

Nina Barlevy, Psy.D.

PSY 25242

5182 Katella Ave. #206 & 5212 Katella Ave. #104

Los Alamitos, CA 90720

www.DrNinaBarlevy.com

tel: (562) 301-1135

fax: (562) 493-1684

NEW CLIENT INFORMATION

Client's Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: _____ Pronouns: _____

Home Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ Client SSN: _____

Student Status: Non Student Full Time Part Time Email: _____

Referred By: _____

What is the Relationship of Person Filling out this form to the Client: _____

Person financially responsible for payment of services and/or subscriber of the primary insurance plan:	
Subscriber: _____	SSN: _____
Home Address: _____	City/State/Zip: _____
Home Phone: (____) _____	Business Phone: (____) _____
Occupation/Title: _____	Employer: _____
Subscriber Date of Birth: _____	Policy ID Number: _____
Insurance Company: _____	Plan/Group: _____
Insurance Address: _____	
City/State/Zip: _____	Phone Number: _____
Fax Number: _____	IPA/HOM Name: _____
Subscriber relationship to client: Self Parent Spouse Dependent Other	
Employment: Full time Part time Not Employed Unknown Retired Retired Date: _____	

OFFICE USE ONLY:

Services: Individual Family Couple Testing Group Other Fee/CoPay: _____

Diagnosis: Code: _____ Description: _____

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Office Policies and General Information Agreement to Provide Mental Health Services

Nina Barlevy, Psy.D. hires an independent contractor to provide administrative support for insurance and client billing services. This contractor does not engage in professional mental health practice. Nina Barlevy, Psy.D. is an independent individual performing her professional service in a private practice as governed and licensed by the State of California.

CONFIDENTIALITY

All written or spoken material from any and all sessions, including psychological testing, will be considered confidential unless:

1. the client authorizes release of information with his/her signature.
2. the client presents a physical danger to self.
3. the client presents a danger to others.
4. child/elder abuse/neglect are suspected.

In the latter two cases, we are required by law to inform potential victims and legal authorities so that protective measures can be taken.

It is understood that cases are sometimes discussed among professionals for educational, consultation and/or research purposes. In addition, in couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members.

Electronic and Telehealth communication

Electronic mail (including e-mail through Dr. Barlevy's gmail account, texting through Dr. Barlevy's cell phone, and email generated through Dr. Barlevy's website) as well as telehealth appointments (through Dr. Barlevy's cell phone or Zoom) are NOT encrypted services and are liable to your health information being compromised. If you choose to utilize these forms of communication, you understand the risks of your protected information being compromised and that confidentiality cannot be guaranteed. It is recommended that you minimize sending sensitive information through these modes of communication. If you would like to ensure full HIPAA compliance, please print out forms to be signed and mail them to the office or bring them in person to the office. The only way Dr. Barlevy can ensure your privacy is protected is through face-to-face communication so requesting sessions through telehealth (phone or via zoom) waives your confidentiality rights, although Dr. Barlevy will take reasonable precautions utilizing these means to protect your confidentiality (telephone or Zoom sessions conducted primarily in her professional office or other location that is free from other persons not directly or indirectly involved in your session). By signing this document you confirm your understanding and consent to waive your right to confidentiality when utilizing the above mentioned methods of communication.

Health Insurance: Disclosure of confidential information may be required by your health insurance carrier or HMOs, PPOs, MCOs, or EAPs in order to process the claims. Dr. Barlevy has no control or knowledge over what insurance companies do with the information submitted or who has access to this information.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to matters which may be of a 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 (client's) nor your attorney's, nor anyone else acting on your behalf will call on your therapist or agents of the office to testify in court or at any other proceedings, nor will a disclosure of the psychotherapy records be requested.**

MEDIATION AND ARBITRATION

All disputes arising out of or in relation to this agreement to provide psychological/mental health services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement between you and Nina Barlevy, Psy.D. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Orange or Los Angeles Counties in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Barlevy and her independent billing contractor can use legal means (court, collection agency, etc...) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorney fees. In the case of arbitration, that sum will be determined by the arbitrator.

CONSENT FOR TREATMENT

I authorize and request that Nina Barlevy, Psy.D. carry out psychological examinations, treatments, and/or diagnostic procedures which now or during the course of my care as a client are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

TERMINATION

If at any point Dr. Barlevy determines that she is not able to provide the exact services you require, she will discuss this with you and, if appropriate, will terminate treatment. In such a case, you will receive a number of referrals which may be of help to you. If you request and authorize in writing, Dr. Barlevy will talk to the provider of your choice in order to help with the transition. If at any time you want another professional's opinion or want to consult with another therapist, Dr. Barlevy will assist you in finding someone qualified, and if she has your written consent, will provide him/her with the essential information. You have the right to terminate therapy at any time. If you choose to do so, Dr. Barlevy will provide you with names of other professionals whose services you might prefer.

DUAL RELATIONSHIPS

Therapy never involves sexual or business relationships nor does it involve any other dual relationship that impairs your therapist's objectivity, clinical judgment, therapeutic effectiveness or can be exploitative in nature.

RELEASE OF INFORMATION

I authorize the release of information for claims, certification/case management, and other purposes related to the benefits of my Health Plan.

NOTICE OF PRIVACY PRACTICES

A notice of privacy practices in compliance with the Health Insurance Portability and Accountability Act (HIPAA), describing how information about you may be used and disclosed and how you can get access to this information is provided to you. Please review it carefully.

I have received the Notice of Privacy Practices. I have been provided an opportunity to review it.

I understand and agree to all of the above information.

PRINTED Client (or Parent/Guardian) name

SIGNATURE Client (or Parent/Guardian)

Date

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FEE SCHEDULE

(revised 1/2024)

PROFESSIONAL SERVICES CASH FEES:

Initial Therapy Visit (intake)	\$200.00/hr
Individual Psychotherapy, Family Therapy, or Marital Counseling	\$200.00/hr
Test Interpretation and Review	\$200.00/hr
Report/Document Preparation	\$200.00/hr
Group Psychotherapy	\$100.00/hr
Telephone Therapy/Consultation - charged per 15 minutes	\$50.00
Professional Consultation (Doctor, Lawyer, etc.) - charged per 15 minutes	\$50.00
Behavioral Training	\$200.00/hr
Hospital Visit	\$300.00/hr
School, IEP or Home Visit (Time + Travel)	\$300.00/hr
Educational/Vocational Therapy	\$200.00/hr
Educational Classes (Parenting)	\$200.00/hr

PROFESSIONAL SERVICES INSURANCE FEES

All of the above prices are determined by individual insurance providers (if covered). Client is responsible for the co-pay **determined by the insurance company**. Insurance clients are only seen between the hours of 10am and 4pm Monday thru Friday. If you would like an early appointment (before 10am) or an appointment after 5pm, you will not be able to use your insurance to pay for these services. The early morning and late afternoon appointment times are reserved for cash clients only.

ADMINISTRATIVE FEES:

Returned Check	\$30.00
Document Copy Services	\$30.00
	+ 50cents/copy

Remember it is your responsibility to understand exactly the charges for the services you receive and which services are covered by insurance. If you have any doubt, or if you do not understand the charge for a recommended service, call your insurance company.

FEE AGREEMENT

Dr. Barlevy knows that unexpected medical costs are one of the most common sources of stress on individuals and families. Dr. Barlevy attempts at all times to keep that stress to a minimum by keeping her fees as low as possible. **Please read the attached fee schedule carefully.** If you have any questions about the fee schedule, please ask Dr. Barlevy. If you are paying part or all of your fees with insurance, be aware that most insurance carriers place limitations of the types of service for which they will pay. Dr. Barlevy may recommend a service or you may request a service which is not covered by insurance, in which case you will pay the entire fee. When a given service is recommended to you or if you request a service or procedure, make certain that it is clear to you whether or not your insurance will pay. If you are in doubt, please contact your insurance provider.

All fees are to be paid at the time of service. A fee of one and one half percent per month (18% per year) may be added monthly to all outstanding accounts in excess of thirty days. If you are making regular payments to your account, this may be waived.

Certain health insurance plans have pre-arranged contracted fee arrangements that are different than the amounts quoted. Upon verification of your eligibility and benefits, your insurance carrier will be billed for you and Dr. Barlevy will be paid directly by the carrier. **The client will be responsible for any applicable deductibles and co-payments at the time of service.** If you are not eligible at the time services are rendered or if your insurance carrier does not authorize the services, you are responsible for payment of the quoted fees or the rate negotiated with your insurance carrier, whichever applies.

CANCELLED/MISSED APPOINTMENTS

Sessions are normally scheduled for 45-50 minutes. Group sessions are scheduled for approximately 90 minutes. A scheduled appointment means that time is reserved only for you. Dr. Barlevy understands that life doesn't always give us 24 hour notice so if an appointment needs to be canceled, you must do so at least 2 (TWO) hours prior to your scheduled appointment time (or as soon as it becomes clear that you will not be able to make the appointment), otherwise you will be billed the entire fee (\$180.00). This charge cannot be billed to your insurance plan so YOU are responsible for the entire fee. If you have more than three "last-minute" cancellations in less than 6 months, perhaps therapy is not a priority at this time and you may be asked to consider terminating until therapy can again be a priority for you.

DELINQUENT ACCOUNTS

If accounts become delinquent (past 30 days) Dr. Barlevy's independent billing contractor will begin collection procedures. They will attempt to contact you directly. If your account remains delinquent (past 90 days) an outside collection agency may be used and/or small claims court action taken. In such cases, non clinical information (as given on the New Client Information form) may be released to assist in the collection of the amount due. Client will be responsible for all court and legal fees incurred if above action is necessary.

PAYMENT OPTIONS

Although Dr. Barlevy takes all forms of payment, by signing this document, you are confirming your awareness and understanding that some forms of payment (credit card through Square, Venmo, etc.) are susceptible to unintentional disclosure of your protected health information to entities not under the control of Dr. Barlevy and therefore outside the scope of the her ability to keep your information confidential.

If any of the above provisions are not satisfactory, please make alternative arrangements prior to or during your first therapy appointment. Please sign to indicate that you have carefully read and agree to the above conditions.

Print Client Name

Signature of Person Financially Responsible and Date