannot be billed to insurance. The cancellation fee must be paid prior to the start of the next scheduled appointment. Continued non-cancellation of appointments may result in referral to alternative services. You may cancel by leaving a message on my voice mail and by email through my web site (www.kennethfrontman.com); however if the cancellation is less than 48 hours before session, always make sure you leave a phone message at the office 678-624-0930 ext. 16.

Mental Health Information (a.k.a. Public Health Information, “PHI”) according to HIPAA

A record of your care and services is kept in a secure, locked file. What is called PHI includes records of your demographic information (facts about your identity), diagnostic and treatment codes, billing and insurance information, test scores, and summary of services provided. This information is conveyed to other licensed health agencies and insurance with your consent. Outside of insurance billing/authorizations, you may request what is disclosed, how it is disclosed, and specifically to whom it is disclosed, on a written consent form. You have a right to inspect and copy your mental health information regarding decisions about your care; however psychotherapy notes may not be inspected or copied. Dr. Frontman may charge a fee for copying, mailing, or postage sending records. Under limited circumstances your request for records may be denied; you may request review of the denial by another licensed mental health professional chosen by Kenneth Frontman, Ph.D., PC. Kenneth Frontman, Ph.D., PC is required to provide you with this notice that governs privacy practices. Your records are retained by Dr. Kenneth Frontman, Ph.D., PC for approximately 7 years after ending treatment.

Complaints

If you believe that your rights have been violated, you may file a complaint with Dr. Frontman and will not be penalized or retaliated in any way for making a complaint. Call Dr. Frontman if you have any complaint or have any questions about this notice.

Fees and Payment

Full payment at the time services is rendered. If it becomes necessary to send your account to collection, you will be responsible for any additional costs of collection.

- Fees are as follows: Initial Evaluation Appointments: \$150.00 (80-90 minutes)/ CPT Code 90801
- Individual Psychotherapy (on-going): \$120.00 (45 minutes) CPT Code 90806
- Marriage & Family Therapy: \$125.00 (50-55 minutes)/ CPT Code 90847
- Group Psychotherapy: \$50.00 (90 minutes)/ CPT Code 90853
- Reports, letters, documents, and written evaluations: \$120.00 (prorated per hour); Minimum \$50.00
- Emergency consultations of greater than 10 minutes or after 9 PM: \$120.00 per hour (prorated)

I have read and agreed to all of the above mentioned policies.

Printed Name/Signature

Date

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- Reports, letters, documents, and written evaluations: \$120.00 (prorated per hour); **Minimum \$30.00**
- Emergency consultations of greater than 10 minutes or after 9 PM: \$120.00 per hour (prorated)
- Phone Consultations (prior to 10 PM and less than 10 minutes): Fee reduced or No Charge
- Testing Fees: See separate fee schedule

I have read and agreed to all of the above mentioned policies.

Printed Name/Signature

Date