Emily Austein Psychotherapy, LLC

171 E. Ridgewood Ave., 2nd Floor
Ridgewood, NJ 07450

Phone:201.632.3736
emilyausteinlcsw@gmail.com

Emily Austein, LCSW
Employee ID #: 0400732460
NPI Number: 1356779334
N.J. License Number: 44SCO5561100

CLIENT REGISTRATION
(PLEASE PRINT)

Date: _____

Client Name:_____

Parent/Guardian/Personal Representative: _____

Relationship Status: Single Married Domestic Partner Separated Divorced Widowed

Date of Birth: _____Age: _____ Sex: M or F Social Security #: _____

Home Address: _____

Home Phone: _____ Cell:_____ Work: _____

Email Contact:_____

Emergency Contact/Relationship: _____ Phone #: _____

Client's Employer: _____ Phone #:_____

Insurance Company including member ID, plan name, and Group/Account number for monthly billing for out of network patients:

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Psychiatrist Name: _____ Phone #: _____

Address: _____

*To provide excellent care, we request permission to contact your Psychiatrist: Yes ___ No ____

Initial_____

List all Medications - including over the counter: _____

_____

Allergies: _____

Past Treatment Outcome: What worked? What did not? _____

_____

_____

What goals do you want to accomplish during treatment?_____

_____

_____

Why are you seeking treatment at this time? _____

_____

_____

List current symptoms:_____

_____

_____

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****It is your responsibility to pay all fees on the day and time service is provided.**
I understand that I am responsible for the full amount of my bill for services provided before the start of each session.

Fees and Payment: Our agreed upon fee for a psychotherapy session is $185. Intake Payments for sessions should be before the end of the session. Adjustments in fees and payment schedules can be negotiated for reasons of financial need.
As of September 1, 2017 you have agreed to out-office psychotherapy at the rate of $185.00 per session Cash, credit card or check is accepted. Checks should be made payable to: Emily Austein. There will be a $35 fee for returned checks, plus any resulting charge to our bank account and a 3% fee for credit card transactions.
If the client requests letters to be written for any reason (school letters, letters for court proceedings, DCP&P, etc.) the client will be billed at a rate of $100 per letter including revisions at client's request and $50 for any email transactions.
Initial_____

COURT/COURT FEES/AFFIDAVITS: During the course of the counseling process it may be necessary to request documented information from your therapist for Attorneys, Human Resources Managers, Corrections Officers, Courts, etc. Our practice guidelines are to provide requested documentation within 2 weeks of the request, for a cost of $150.00 - $225.00 to the client. In the event the therapist is subpoenaed to court, the client agrees to pay $185.00 for each hour the therapist is out of the office, with a minimum of two hours to be paid prior to court. Payment is the responsibility of the client, as insurance companies do not cover court costs or loss of income for the therapist. The balance is due within 7 days after the hearing. A current credit card must be on file. Fees will be charged to your credit card on file unless other arrangements have been made.
Initial_____

CLIENTS WHO ARE MINORS: (under 18 years of age, with the exception of those 18 years of age and over who are mentally or emotionally underage or otherwise deemed incapable of making legal decisions for themselves, or those whose parents or others still maintain legal guardianship)
•The adult accompanying a minor or the parent/guardian(s) is responsible for full payment.
•In addition to the above, I hereby waive the statute of limitations on collection and/or recovery in this state of New Jersey.
Initial_____

Cancellations: A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled with less than twenty-four hours (24) notice, you will be billed directly according to the scheduled fee. If this does not happen, you will be expected to pay the full amount for the session. This is not billable to your insurance company, and is payable at your next appointment. Exceptions may be made for emergencies and sudden illness.
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Confidentiality: All communications between client and therapist are considered confidential except where legal demands take precedence. We may not reveal any information about you or your treatment without your written permission. There are exceptions, however. If you are at risk of hurting yourself or someone else, I am obligated by law to take reasonable precautions to ensure your own or another's safety. Courts can also subpoena treatment records or therapists to give testimony in cases involving involuntary hospitalization, childcare and custody cases, cases of abuse and neglect, sexual assault, or other criminal cases. In addition, information may be disclosed if use of collection agencies or another process is required to collect unpaid fees.

In the case of couple, family or joint counseling, the undersigned agrees that there will not be confidentiality between or amongst the parties involved, and that any or all information disclosed during the individual sessions held in conjunction with the joint therapy may, at the discretion and in the clinical judgment of the therapist, be brought to the attention of or disclosed to the other party (or parties). The undersigned understands that this means the therapist cannot be the keeper of any secrets that may be of material interest to the other party (or parties).
In the case of a couple, family or joint counseling, the undersigned agrees that the therapist will not in the future be asked or summonsed to participate in legal proceedings of any nature based on our work together. This agreement includes that the undersigned will not request the therapist's files as part of any legal proceedings between or amongst them.
If consultations with other licensed professionals occur, we will not give out identifiers.
Initial_____

Phone Calls: There is no fee for phone calls that last 10 minutes or less; however should a phone call go beyond 10 minutes, we will charge, and the clock starts at the beginning of the call. The fee will be assigned according to the duration of the call, and the hourly rate that we have agreed to for regular sessions. If we do not answer our phone immediately, and you leave a message, we will do our best to return your call within a short period of time. We do not do crisis therapy, and recommend that if you need immediate support that you call 911 immediately or go to the nearest hospital.
Initial_____

Social Networking: We do not accept friend requests from current or former clients on social networking sites due to the fact that these sites can compromise client confidentiality and privacy. Texting and Emails are for scheduling purposes only. Please do not use these methods as form of communication.
Initial_____

Chance Meeting in Public: Everyone has their own feelings regarding meeting in public, therefore if we see you in public, we will not acknowledge or approach you. If you choose to approach us, this is fine. We will not talk about any issues from therapy in public, and our conversation will be short. If a chance meeting brings up any concerns for you we will discuss it thoroughly in our next meeting.

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I have read, understood, and agree to these policies:

Client Signature: _____

Date: _____

Parent Signature: _____
(If client is under 18 years old)

Date: _____

Therapist Signature: _____

Date: _____

I understand and agree to all of the above information.

_____

Client (or Parent/Guardian) Name Date

Credit Card Information

Required Debit/Credit Card to be on File: (Please check the appropriate card)

MasterCard___ Visa____ American Express_____ Discover _____

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Expiration Date:_____/_____/_____

CVV Code:

Card Number_____-_____-_____

Name as it Appears on Card: _____

Credit Card Billing Address: _____

I authorize the use of my credit/debit card.

Signature:_____

Date: _____/_____/_____