

Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____

Cell Phone: _____

How would you prefer that we contact you? Home Cell Work

E-mail: _____

Can we send you monthly newsletter? Yes No

Date of Birth: _____ Social Security # _____

Significant other's name: _____

Work Phone _____ Cell Phone: _____

Emergency contact (other than significant other):

Name: _____

Relationship: _____ Phone: _____

How did you hear about SMLH? Psychology Today, Facebook, internet search, friend, Happiness 101, other: _____

2290 East 4500 South, Suite 270, Holladay, Utah 84117 • Phone: 877-476-6338 • FAX: 855-265-2714 •

S&L LAKE MENTAL HEALTH, INC.

Insurance Information

Insurance Company _____

Insurance Company Address _____

City _____ State _____ Zip _____

Insurance ID: _____

Group # _____ Insured's Employer _____

Work # _____ Referral Source _____

Did you get preauthorization? Yes No Not required

If you are not the primary insurance carrier, please provide the following:

Insured's Name: _____

Insured's relationship to you: _____

SSN# _____ Date of Birth: _____

Employer Name _____

Check here if the insured's address is the same as your own

If not, please provide it here:

Address _____ Apt # _____

City _____ State _____ Zip _____

Employee Assistance Program (EAP)

Name of EAP: _____ Certification #: _____

Number of sessions available _____ EAP Phone _____

INFORMED CONSENT

Thank you for coming to see us. Starting counseling is a major decision and you may have some questions. This document is intended to inform you of Salt Lake Mental Health, Inc. (SLMH) policies, state and federal laws and your rights. If you have other questions or concerns, please ask. Frank Clayton is licensed to perform mental health counseling by the State of Utah. We have clinical experience in treating adolescents, adults and families using individual, family and group therapy using the following therapeutic modalities: person-centered, positive psychology, cognitive, cognitive-behavioral, rational-emotive and Gestalt therapy.

Therapy may increase symptoms of anxiety, depression and/or suicidal ideation. It is imperative that if you make an agreement to begin treatment, that you commit to follow through with the treatment plan. Such treatment plans may include assignments to be done at home, attendance of support groups and/or or a safety contract. If you deviate from the prescribed treatment plan, you agree to hold SLMH harmless in the event of a less than satisfactory therapeutic outcome including not meeting goals, therapeutic objectives, improvement of symptoms or even death. It is therefore in your best interest to adhere to all treatment plans – which will be agreed upon by both you and the therapist.

HIPPA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

DISCLOSURES: Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow SLMH to use and disclose your health information for these purposes.

TREATMENT: SLMH may need to use or disclose health information about you to provide, manage, or coordinate your care or related services. This could include consultants and potential referral sources.

PAYMENT: Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We will bill the person in your family who pays for your insurance.

HEALTHCARE OPERATIONS: SLMH may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

COMMITMENT: SLMH is committed to maintain your confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the American Counseling Association.

CONFIDENTIALITY AND EMERGENCY SITUATIONS:

Your verbal communication and clinical records are strictly confidential EXCEPT when:

- a) Information that you and/or your child report any physical or sexual abuse to a child. Then, by Utah State Law, SLMH is obligated to report this to the Department of Children and Family Services.
- b) Both Utah civil and criminal codes (§ 62A-3-302 and § 76-5-111) requires SLMH to report to the authorities should we become aware that any disabled or elder adult has been the subject of abuse, emotional or psychological abuse, neglect, or exploitation.
- c) According to Utah Rule R386-72-2, contagious diseases must be reported to the health department. These diseases include HIV/AIDS, tuberculosis, Hepatitis (A, B, or C), and syphilis. For a complete list go to <http://www.rules.utah.gov/publicat/code/r386/r386-702.htm> or ask for a list.
- d) If you provide information that informs me that you are in danger of harming yourself or others. This would also apply if you were involved in a crime before, during or after your therapy session on the premises.
- e) When required by law - such as subpoenaed to testify in court. Should this situation arise, each question would be carefully scrutinized by SLMH for its relevance and the court's need-to-know. Objections would be made if it were deemed that the information requested was deemed unnecessary or irrelevant. Only the information specifically asked for will be given.
- f) When you have signed a release of information. Examples would be: a physician or other healthcare professional, a prior therapist, etc.
- g) If you are receiving counseling with a friend or loved one, rest assured that SLMH will not engage in any discussions which would make me privy to information without your knowledge. This would undermine the trust in our therapeutic relationship. Should SLMH be made aware of information in spite of setting this boundary, SLMH will inform you of who said it and what was said in your absence as soon as is reasonable. This pact is imperative to a trusting relationship and will be implemented whether your role in the relationship is that of the guardian, parent, significant other or child.

If you believe yourself or another person to be in danger due to suicidal or homicidal ideation, call the following emergency services:

- Emergency Services: 9-1-1
- UNI Crisis Hotline: 801-587-3000
- Suicide Hotline: (800) 273-8255/800-273-TALK

CLIENT RIGHTS

- **Right to request how SLMC contacts you.** It is SLMH normal practice to remind you of your appointment the day prior to or the day of your appointment. This is done as a courtesy. You are responsible to remember your appointment. Please indicate on which phone SLMH may text or leave a message.
- **Right to release your medical records.** You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that SLMH acted in reliance on such authorization.
- **Right to inspect and copy your medical and billing records.** You have the right to inspect and obtain a copy of your records. To request access to your billing, or health information, contact our office. If SLMH deems that access to your records may be detrimental to you, SLMH may deny your request to inspect and copy it or in lieu of such a denial, give you only limited access. If you ask for a copy of any information, SLMH may charge a reasonable fee for the costs of copying, mailing and supplies.
- **Right to add information or amend your medical records.** If you feel that information contained in your medical record is incorrect or incomplete, you may ask SLMH to add information to amend the record. SLMH will make a decision on your request within 60 days, or some cases within 90 days. Under certain circumstance, SLMH may deny your request to add or amend information. If SLMH deny your request, you have a right to file a statement that you disagree. Your statement and SLMH's response will be added to your record. SLMH will require you to submit your request in writing and to provide an explanation concerning the reason for your request.
- **Right to an accounting of disclosures.** You may request an accounting of any disclosures SLMH have made related to your records. To receive information regarding disclosures made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our offices in writing. SLMH will notify you of the cost involved in preparing this list.
- **Right to request restrictions of your health information.** You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be submitted to our office in writing. However, we are not required to agree to such a request.
- **Right to complain.** If you believe your privacy rights have been violated, please contact Frank Clayton personally to discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. There will be no retaliation of any kind for filing such a complaint.
- **Right to receive changes in policy.** You have the right to receive any future policy changes secondary to changes in state and federal laws. You will be notified via newsletter or via bulletin at your next appointment.

FEE SCHEDULE

SLMH fees are as follows:

Half-session	\$ 60
Groups (per person per hour)	\$ 40
Regular session	\$120
Additional Time 75+ minutes	\$160
Cancellation/No Show (less than 24 hrs notice) ..	\$ 80
Returned check Fee.....	\$ 25
Sliding scale rate	\$ 60
Workshops / In-services / Training.....	<i>Negotiated in Advance</i>
Presentations, Speaking Engagements.....	<i>Negotiated in Advance</i>
Court appearances: \$2/minute including travel time plus mileage	

- Cash discounts are available
- Sessions are typically 55 minutes in length.
- What time the session ends is up to you. If there are any restrictions prohibiting an extended session, such as an appointment immediately following, this will be stated at the beginning of the session by SLMH. There will be a 10 minute grace period to end the session. If you allow the session to go beyond one hour, additional payment MAY be forthcoming.
- You are ultimately responsible for payment. Therefore, any payment not covered by your insurance company is your responsibility.
- If you must cancel or reschedule your appointment, please call 877-476-6338 or text 801-382-8976 as soon as possible (yes, on Sundays too). If you cancel your appointment with less than 24 hours notice, a fee of \$40 will be assessed regardless of the length of the scheduled appointment or any payment plan you may have in place (including pro bono). If less than four hours notice is given, an \$80 will be assessed (rather than \$40). If two late cancellations occur in a row, payment must be received **before** another session may be scheduled.
- You are expected to pay for your session at the time of service unless you have made arrangements for a payment plan. If you fall behind on your payments, your therapy may be interrupted.
- Any outstanding payments should be mailed via a secure form of payment (do not send cash). Payment should be made to the name of “Salt Lake Mental Health” and may be mailed to 2290 East 4500 South, Suite 270, Holladay, Utah, 84117

Agreement and Acknowledgments

I/We have read and understand all of the following policies and procedures:

_____ Clients Rights

_____ Confidentiality

_____ Fee Schedule

_____ Informed Consent

_____ HIPAA Notification

_____ Emergency Procedures

_____ I have received preauthorization from my insurance/EAP to begin therapy

Check here if not applicable

You may leave a message giving on the following phone numbers (please check all that apply):

Home

Cell Phone

Work

Further, by my signature and initials, I authorize SLMH to release my address, phone number, date of birth, social security number and primary diagnosis to administration, allowing billing to third party payers (insurance, EAP). If your spouse or parent is the person responsible for insurance (“the insured”), be aware information will appear on their billing statements.

Signature _____ Date _____

Signature _____ Date _____

The Oxford Happiness Questionnaire

From The How of Happiness (Sonja Lyubomirsky), page 84

Below are different statements about happiness. Please indicate how much you agree or disagree with each statement by entering a number alongside it according to the scale below.

1 Strongly disagree	2 Moderately disagree	3 Slightly disagree	4 Slightly agree	5 Moderately agree	6 Strongly agree
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- _____ 1. I don't feel particularly pleased with the way I am
- _____ 2. I am intensely interested in other people
- _____ 3. I feel that life is very rewarding
- _____ 4. I have very warm feelings towards almost everyone
- _____ 5. I rarely wake up feeling rested
- _____ 6. I am not particularly optimistic about the future
- _____ 7. I find most things amusing
- _____ 8. I am always committed and involved
- _____ 9. Life is good
- _____ 10. I don't think that the world is a good place
- _____ 11. I laugh a lot
- _____ 12. I am well satisfied about everything in my life
- _____ 13. I don't think I look attractive
- _____ 14. There is a gap between what I would like to do and what I have done
- _____ 15. I am very happy
- _____ 16. I find beauty in some things
- _____ 17. I always have a cheerful effect on others
- _____ 18. I can fit in everything I want to
- _____ 19. I feel that I am not especially in control of my life
- _____ 20. I feel able to take anything on
- _____ 21. I feel fully mentally alert
- _____ 22. I often experience joy and elation
- _____ 23. I do not find it easy to make decisions
- _____ 24. I do not have a particular sense of meaning and purpose in my life
- _____ 25. I feel I have a great deal of energy
- _____ 26. I usually have a good influence on events
- _____ 27. I do not have fun with other people
- _____ 28. I don't feel particularly healthy
- _____ 29. I do not have particularly happy memories of the past

Center for Epidemiologic Studies Depression Scale

From *The How of Happiness* (Sonja Lyubomirsky), page 35

Instructions: This set of questions is related to how you felt or behaved in the past week. Using the scale below please write the number which best describes how often you felt or behaved this way during the past week

0	1	2	3
rarely or none of the time.	some or little of the time	a moderate amount of the time	most or all of the time
(less than 1 day)	(1-2 days)	(3-4 days)	(5-7 days)

- _____ 1) I was bothered by things that usually don't bother me
- _____ 2) I did not feel like eating; my appetite was poor
- _____ 3) I felt that I could not shake off the blues even with help from my family and friends
- _____ 4) I felt that I was just as good as other people
- _____ 5) I had trouble keeping my mind on what I was doing
- _____ 6) I felt depressed
- _____ 7) I felt that everything I did was an effort
- _____ 8) I felt hopeful about the future
- _____ 9) I thought my life had been a failure
- _____ 10) I felt fearful
- _____ 11) My sleep was restless
- _____ 12) I was happy
- _____ 13) I talked less than usual
- _____ 14) I felt lonely
- _____ 15) People were unfriendly
- _____ 16) I enjoyed life
- _____ 17) I had crying spells
- _____ 18) I felt sad
- _____ 19) I felt that people disliked me
- _____ 20) I could not get "going"