

Attainable Solutions: Comprehensive Mental Health Services, LLC

8019 North Himes Ave., Ste. 311
Tampa, FL 33614

166 E. Bloomingdale Ave., Ste. A
Brandon, FL 33511

Phone 813-933-1425 • Fax 813-933-4265

Client Information

Welcome to your first appointment. Please take a few minutes to fill out this form.

Date: _____

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Social Security Number: _____ Marital Status: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____

May we contact you at home by phone? (Circle answer)	Yes	No
On your cell?	Yes	No
At your work?	Yes	No

May we leave a brief message?	Yes	No
-------------------------------	-----	----

May we contact you by email?	Yes	No
------------------------------	-----	----

If yes, email: _____

Number of people in home: _____

Referral Source: (Physician, yellow pages, internet, etc.): _____

**Attainable Solutions:
Comprehensive Mental Health Services, LLC**

8019 North Himes Ave., Ste. 311
Tampa, FL 33614

166 E. Bloomingdale Ave., Ste. A
Brandon, FL 33511

Phone 813-933-1425 • Fax 813-933-4265

Emergency Contact

Name: _____

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Attainable Solutions: Comprehensive Mental Health Services, LLC

8019 North Himes Ave., Ste. 311
Tampa, FL 33614

166 E. Bloomingdale Ave., Ste. A
Brandon, FL 33511

Phone 813-933-1425 • Fax 813-933-4265

Client Consent for Treatment

The following is intended to familiarize you with Attainable Solutions: Comprehensive Mental Health Services, LLC (Attainable Solutions):

1. You have the right to confidentiality. This means that what you say during the session will not be talked about outside of the session unless you give your therapist written permission. Exceptions to confidentiality include: issues of abuse and/or neglect, plans to hurt yourself or someone else, upon a receipt of request which may be governed by other Florida Statutes or a court order.
2. Personal Health Care Information may be released for the purposes of reimbursement from a third party and/or business associates.
3. Payment for services is due prior to seeing your therapist.
4. Any difficulty in paying your bill should be brought to your therapist's attention.
5. A fee of \$35.00 will be charged for returned checks and your therapist will determine payment of fees.
6. You will be charged full fee for missed sessions. A 24 hour notice is required to cancel without being charged for the session.
7. Abuse of legal or use of illegal substances during treatment is unacceptable. Arriving for your sessions under the influence of any non-prescribed substances will be grounds for immediate termination of the session without a refund for the session.
8. Please understand that initially your symptoms may worsen while in treatment. Therapy is designed to assist you with coping with these symptoms or stressors.
9. Confidential matters may be discussed on cellular phones. Steps are taken to preserve your confidentiality.
10. Please feel free to discuss any problems or questions with your therapist.
11. For after hour emergencies, you may call the Hillsborough County Crisis Line at 211 or 234-1234, call 911 or go to the local emergency room.

I hereby authorize Attainable Solutions: Comprehensive Mental Health Services, LLC to administer treatment/counseling as deemed appropriate by the Attainable Solutions staff. I have received a copy of the Attainable Solutions Outpatient Services Information form and have read the above information regarding my participation in services provided by Attainable Solutions. I agree to abide by the rules in the Attainable Solutions Outpatient Services Information form and the rules listed above.

Client/Parent/Guardian Signature

Date

Witness

Date

Attainable Solutions: Comprehensive Mental Health Services, LLC

8019 North Himes Ave., Ste. 311
Tampa, FL 33614

166 E. Bloomingdale Ave., Ste. A
Brandon, FL 33511

Phone 813-933-1425 • Fax 813-933-4265

FEE AGREEMENT

Outpatient Fees:

It is understood and agreed that Jo-Ann H. Bird, Ph.D., LMHC, NCC standard fee is \$150.00 an hour. I agree to pay my agreed upon portion of this fee, \$ _____ per hour of service, which is based on my ability to pay (sliding scale).

Fees are payable at the time services are rendered in either cash, personal check, money order, Visa or MasterCard.

It is also understood that I am responsible for the payment of the fees due for any missed appointments or appointments canceled with less than 24 hour notice, and such payments are due within 30 days of the missed appointment.

I agree to pay a fee of \$35.00 in the event that I have a personal check returned by my bank, and I understand that the privilege of paying by personal check may be denied due to returned checks. Should it be necessary to refer this account to an attorney or collection agency, I agree to pay the reasonable cost of attorney fees.

Guarantor/Client: _____ Date: _____

Witness: _____ Date: _____

Attainable Solutions: Comprehensive Mental Health Services, LLC

8019 North Himes Ave., Ste. 311
Tampa, FL 33614

166 E. Bloomingdale Ave., Ste. A
Brandon, FL 33511

Phone 813-933-1425 • Fax 813-933-4265

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received the Notice of Privacy Practices statement of Attainable Solutions: Comprehensive Mental Health Services, LLC.

Signature _____

Date _____

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Attainable Solutions: Comprehensive Mental Health Services, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Attainable Solutions: Comprehensive Mental Health Services, LLC. I understand that diagnosis or treatment of me by Jo-Ann H. Bird, Ph.D., LMHC, NCC may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Attainable Solutions: Comprehensive Mental Health Services, LLC is not required to agree to the restrictions that I may request. However, if Attainable Solutions: Comprehensive Mental Health Services, LLC agrees to a restriction that I request, the restriction is binding on Attainable Solutions: Comprehensive Mental Health Services, LLC and Jo-Ann H. Bird, Ph.D., LMHC, NCC.

I have the right to revoke this consent, in writing, at any time, except to the extent that Attainable Solutions: Comprehensive Mental Health Services, LLC and Jo-Ann H. Bird, Ph.D., LMHC, NCC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Attainable Solutions: Comprehensive Mental Health Services, LLC's Notice of Privacy Practices prior to signing this document. Attainable Solutions: Comprehensive Mental Health Services, LLC's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices for Attainable Solutions: Comprehensive Mental Health Services, LLC is also provided in the lobby.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Attainable Solutions: Comprehensive Mental Health Services, LLC.

This Notice of Privacy Practices also describes my rights and the duties of Attainable Solutions: Comprehensive Mental Health Services, LLC with respect to my protected health information.

Attainable Solutions: Comprehensive Mental Health Services, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Printed Name of Patient

Signature of Patient

Date