

**BOB JASKIEWICZ, L.C.S.W.**

Psychotherapist

MONTCLAIR HEALTH ASSOCIATES

Client Information Sheet

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Marital Status \_\_\_\_\_

Name(s) and DOB for all other family members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home address (city, state, zip code) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone(s) \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

Daytime phone where you can be reached or a message left regarding appointments \_\_\_\_\_

All calls are discreet. Please note any restrictions or limitations regarding messages to be left, or your ability to discuss your situation while at

this number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Insured/Responsible party for fees (if other than client) \_\_\_\_\_

(Please provide copies of any legal paperwork that documents financial responsibility for psychotherapy fees)

Insured's relationship to client \_\_\_\_\_

Insured's social security number \_\_\_\_\_

Insured's date of birth \_\_\_\_\_

Insurance Company [Please provide a copy of your insurance card(s)]\* \_\_\_\_\_

Address (city, state, zip code) \_\_\_\_\_

ID/Policy #/Group # \_\_\_\_\_

\*If you have more than one insurance company, please list insurance company name and address for all additional insurances

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Symptoms/Complaints \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date symptom(s)/Complaint started \_\_\_\_\_  
\_\_\_\_\_

Date of service and names of provider(s) of any previous treatment(s) and/or evaluation(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your primary care physician and other specialists you see \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of primary care physician \_\_\_\_\_

When was your last comprehensive medical evaluation? \_\_\_\_\_

What was the outcome of this last evaluation? \_\_\_\_\_

Please list any medications you are taking and who prescribed the medication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Welcome

*I extend a warm welcome, from Montclair Health Associates and my practice, to you.* This document provides important information about the services that I offer to my clients. Regardless of the services you are requesting my approach to your situation will depend on a variety of factors, including your present difficulties, your history and prior treatment received.

To begin, I do not directly provide any medication for your condition, but do need to know what medication you are taking. I do work with medical doctors (psychiatrists) who have specialized training for you to consult with, should the need arise or if medication seems indicated.

### Goals

My goal is to help you meet your goal(s). In doing so, I often come across patterns of behavior, emotions, thinking and communication that lead to undesirable outcomes in life. One of the potential benefits of psychotherapy is to gain the ability to notice and seek the challenge to change patterns, beliefs and attitudes that create, maintain, and sometimes worsen feelings such as depression, anxiety, panic, anger, frustration, etc. Psychotherapy has the potential to help us gain new understanding about our problems and learn new ways of coping and solving problems. With new skills, people often report a significant reduction in their feelings of distress, improved general functioning, and improved relationships.

To build new emotional strengths, such as overcoming problems and finding new, adaptive ways of interacting, like building muscular strength, takes effort and persistence. Teamwork makes most tasks easier, and I will work diligently to provide my skills, knowledge, experience and services. I will regularly review with you your goals and progress, and I want you to be open and honest in providing input, feedback, and suggestions. At any time during our work together, you have the right to decide to end treatment, and there is no moral, legal, or financial obligation other than to pay for services already rendered. If you reach a point where you are thinking about ending therapy prior to meeting your goals, I urge you to discuss this with me, as this usually proves fruitful. If you wish, I will be glad to provide you with the names of other providers to assist you.

Unfortunately, there are no guarantees, and there are potential risks. Risks may include experiencing discomfort around heightened feelings of sadness, anxiety, anger, frustration, etc., as well as people having recall of unpleasant aspects of their personal history. Sometimes people report feeling worse before feeling better. I have also noticed that when people are in individual therapy and start the process of making positive changes and improvement, on occasion, they may change in a way as to grow apart from their partners and other people and activities that were once commonplace in their lives. It is my preference for relationships to grow stronger, but remember, it takes two people to build and maintain a positive relationship. Fortunately, the rise in feelings often provides the opportunity for future emotional health for individuals and in relationships.

### Beginning

My typical practice is to begin the process of therapy by exploring the feelings that brought you to my office. In this evaluation process, we'll have the chance to talk with each other, and get to know one another, and we will talk about the value of trust.

You will have full opportunity to tell your "story." I may have many questions about specific feelings and details of your experience during this time so I can get a reasonable idea about the problem specific areas in your life. It is important for you to ask questions of me as well, so we can both decide whether I am the best person to provide the services you are requesting. Sessions start on time and your time is held specifically for you, unless an emergency arises. Unless a reasonable notice is given, you will be expected to pay for the appointment, unless we both agree that you were unable to attend due to circumstances beyond your control. I put time aside for you, and insurance companies/managed care organizations do not reimburse for missed sessions. Should you not be able to attend the session in person for logistical reasons, and would pay for a missed session otherwise, we can conduct a session via the telephone. Missed sessions are billed at your current session rate. This payment is due at the start of your next session.

### Phone Contact

I strive to return phone calls ASAP during the workweek. I am not interrupted during session time for regular phone calls. I see clients throughout the day and evening- so that I can get back to you quickly and eliminate time "playing phone tag," I ask that you leave me the best number(s) and times to reach you. If the only times you are available is when I am working, we may have to communicate through answering machine messages and my answering service. I do utilize a 24-hour, live-operator answering service, for which I will provide a phone number for you to use should you choose to work together with me. This number is primarily to be used to notify me of a life-threatening emergency; however, other important timely information can be passed along by use of this number with my approval.

### Fees

You will be expected to pay for each session at the time it is held, unless we agreed otherwise or you have insurance coverage or a managed care company which requires another arrangement. I am willing to discuss temporary financial hardship issues you may face, but any changes in fees and payment is to be discussed and agreed upon in advance. It is possible that at some time my fee might increase to reflect general cost-of-living. I will discuss this with you well in advance should the need occur.

## Insurance

As a courtesy, I will file insurance for you. However, please remember that I have a professional relationship with you and not your insurance company. Fees are charged to the client, and I can not accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. If I am not a provider on your MCO, I will provide you with billing statements, which you can use to file, but I will not file insurance claims for those companies with which I do not participate. Co-payments are due at the time of service, as well as any yearly deductibles.

## Payment

It is important that you discuss any concerns you have about fees and payment. If the worst case scenario should come about, and your account reaches significant arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment including using attorneys, collection agents, or small claims court. Further, upon non-payment, I also reserve the right to report the "bad debt" to relevant credit bureaus. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim, and the client or responsible party will be accountable for all costs of collection, litigation, and attorney's fees. In such cases, the only information that is released about a client's treatment would be the client's name, the nature of the services provided (e.g., individual therapy), dates of service, and the amount due. I would hope this procedure never has to happen between us, so I am open to any discussion of this issue.

The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits, which sometimes makes it difficult to determine exactly how much mental health coverage is available. Additionally, "managed health care plans" such as PPOs and HMOs often require advance authorization before they will provide reimbursement for mental health services. Many such plans emphasize "brief" or "short-term" therapy and often clients feel that more services are necessary after insurance benefits expire. However, some Managed Care Companies will not allow me to provide services to you once your benefits are no longer available. If other arrangements cannot be made between us so that therapy can continue, I will do my best to find you another provider so that you can continue your therapy.

You should also know that insurance companies and managed care companies almost always require outpatient treatment plans or reports as a condition for certifying or re-certifying treatment. Information requested may be as simple as a diagnosis and type of treatment, but may also be of a personal nature requiring more detailed information. Some companies have even requested a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases, they may share the information with a national medical information data bank (such as the MIB- Medical Information Bureau). If I am required to submit a report in writing, I make every effort to complete it prior to our scheduled appointment and review it with you. However, this is not always possible. Because of the potential for loss of privacy, some clients prefer to make other financial arrangements and not file insurance claims.

## Confidentiality

Within the limitations discussed below, the information you reveal to me during our professional relationship will be kept confidential and will not be released to anyone without your written consent. However, certain conditions do require that confidentiality and privileged communication be breached including: (1) if you present a danger to yourself; (2) if you present an imminent danger to another person which can include a communicable disease that can be life-threatening to others; (3) if there is reason to believe that child abuse or neglect is present a report must be filed with a state child protection agency; (4) if a legitimate court order is issued; (5) if the treatment is ordered or under the supervision of the court; and, (6) as discussed above, an insurance or managed care company requires you to consent to release of records and/or information to them as a condition for reimbursement. As noted, if you want me to file insurance for you, your signature(s) below indicates your permission to release any and all information requested to your insurance company or its representative such as a managed care company. When such is released, I can not control how the information is treated, nor will I be responsible for any injury or claim for damages arising from the release of records or information as required by the insurance company or managed care organization. No clinical/psychological information is revealed to my office staff other than information that you provide when calling, or information necessary for billing or precertification or re-certification of your insurance benefits.

Information revealed in marital therapy is protected by privileged communication in New Jersey and requires permission of both to waive. When working with couples, I adopt a “no secrets” rule. That is, should I speak individually with either party (e.g. in person, on the telephone, via email), I reserve the right to disclose any information to the other party if I believe such information is relevant to the therapy process.

*Of special note:* When a family is confronted by parental separation or divorce, it is very hard on everyone. It is important then when working, as a couple, each person feels safe to speak openly and honestly, without fears that material revealed in therapy will be revealed in court and used in a negative fashion. In order to provide a safe environment for couples work, it is important that you agree not to call me as a witness or to attempt to subpoena records in the event you choose to pursue divorce. While a judge may overrule this agreement in certain circumstances, and issue a court order for information, your signature(s) below reflect your agreement not to call me as a witness nor attempt to subpoena psychological records.

In order to provide clinical coverage for me when I am out of town, it may be necessary for me to release general information to the psychotherapist who is covering for me. If I am going to be out of the office, I will make every effort to inform you who is covering for me, and let you know the type of information that I may need to share with him/her.

However, if an emergency required me to be out of the office, I would be guided by the National Association of Social Workers Code of Ethics regarding the type of information disclosed. As noted earlier, if because of non-payment of your bill I pursue legal remedies, certain information will not be considered confidential and will be released, but this would be limited to the minimum that is necessary to achieve the purpose.

Agreement

I have read this information fully and completely, I have discussed any information I had about the information, and I understand the information. I understand that there are no guarantees stated or implied, and I accept the risks inherent in the course of therapy. I have familiarized myself with the fees and charges for services provided by Bob Jaskiewicz, L.C.S.W, d.b.a. Montclair Health Associates, and I understand and agree that the psychotherapy services rendered will be charged to me and not to any third-party payer unless required by a managed care contract. I acknowledge responsibility for payment of services, and I understand I am responsible for all costs of collection and litigation together with attorney’s fees if the charges for services must be collected by an action of law. I consent and agree that Bob Jaskiewicz may release such information required by my insurance company and/or managed care company for payment for services rendered, and I agree to hold Bob Jaskiewicz and Montclair Health Associates harmless for any injury or claim for damages arising from release of records or information as required by my insurance company/managed care company. No one can predict the course of human relationships, and as we learn more about each other, it may be necessary to amend prior agreement.

_____	_____
Client(s)	Date
_____	_____
Client(s)	Date
_____	_____
Responsible party/guardian	Date

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Bob Jaskiewicz, L.C.S.W.  
 License number 44SC04599500  
 8 Mountainside Park Terrace  
 Upper Montclair, NJ 07043  
 Phone: (973) 509-8879  
 Fax: (973) 655-0622