

Qualife Psychology, LLC
Tami Krichiver, Psy.D., HSPP

6544 Ferguson Street, Indianapolis, IN 46220
Tel. (317) 528-9110 Fax (844) 770-0226
www.qualifepsychology.com

CLIENT INFORMATION

Last Name:			First Name:			Date:		
Date of Birth:		Age:		Gender:		Married_____ Single_____ Other_____		
Street Address:			City:		State:		ZIP:	
Home Phone:			Cell Phone:					
You may leave me voicemail (circle to authorize): Home Cell								
Emergency Contact Name and Phone Number:								
Referred by:								

INSURANCE INFORMATION

Primary Insured (Check one):				Self: _____		Spouse: _____		Other: _____	
Insured's Name:				Home Phone:					
Social Security #:				Date of Birth:					
Type of Insurance:			Insurance ID#:			Group #:			
Insured's Employer:				Phone:					
Employer Address:									

Counseling and Psychological Services

Dr. Tami Krichiver is a licensed clinical psychologist in the State of Indiana (Indiana License #20042554A), authorized to provide psychological services. Services include, but are not limited to psychological assessment and therapy. Dr. Krichiver only provides services for which she has been trained and holds a license.

Consent for Mental Health Treatment

I hereby authorize and consent to participate in mental health treatment offered by QuaLife Psychology, LLC and its respective provider, Tami Krichiver, Psy.D, HSPP, a mental health professional as defined by Indiana Law. I understand that I am only consenting to the services Tami Krichiver, Psy.D, HSPP is qualified to provide within the scope of the provider's license, certification, and training.

Patient's Name (print please)

Date

Signature of Patient

Date

Policies and Procedures

This document contains important information about QuaLife Psychology, LLC's professional services and business policies. Please read this counseling agreement carefully. Signing this document represents an understanding and acceptance of this agreement, and provides consent to psychotherapy treatment with Tami Krichiver, Psy.D, HSPP.

Confidentiality

Confidentiality is foundational to the therapist-client relationship. Confidentiality means that your therapist has an obligation to protect information obtained during therapy, except as mandated by law. This includes all identifying information about your assessment and treatment in therapy. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

There are exceptions to the laws of confidentiality. Under the following circumstances, psychologists are required by law to disclose information obtained during therapy without your consent.

- Child Abuse or Elder Abuse. Psychologists are mandated by law to report cases of suspected child abuse/neglect (of children and youth under age 18) and elder abuse (of adults over age 60).
- Suicide. If you are in danger of potential serious harm to yourself, confidentiality does not apply and your psychologist may inform family member(s) or take action to see that you are admitted to a hospital.
- Homicide. In cases of potential serious harm to others, confidentiality does not apply and your psychologist is required by law to inform the police, inform the intended victim(s), and inform any other necessary individuals in order to prevent the loss of life.
- As mandated by law, confidentiality does not apply if your psychologist receives a court order mandating the disclosure of treatment records as part of a legal proceeding.
- A mental health professional may disclose confidential information in proceedings brought by a patient against a professional.

Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records.

The Benefits and Risks of Counseling

One significant potential benefit of therapy is the opportunity to resolve major concerns identified in the treatment process. The ability to cope better with stressors and successfully express emotion is another potential benefit. Increased connection in close relationships is another potential benefit of therapy. One may realize personal goals or live more fully in alignment with personal values.

There are certain risks involved in therapy as well. Working therapeutically through difficult or unpleasant life events may evoke negative or distressing emotions. Changes in relationships may cause discomfort, particularly if the changes were not originally intended. In treatment, there is the possibility that therapy alone may not resolve all your concerns. Dr. Krichiver will do her best to assess progress and provide referrals to other resources if deemed necessary and appropriate. Psychotherapy is a collaborative process and progress depends in large part on a joint investment in the process.

Contacting QuaLife Psychology, LLC

If you need to contact your Dr. Krichiver between sessions, the best way to do so is by confidential voicemail (317) 528-9110. Voicemail is checked on a regular basis. Dr. Krichiver will make every effort to return your call on the same day message is received, or by the next business day, with the exception of weekends, holidays, and vacations. **If you are experiencing an emergency, please dial 911, or contact the local Crisis & Suicide Hotline at (317) 251-7575, or go directly to your nearest hospital emergency room.**

Cancellations and Missed Appointments

Dr. Krichiver asks that you provide a full 24-hour notice for all appointment cancellations. Since Dr. Krichiver is unable to use this time for another patient without 24-hour advance notice, patients will be billed the full fee for missed appointments. Extenuating circumstances, such as illness or emergency will be considered on an individual basis.

Insurance Reimbursement and Financial Responsibility

Dr. Krichiver accepts payment (co-pay/co-insurance/deductible, or full fee for non-covered services) by check, cash, or credit card at the time of your visit. Checks can be made payable to QuaLife Psychology, LLC. You will receive a monthly statement showing services rendered, payments for those services, and any outstanding balances or credits. Payment from your insurance company will be made directly to QuaLife Psychology, LLC.

Due to the increased complexity of health insurance in recent years, you are highly encouraged to call your insurance company prior to your initial appointment to clarify all details of coverage, fees, and financial responsibilities. Please notify Dr. Krichiver immediately as to any change in your health insurance, place of employment, home address, or other information pertinent to our records.

As a patient, you assume sole financial responsibility for services rendered at QuaLife Psychology, LLC. If requested, QuaLife Psychology, LLC will file claims for insurance reimbursement as allowed by your policy. QuaLife Psychology, LLC files primary insurance only. QuaLife Psychology, LLC files insurances as a courtesy and will file only two times for any given date of service. If any balance is owed after that time, the patient is responsible for payment in full for services rendered. QuaLife Psychology, LLC will provide any necessary documentation needed to assist you in filing claims for reimbursement purposes if requested.

If you have difficulties with your bill, please address your questions or concerns with Dr. Krichiver as soon as possible. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, QuaLife Psychology, LLC reserves the right to secure payment by retaining the services of a collections agency.

Authorization & Acknowledgements

By signing below, I acknowledge that I have reviewed QuaLife Psychology, LLC's Policies and Procedures, understand the information included in this document, and freely choose to abide by its terms during our professional relationship. I am aware that I may receive a copy of this packet if I request it.

Signature of Client

Date

I hereby acknowledge that I have reviewed a copy of QuaLife Psychology, LLC's Notice of Privacy Practices of the Health Insurance Portability and Accountability Act (HIPAA) and understand the information included in this document. I am aware that a copy of this notice will be given to me if I ask for one. I understand that if I have further questions regarding the Notice or my privacy rights, I can address these questions to QuaLife Psychology, LLC.

Signature of Client

Date