

**Cornerstone Counseling Center, P.C.**

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Cell: \_\_\_\_\_ Other phone: \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insured's Employer \_\_\_\_\_

Insured's SS# \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Authorization# \_\_\_\_\_ # visits \_\_\_\_\_ Copay \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ Current medical conditions/allergies:

\_\_\_\_\_

Current medications with dosage \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Tel \_\_\_\_\_

Please initial if okay to leave message on : cell \_\_\_\_\_ other phone \_\_\_\_\_

## ***INFORMED CONSENT***

Please read the following very carefully. If you have any questions, please ask your therapist. Our goal is to help you solve the issues that brought you here.

### ***Confidentiality:***

We recognize that informed consent about your treatment and your privacy are important. Thus, we assure your total confidentiality, unless you authorize us in writing to release information. The following instances are exceptions:

- In cases of child or elder abuse
- With the presumption of imminent harm to yourself or to another
- To comply with a court order demanding our records
- For purposes of professional consultation with members of our agency
- To pursue payment or seek authorization to render services as required by your payor (Insurance company, HMO, PPO, EAP etc.) This may include calling, mailing or faxing treatment reports as required for continued authorization of services.
- To pursue payment for unpaid accounts

### ***Payment:***

- It is your responsibility to understand the procedures and the limits of your plan. Your insurance company sets the amount that we receive and the co-payment or deductible that you owe. These are due at the time of service.
- If for any reason your insurance company denies payment, you are responsible for the full fee.
- Scheduling an appointment means professional time is reserved for you. At least 24 hours notice is required to cancel an appointment.  
**For any missed or cancelled appointments without 24 hours notice, a \$25 fee is assessed to you. Insurance does not cover this.**
- Telephone consults cannot be billed to your insurance company. We do not charge for telephone consults lasting less than 5 minutes. Telephone consults of more than 5 minutes with you or someone that you authorize, are billed to you at the rate of \$70 per hour after the first five minutes.
- Written reports for you or to someone that you authorize are billed at the rate of \$70 per hour.
- If you use a credit card with us, be aware that Cornerstone Counseling will appear on your credit card statement. You may also receive an electronic receipt with our name.
- **If you are not using health insurance** you agree to pay \$ \_\_\_\_ per session due at the time of service.

***Treatment Planning:*** Your therapist will discuss your treatment plan with you and answer all questions you may have about the rationale and duration of treatment.

## **Communications Policy**

### **Contact:**

When you need to contact us for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone — Dr. Raymond Arsenault 978-985-4083 or Cynthia Arsenault 978-828-8232
- You may leave messages on our confidential voicemail
- By secure text message (see below for details.)
- If you wish to communicate with us by normal email or normal text message, please read and complete the Consent For Non-Secure Communications form included with these office policies.

Cornerstone subscribes to the following service(s) that can allow us to communicate more privately through the use of encryption and other privacy technologies. Neither costs you money, but each requires some setup before they can be used. Please ask if you would like to use any of these services:

- Secure text messaging through WhatsApp
- Secure online video chat software through Doxy.me

If you need to send a file such as a PDF or other digital document, please print and FAX it to our secure fax at 978-372-7563.

Please refrain from making contact using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and we don't respond to them.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with us about any concerns you have, regarding preferred communication methods.

### **Response Time**

We may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 6 hours (weekends are excepted from this timeframe.) We may occasionally reply more quickly than that or on weekends, but please be aware that this will not always be possible. Be aware that there may be times when we are unable to receive or respond to messages, such as when out of cellular range or out of town.

### **Emergencies**

*If you are ever experiencing a dangerous or life-threatening emergency, please call 911.*

If you need to contact us about an emergency, the best method is by phone:

Dr. Raymond Arsenault 978-985-4083 and/or Cynthia Arsenault 978-828-8232

- If you cannot reach us by phone, please leave a voicemail and then follow up with a secure text message. We make every effort to respond immediately in these situations, but there are times when we cannot. If you cannot wait for us to respond, go to a local hospital immediately and ask for the on-call mental health provider and have them contact us as well.
- Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. So, please refrain from using SMS as your sole method of communicating with us in emergencies.

***Disclosure Regarding Third-Party Access to Communications***

Please understand that when we use electronic communications methods, such as email, texting, online video, and others, there are various technicians and administrators supporting these services who may have access to the content of our communications. Of special consideration are work email addresses. If you use your work email, your employer may access your email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please consider the consequences should anyone access the messages we exchange with each other.

***Telehealth:*** Most insurance companies allow treatment via video conferencing. This can be helpful during inclement weather, and for various situations that prevent a face to face meeting. Should a telehealth session occur, the following applies.

We utilize an approved HIPAA compliant video conferencing portal. We will assist you in gaining access.

Telehealth sessions insure the same confidentiality during the session and for subsequent record keeping. No video or audio recordings will be made of any session.

Communication during telehealth sessions is encrypted to protect it from being accessed by anyone but you and your therapist.

You are responsible for protecting your own confidentiality in telehealth sessions by choosing a private and secure setting.

In the event of a technical failure your therapist will contact you by phone to reschedule. You will have the same copayment and deductible that you have for face to face sessions. There will be the same \$25 fee for missing a telehealth session without 24 hours notice. All other professional matters such as referrals, coordination of care, and release of information, will be handled just as they would in face to face treatment.

Your signature below acknowledges that you have read, understand & agree to the above.

\_\_\_\_\_ **Date** \_\_\_\_\_

## REQUEST FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I, \_\_\_\_\_ authorize:  
(name of client)

Cornerstone Counseling, PC

10 Main Street, No Andover, MA 01845

TO TRANSMIT TO ME BY NON-SECURE MEDIA THE FOLLOWING TYPES OF PROTECTED HEALTH INFORMATION RELATED TO MY HEALTH RECORDS AND HEALTH CARE TREATMENT:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment (but not to include any financial or claims-related identifiers including, but not limited to, credit card numbers, insurance plan numbers, diagnosis codes, or procedure codes.)
- Short responses to texts, which may be initiated by you and of a personal nature

### TERMINATION:

This authorization will terminate when this treatment episode is over.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.

### ALTERNATIVE TO TEXTING OR EMAIL:

I understand that Cornerstone Counseling utilizes “Whats App” and it is available to me as an encrypted secure texting app, but I may still choose to request and authorize standard texting or email.

\_\_\_\_\_  
(Signature of client)

\_\_\_\_\_  
Date