



Lee Goldman, Ph.D.
Clinical Psychologist
1495 Chain Bridge Rd, #202
McLean, VA 22101
(703) 624-0223 Fax (571) 633-9798

REGISTRATION INFORMATION

Date: _____

CLIENT INFORMATION

Name: _____ Birthdate: _____
Address: _____ Home Phone: _____
City/ST/Zip: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email: _____ SSN: _____
Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐
Emergency Contact: _____ Phone(s): _____

FINANCIALLY RESPONSIBLE PARTY (If other than client)

Name: _____ Home Phone: _____
Address: _____ Birthdate: _____
City/ST/Zip: _____ SSN: _____
Relationship to client: Parent ☐ Spouse ☐ Other ☐ (explain): _____
Employer: _____ Work Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone: _____
Policy/ID Number: _____ Group#: _____
Policyholder's Name: _____ Policyholder's
Address: _____ Birthdate: _____
City/ST/Zip: _____ Phone: _____
Relationship to client: Self ☐ Parent ☐ Spouse ☐ Other ☐ (explain): _____

RELEASE AND ASSIGNMENT OF BENEFITS

I authorize the release of any medical or other information to the above named insurance company and/or their designated agent necessary to approve and/or for payment of this claim. I hereby assign and authorize payment of all medical benefits payable pursuant to this claim to Lee Goldman, Ph.D. for services rendered. I understand and acknowledge that the assignment of payment of this claim to Lee Goldman, Ph.D. does not in any way release me of the obligation to pay applicable copayments, coinsurance, deductibles, claim amounts denied for payment, or the cost/fees of collecting overdue amounts for any reason. I have been provided information regarding the regulations around confidentiality. **I am also aware that I am responsible for full payment of sessions which I do not cancel at least 24 hours in advance at Dr. Goldman's usual rate of \$150.⁰⁰. Should this occur, a retainer of \$150.00 may be required prior to scheduling further appointments.**

Client or Responsible Party Signature

Date

Clinical Background

Previous Therapy? Yes No

Dates From/To	Therapist	Focus	Helpful? Y/N

Current psychiatric medications? Yes No

If you are prescribed psychiatric medications: _____

Name of prescribing MD

Dates From/To	Medication	Purpose	Helpful? Y/N

Primary concerns at this time:

24 Hour Appointment Cancellation Policy

Dr. Goldman has a 24 hour cancellation/reschedule policy. If you miss your appointment or cancel/change your appointment with less than 24 hours notice you will be charged for the full cost of the appointment. This policy is in place out of respect for Dr. Goldman who cannot charge insurance for missed appointments, and out of respect for our other clients. Cancellations with less than 24 hours notice are virtually impossible to fill, and therefore by giving last-minute notice (or no notice at all) you prevent someone else from using that time slot and prevent Dr. Goldman from being paid for his time.

Confidentiality

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. No therapy sessions may be electronically recorded without mutual written consent of both the client (or guardian) and Dr. Goldman.

“Protected health information” is information about you including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information with consent
Your protected health information may be used and disclosed by your therapist, and others that are involved in your care and treatment, for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice.
2. Disclosure of Protected Health Information without consent
Your protected health information can be released without your consent only where there is a risk of harm or a court order. The potential risk of harm to yourself or others as assessed by your therapist would be discussed with you to the extent possible prior to a disclosure to an appropriate recipient.
3. Virginia law requires therapists to report;
 - a) Suspicion of abuse or neglect of a child or an aged or incapacitated adult to the department of social services;
 - b) If you are licensed by a Health Regulatory Board, I am required to report that you are receiving therapy if I believe that your condition places the public at risk;
 - c) Voiced threats of direct harm to another person may result in notification of the potential victim, law enforcement officers, and/or others as specified by statute.
4. In Virginia court cases, therapist-patient privilege may not apply in certain cases, including;
 - a) Criminal cases;
 - b) Child abuse cases;
 - c) Any court case where your mental health is an issue, and/or
 - d) Any case in which the judge “in the exercise of sound discretion, deems it necessary to the proper administration of justice.” Although your attorney may move to quash a subpoena, only the judge may decide whether or not the requested information may be disclosed.

By signing below you acknowledge that you have read and understand the Cancellation Policy and Confidentiality Guidelines as described above.

Printed Name

Signature

Date

INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains information about psychotherapy using the internet for secure video conferencing. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Appropriateness of Telepsychology

I am resorting to Telepsychology as a means of preventing the spread of the corona virus, and I anticipate using video sessions until the risk of contracting or spreading the virus has subsided. After that point, I anticipate returning to in-office therapy sessions.

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy services remotely using video conferencing. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will ensure your privacy by being in a private room and using earphones instead of a computer or phone speaker. It is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your phone, tablet or PC. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Crisis management and intervention. I can provide only limited support to clients who are currently in a crisis situation. In such situations I will ask you to assess whether you require a higher levels of support and intervention, in which case we may discuss more intensive intervention options (e.g. emergency services, hospital emergency room, etc)

Electronic Communications

I have reviewed various options for telepsychology services which are secure and meet HIPAA criteria. I have chosen VSEE Messenger, which provides the software at no charge to clients and can be utilized on a computer, laptop, tablet/iPad, or phone (Apple or Android). You are solely responsible for any cost to you to of your internet or phone service.

For communication between sessions, I will use email and text messaging with your permission and only for administrative purposes (i.e. scheduling or financial concerns). This means that email exchanges and text messages with my office should be limited to administrative matters. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. The Messaging function within VSEE Messenger is encrypted and secure and can therefore be used to reference non-urgent clinical information.

I may not check my email or texts for periods of time, and therefore cannot guarantee that I will respond immediately. So these methods **should not** be used if there is an emergency.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will use updated encryption methods, and firewalls to help keep your information private, but there is a risk that our electronic communications could be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and avoiding participating in sessions in a non-private setting).

Technology

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-initiate the video-call through VSee. If you do not receive a call back within three (3) minutes, then try VSEE text messaging or text or call me at (703) 624-0223.

If there is a technological failure and we are unable to resume the connection, you (or your insurance) will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers with which I do not participate may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered. I have learned that BC/BS and Medicare for whom I am a provider, will reimburse for telemedicine sessions. During the current COVID-19 crisis, most insurers have relaxed their requirements and are covering telemedicine services.

Records

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

Client



Therapist

Date

Date

Outcome Rating Scale (ORS)

Initials: _____

Date: _____

Session # _____ 1 _____

Looking back over the last week, including today, help us understand how you have been doing in the following areas of your life. Please x or circle how you rate this past week. Circles or marks to the left represent low levels and circles or marks to the right indicate high levels.

Individually:

Low

(Personal well-being)

High

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Interpersonally:

Low

(Family, close relationships)

High

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Socially:

Low

(Work, School, Friendships)

High

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Overall:

Low

(General sense of well-being)

High

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

This page for your reference (for you to keep)

Electronic Communication and Social Media Policy

This document outlines my office policies related to use of Social Media. If you have any questions about anything within this document, I encourage you to bring them up when we meet.

FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

INTERACTING

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Engaging with me this way could compromise your confidentiality.

If you need to contact me between sessions, the best way to do so is by phone or text (703-624-0223). Direct email at lgoldmanPhD@gmail.com is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

LOCATION-BASED SERVICES

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone.

EMAIL AND TEXT MESSAGES

I prefer to use email only to arrange or modify appointments. Please be very thoughtful if you discuss any content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email or text message, be aware that all emails and text messages are retained in the logs of your and my Internet service providers and/or cell phone services. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.

You should also know that any emails I receive from you and any responses that I send to you may become a part of your legal record.

If you have signed up with me on VSee for Telepsychology you may use their messaging which is secure for personal health information.

CONCLUSION

Thank you for taking the time to review my Electronic Communication and Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

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