

Richard A. Sypniewski, M.S., LPCC

32605 Temecula Parkway, Ste. 207

Temecula, CA 92592

760.822.8310

richard@richardsypniewskilpcc.com

Patient: _____ Age: _____ Sex: M F

Address: _____

_____ e-mail _____

Phone: (_____) _____ Cell: (_____) _____ Date of Birth: ____ / ____ / ____

SS#: _____ - _____ - _____ Emergency Contact & #: _____

Responsible Person: (Note: If this information is same as patient, write "same as above")

Name: _____ Relationship: _____

Address: _____

Phone: (_____) _____

Insurance Information:

Insurance Company: _____ Phone: _____

Patient's ID # _____ Group #: _____

Subscriber's Name & Address: _____

Subscriber's SS#: _____ Subscriber's DOB: _____

Subscriber's Employer's Name: _____

Subscriber's Relationship to Patient: _____

Secondary Insurance? _____

Consent for Treatment:

I consent to assessment, treatment, and/or diagnostic procedures for myself or for my family member. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I authorize the release and exchange of information between my therapist and the referral source and other co-treating providers for the purpose of treatment, payment, and Health Care Operations. I also authorize the release of information to my health plan for claims or other health plan purposes.

Patient/Legal Representative Signature

Date

Office Policies

Confidentiality

All information disclosed within sessions or consultations is held strictly confidential and may not be revealed to anyone without a written release of information, except where disclosure is permitted or required by law. Disclosure is required in the following circumstances:

1. When there is a reasonable suspicion of child abuse or neglect, or abuse to a dependent or elder adult,
2. When the patient presents an imminent danger to self,
3. When the patient presents an imminent danger to others,
4. If a judge determines that our discussions are not confidential, a judge may request specific information.

If the patient is a minor, you acknowledge that your child's records are confidential except in the above stated exceptions. Please be aware that submitting mental health claims to your insurance company carries a certain amount of risk to confidentiality, privacy, and to future capacity to obtain health or life insurance, or even a job. I receive regular professional consultation. In such cases, neither your name, nor any identifying information about you is revealed.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice.

As such, Therapists regularly participates in clinical, ethical, and legal consultation, including professional expert supervision consultation for a specific designated specialty area. During such consultations, Therapists will not reveal any personally identifying information regarding Patient or Patient's family members or caregivers.

Record-keeping

I generally keep brief records, noting that you have been here, what interventions happened in session, and the topics we discussed. These records are kept confidential and secure.

Diagnosis

Diagnoses are technical terms that describe the nature of your problems. I do not always use a diagnosis, but insurance companies often require them. Please ask me for further information.

Insurance

I do accept some insurance plans. However, if you have an insurance plan that covers "out of network providers," I will be happy to provide you with a receipt and billing codes so that you can submit for reimbursement yourself. Please ask me for further information.

Phone & Emergency Contact

If you need to contact me by phone, do not hesitate to call my office number. I typically screen and review my calls after 3:00 p.m. during business hours Monday-Friday since I work with clients throughout the day. If I am not available, you can leave a message at 760.822.8310 on my voicemail and I will usually return the call that day. You will be charged for phone calls if we have a conversation of an information-exchanging or problem-solving nature that lasts more than 10 minutes. If you cannot reach me in an emergency, you can find help at the following suicide prevention/crisis numbers: (951) 686-HELP (4357) or for youth (800) 843-5200.

Therapy Process & Termination

Psychotherapy can result in a number of benefits to you, including improved relationships and a reduction in psychological symptoms. The process of talking about painful memories, thoughts, and feelings, however, can be difficult and can make patients feel worse for a time. Please discuss this with me if you are feeling worse. There is no guarantee that therapy will yield positive or intended results. Most problems require at least 8-12 sessions. Many times it takes much longer than this, up to a few years. You are free to terminate therapy at any time. I can provide you with referrals to other therapists at your request. **I do not perform custody evaluations and do not make recommendations regarding**

custody. I also do not prescribe medication or make recommendations about medication, but will refer you to your physician or to a psychiatrist if I believe you are in need of a medication evaluation.

Cancellation of Appointment

The scheduling of an appointment involves the reservation of time specifically for you. In the event of a “No Show” or failure to give a **full 24-hour notice** of a cancellation, **you will be charged the full session fee for all late cancellations and missed appointments.** Please be aware that insurance companies will not cover cancellation charges.

By initialing here, you acknowledge that you have received a copy of the “Notice of Privacy Practices” and the “Patients’ Rights and Responsibilities.” _____

Patient/Legal Representative Signature

Date _____

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Fee Agreement

Fees & Insurance: Fees are **\$175 for an Initial Office Consultation or 60 min.** session and subsequent sessions are **\$150 for an Individual Session.** Co-payments and deductibles may apply. I can call to verify your insurance coverage. Sessions are 45-50 minutes in length. **Patients who carry accepted insurance should remember that professional services are rendered and charged per your agreed co-pay only.** Reduced fee services for shortened session lengths are discussed at my professional website and will be explained in the initial intake session. **An insurance company may be billed at a higher rate due to the complexity of an individual session and client(s) and/or multiple family members being serviced.** **Billed insurance rates are consistent with rates to private pay individuals ranging from \$150-\$225.**

Letter writing, consultations with other professionals, telephone conversations, reading records or reports, travel time, longer sessions (additional varied charges apply), etc. will be billed at the same rate as your therapy sessions, Brief sessions, if clinically appropriate, are available at a reduced fee. Please discuss this with me as the need arises. Returned checks are subject to a \$20 fee. This agreement supersedes all previously agreed to financial agreements and is effective as of the date signed.

Please be aware that not all issues/problems/conditions dealt with in therapy are covered by insurance. It is your responsibility to verify the specifics of your coverage with your company. You understand that insurance is billed as a courtesy to you so that you can attempt to get reimbursed, but **you are responsible for full payment upon starting each session unless I accept your insurance.** If your account is overdue (unpaid) and there is no written agreement on a payment plan, I can use legal or other means (court, collection agencies, etc.) to obtain payment.

Cancellation policy: The scheduling of an appointment involves the reservation of time specifically for you. In the event of a “No Show” or failure to give a **full 24-hour notice** of a cancellation, **you will be charged the full session fee for all late cancellations and missed appointments.** Please be aware that insurance companies will not cover cancellation charges. Patients are required to provide a credit card number which will be charged the full session fee in the event of a “no show” or failure to give a full 24-hour notice of cancellation.

(New) Free Preferred Payment Method Through Most Banks:

Pay co-payments, etc. instantly from most major banks to my phone number or my email address @ richard@richardsypniewskilpcc.com. For more information on simply using Zelle, please view [Zelle Video Description](#) or its website @ <https://www.zellepay.com/> **Introducing Zelle. It's a fast, safe, and easy way to send money in minutes, to your friends, family, business associates, paying for your co-pays with me. Look for it in your banking application.**



THIS IS HOW MONEY MOVES™



Credit Card Authorization

I am authorizing Richard Sypniewski to charge me in full to the credit card, in the event, that I (or the patient, if services are being paid for by parent or other adult) fail to give 24 hours notice of cancellation of a scheduled appointment. I further authorize Richard Sypniewski to charge my credit card for any unpaid services that remain on the account. You can also opt to pay your remaining balances using the service [Zelle Video](#) if it is available through your banking institution. Zelle has raised the bar on security and fraud protection.

Card Type (circle one): Visa Mastercard

Card Number: _____- _____- _____- _____ Exp. Date _____

CVV code (3-digit code on back of card) _____

Name as printed on card _____ Billing zip code _____

Authorized cardholder signature _____ Date _____

I have read the above fee agreement document carefully, and I understand it and agree to all of its terms and conditions.

****The pages below are your copies.****

Patient Notice of Privacy Practices

The Department of Health and Human Services has established a “Privacy Rule” to help insure that personal health information is protected for privacy. The Privacy Rule was also created in order to provide a standard for health care providers to obtain their patients’ consent for uses and disclosures of health information about the patient to carry out treatment, payment, or healthcare operations.

I want you to know that I respect the privacy of your personal medical records and will do all I can to secure and protect that privacy. I strive to always take reasonable precautions to protect your privacy. When appropriate, I provide the minimum necessary information to only those I feel are in need of your health care information. This includes information about treatment, payment, and/or health care operations in order to provide health care that is in your best interest.

I also want you to know that I support appropriate access to medical records. With your consent, I may disclose personal health information for purposes of treatment, payment, or health care operations such as communication with hospitals, co-treaters, and health plans.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, if you refuse to disclose your personal health information, I have the right to refuse to treat you. If you choose to give consent in this document, at some future time you may request to refuse to disclose all or part of your personal health information. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

You may request a restriction on any authorization to disclose personal health information. I am not required to agree with this restriction request. You have the right to have your clinician amend your protected health information. If the request is denied, you may file a disagreement with me and prepare a rebuttal, which will be added to your personal health information. You have the right to receive accounting of any disclosures I have made.

I want you to know that I continually undergo training to understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPPA) with particular emphasis on the “Privacy Rule.” I strive to achieve the very highest standards of ethics and integrity in providing services to my patients.

If you have any questions or problems, please speak with me directly, as I welcome your feedback. You may also file a complaint with the Secretary of Health and Human Services if you believe that I have violated your privacy rights.

Richard Sypniewski, MS, LPCC

Consumer Notice of Rights and Responsibilities

Dignity and Respect

You have the right to be treated with consideration, dignity, and respect, and the responsibility to respect the rights, property, and environment of all health care providers, employees, and other patients. You have the right to have the privacy and confidentiality of your health records maintained. You are also entitled to these rights regardless of gender, age, sexual orientation, marital status, or culture, or economic, education, or religious background.

Knowledge and Information

You have the right to receive information about your practitioner's services and any treatment recommendations. You have the right—and the responsibility—to know about and understand your health care and your coverage, including the following: participating with your practitioner in decision-making regarding your treatment planning; your clinical condition; any services and procedures involved in your recommended course of treatment; and how your health plan operates as stated in your policy.

Eligible Employee Accountability/Autonomy

As a partner in your own health care, you have the right to refuse treatment, providing you accept responsibility for the consequences of such a decision. You have a responsibility to participate, to the degree possible, in understanding your behavioral health problems and in developing mutually agreed upon treatment goals. You also have the responsibility to identify yourself and insurance coverage or changes in coverage when receiving behavioral health services. You have the responsibility to provide your current provider with previous treatment records, if requested, as well as to provide accurate and complete medical information to any other health care professionals involved in the course of your treatment. You have the responsibility to be on time for your appointments and to notify your provider as far in advance as possible if you need to cancel or reschedule an appointment. You have the responsibility to notify your behavioral health plan within 48 hours—or as soon as possible—if you are hospitalized or receive emergency care. And, you have the responsibility to pay all required co-payments and deductibles as the time you receive behavioral health care services.

Other Rights

You have the right to ask questions about anything that happens in therapy. You have the right to provide feedback to me about what I'm doing, and in fact I welcome this. You are free to leave therapy at any time.

Our relationship is a professional and therapeutic relationship. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you and your family, but cannot have a social relationship with you.

Email Policy

I prefer to use email to handle administrative issues like scheduling or receipt requests. However, I cannot email about anything clinical (i.e., related to what is said in sessions.) If you choose to email with me, please know that email is not a secure medium.

Social Media Policy

I use social media to share information related to individual psychotherapy, networking with other professionals, and promoting related workshops or classes. If you choose to “like or comment on” me on any social media platform, I am assuming that you are making an informed decision about how this may compromise your confidentiality. Any social media website is easily accessed by anyone on the internet. The vast majority of my contacts are not clients, however there is a small risk that you could be identified as a client simply based on your decision to “like” or “follow or comment on” me. Please do not use Facebook or Social Media platforms as a way to communicate with me due to confidentiality concerns as well as the limited time that I spend using social media. Leave me a voicemail or email for administrative issues such as changing appointments, including follow-up care.

I cannot accept friend requests from current or former clinical community office clients on my any social media platform. Similar to social media, please be cautious yourself when leaving any comments on any medium blog. If you choose to use your name, you are compromising your confidentiality. Any comments left that divulge personal information will be edited at my discretion.

Filing a Complaint

I welcome direct feedback if you have a grievance. You also have the right to file a complaint with the State Department of Health Services at 1-(800)-824-0613. If you have a grievance against your health insurance plan, you should contact the plan and use the plan's grievance process. If you are not satisfied with the plan's resolution, you may appeal the decision by contacting the California Department of Corporations at 1-(800)-400-0815 (they are responsible for regulating health care service plans).

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Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice.

As such, Therapists regularly participates in clinical, ethical, and legal consultation, including professional expert supervision consultation for a specific designated specialty area such as Family and Couples Therapy Counseling when multiple family members are included in the therapy policy. During such consultations, Therapists will not reveal any personally identifying information regarding Patient or Patient's family members or caregivers.

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return the call that day. You will be charged for phone calls if we have a conversation of an information-exchanging or problem-solving nature that lasts more than 10 minutes. If you cannot reach me in an emergency, you can find help at the following suicide prevention/crisis numbers: (951) 686-HELP (4357) or for youth (800) 843-5200.

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