

L.PARKER JONES,LICSW
65 NEWBURYPORT TURNPIKE
NEWBURY,MA 01951
978-499-2830

Thank you for downloading this information on my practice. Filling these forms before you arrive will help save time for us when we meet.

In order to maximize the success of psychotherapy, as well as minimize the possibility of any misunderstanding, there are a few policies and procedures that are best considered before treatment. Please take the time to read this material.

PRACTICE INFORMATION: Often people will ask me what kind of therapy I practice. It is a difficult question to answer as it differs with each individual, child or family I work with. I have no 'blanket' treatment. I am trained and have experience in many therapeutic modalities and try to fit the needs that will most benefit you in your current situation. Above all, I believe that the relationship we develop with one another is the cornerstone of successful therapy.

The gains from therapy may be symptom relief and resolutions to present concerns, a more thorough look and understanding of your responses and perceptions for change to occur and a better understanding of what your personal goals and values are towards making decisions.

CONFIDENTIALITY: One of the hallmarks of therapy is confidentiality. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Recognizing the benefits of second opinions, I may occasionally share information with a colleague for purposes of consultation, always preserving your privacy and shielding your identity.

You also need to know that there are certain situations in which, as a social worker, I am legally mandated to reveal information obtained during therapy to other persons and/or agencies, without your permission. Further, I am not required to inform you of my actions. These situations are as follows:

1. If you threaten grave, bodily harm or death to another person, I am required to inform the intended victim(s) and appropriate law enforcement agencies.
2. If you indicate a clear and present danger to hurt yourself and refuse to accept further appropriate treatment, I am required to inform your family, agencies or other individuals who, in my opinion, would assist protecting your safety.
3. If a court of law issues a subpoena, I am required to provide information specifically requested in that subpoena.
4. If you are in therapy by court order, the court may reveal that information.
5. Any form of abuse of children or the elderly must be reported to the proper authorities.

Clients under the age of 18 must have permission of a parent to obtain treatment. Information regarding a minor's therapy is available to the parent or guardian after discussion with the minor. However, parents or guardians waive any rights to have access to the therapist's notes, so as to preserve the confidentiality of the minor.

In order to process the claims, disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP. Only the minimum necessary information will be communicated to the carrier. I have no control or

knowledge over what insurance companies do with the information submitted. Involving and informing your insurance is up to you. I will accommodate your choice by providing paid receipts and required documentation to submit to your insurance company.

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to such matters of a personal and confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits etc...), neither you nor your attorney/s, nor anyone acting on your behalf will call me on me (L. Parker Jones) to testify in court or any other proceedings, nor will a disclosure of the psychotherapy records be requested. Considering these exclusions, upon your request, I will release a summary of your sessions to any agency/person you specify, unless releasing the information might be harmful in any way.

OFFICE HOURS AND MESSAGE POLICIES: Generally, I will be in my office Tuesday through Friday. I have a voice messaging service with a confidential voice mailbox. For routine messages, scheduling, questions, or to let me know you need to speak to me about a routine matter, you may leave a message on my voice mail. If you have an urgent matter that cannot wait for a return call during my regular office hours, I will give you a cell phone number. In an emergency, if you can not reach me, please call your nearest emergency room. I am committed to be as available as is reasonably possible while you are receiving services from me.

SESSIONS: I try to keep sessions to 45-50 minutes ending before the next hour. The first session is considered an evaluation session (90 minutes). During this time, I will gather pertinent information and history, clarify your reasons and goals for seeking therapy and discuss with you my thoughts and recommendations on how best to proceed. With children, I often recommend 3-4 sessions with your child and will then meet with you to talk about my impressions and ideas concerning on-going treatment. (Please see Child Therapy and what it means)

PAYMENT POLICIES: For the initial evaluation, my fee is \$175.00 (90 minutes). My session fee thereafter is \$150.00. My consultation fee outside the office ie. in schools, at home or any other outside agency you wish me to attend is \$165.00 per hour. The issue of insurance coverage has become quite complicated these days. If you choose to use your insurance, I will make every effort to obtain reimbursement for services covered by your insurance plan. I will assist in providing receipts of service to you and treatment review paperwork to them. I will need you to be sure your coverage is in effect and will cover services for me. I will give you any information your insurance company may need for approval and follow proper procedures that may be needed by your particular insurance company. Please notify me of any changes in coverage. Likewise, I will notify you in advance of any changes in policies or fees.

I will also ask you to pay any co-pays you may have at the time of our sessions. This will reduce added up copays, sending you a bill and you having to take the time to send in a check. I can now take credit cards for co-pays or private payments. In the event that difficulties arise in paying any outstanding balances, please discuss a payment policy of implementing a payment plan. I will do whatever I can to address them and accommodate you. If I am forced to pursue collection, you will be responsible for all costs of collection, including attorney's fees.

CANCELLATIONS AND MISSED APPOINTMENTS: An important element for effective therapy is for both of us to set our appointment times as a priority. Cancellations are discouraged both for therapeutic and scheduling reasons. Considering the value of continuity, frequent cancellations will impede progress. Since the scheduling of an appointment involves the reservation of time specifically for you, I would ask that you give me a 24 hour notice for a cancelled visit. If not, you will be charged (not your insurance carrier) the fee (not just the co-pay) for the unused time. Obviously, if you are ill or the weather is severe, you will not be charged. Conversely, if I for some reason have made a mistake in scheduling or have double booked, I will not charge you for the next session.

NOTICE OF PRIVACY PRACTICES/PATIENT BILL OF RIGHTS: HIPPA

When we first meet I will give you The Insurance Portability & Accountability Act of 1996 'HIPPA'. I will need you to sign a form stating you have received this information and give you a copy for your records.

Please fill out the following intake to your best ability and bring to your first session. I will make a copy of your insurance card for my records. Thank you in advance for doing this.

L. PARKER JONES, LICSW
65 NEWBURYPORT TURNPIKE
NEWBURY, MA. 01951
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Today's Date: _____ Who referred you? _____

PATIENT INFORMATION:

Name: Last: _____ FIRST _____ INITIAL _____

(If a child, parent's names) _____

Address: _____ City: _____

Phone (home): _____ Work: _____ Cell: _____

E-mail address: _____ Texting: _____

May I call you and leave messages at these phones? Yes _____ No _____

Which# do you prefer I call? _____

Emergency Contact: _____ Phone #: _____

Patient's Date of Birth: _____ Patient's Soc.Security # _____

Patient's Legal Status: (circle one) Child, Single, Married, Partnered, Separated,
Divorced

Primary Care Physician: _____ Phone: _____

HEALTH INSURANCE INFO:

Name of your Insurance: _____

Patient's ID #: _____ Co-Pay: _____

Subscriber's Name: _____ DOB: _____

Employer : _____

NO Insurance (Circle if applicable)

I hereby authorize my insurance benefits to be paid directly to L.Parker Jones,
LICSW for the medical services rendered. I also authorize L. Parker Jones, LICSW to
release any information necessary to process this claim.

SIGNATURE: _____ Date: _____

In the past 20 years I have been in contact with hundreds of children and families, all of whom have been my teachers. I feel grateful to have found effective ways of helping children ease through difficult passages in their lives. The world has become more complicated to be a child, but I believe there is an increasing awareness for the needs of children.

So here is what I believe is the beauty of 'Play Therapy': Through fantasy, we can have fun with the child and we can also find out what the child's process is. Usually I watch how a child does things and moves around in their play/fantasy world. Fantasy and play is how I look into the inner realms of a child. A child's fantasies are expressions of their feelings and becomes a means of expressing those things that he or she has trouble admitting as reality.