



Global Motivational Counseling Center

2200 NJ-10 W Suite 104 Parsippany, NJ 07054

973-794-6741 globalmotivational.com

PATIENT INFORMATION

NAME:			
ADDRESS:		CITY:	
STATE:		ZIP CODE:	
CELL #:		WORK #:	
EMAIL:		MARITAL STATUS:	
AGE:		DOB:	
NAME OF EMPLOYER:		OCCUPATION:	

PHYSICIAN INFORMATION

NAME OF PRIMARY PHYSICIAN:		CONTACT #:	
NAME OF PSYCHIATRIST:		CONTACT#:	

MEDICAL INSURANCE INFORMATION

PRIMARY INSURANCE:			
ID#:		GROUP#:	
NAME ON POLICY HOLDER:			
SS# OF POLICY HOLDER:		DOB OF POLICY HOLDER:	
SECONDARY INSURANCE:			
ID#:		GROUP #:	



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EMERGENCY CONTACT

NAME:		RELATIONSHIP:	
PHONE:		EMAIL:	

SIGNATURE OF PATIENT OR LEGAL GUARDIAN:	
DATE:	



Mental Health Counseling Client Service Agreement

Welcome! Below is a brief outline of Global Motivational Counseling Center LLC practice policies and procedures. Please read this agreement, initial, and sign before our first session.

Mental Health Counseling

Mental health counseling varies with the personalities of the therapist and client, and the specific issues being addressed. Various methods may be used to tackle your concerns. Sessions are 50 minutes long and scheduled weekly to ensure proper care and progress. Active participation during and between sessions is essential. Therapy has benefits and risks: discussing unpleasant aspects of life may bring discomfort, but good treatment can improve relationships, solve specific problems, promote sobriety, and reduce distress. While there are no guarantees, GMCC is committed to guiding and supporting you throughout the process.

The first session will involve an evaluation or assessment of your needs and GMCC's ability to provide suitable treatment. If all parties believe that GMCC can be of value to you, then therapy will continue. If not, GMCC will refer you to another health care professional within GMCC or outside the practice. Therapy involves a large commitment of time, financial responsibility and energy. Your own opinions of whether you feel comfortable working with GMCC are important. If you have any questions about an approach in therapy, please consult your therapist or notify the receptionist.

Assignment of Benefit Release:

I hereby agree to treatment and release of payment by my insurance plan to Global Motivational Counseling Center for services rendered. I understand that I am financially responsible at the time of service to the Global Motivational Counseling Center for any charges not covered by my benefit plan.

_____(Initial)

Missed Appointment Fee:

I acknowledge that there is a "No Show Fee" of \$50.00 for missed or canceled appointments. To avoid this fee, please contact the office 24 hours in advance to reschedule your session or to make arrangements to have your session held by phone or video conferencing. Two consecutive missed appointments may result in the loss of your standing appointment time. If for some reason, GMCC needs to cancel a session, we will reschedule your session for another date and time during the week based on your availability either in person or by phone/conferencing.

_____(Initial)

Written & Verbal Correspondence Fee

I hereby acknowledge that I will be charged \$75 for any written or verbal communication requested of my therapist regarding my care. This includes, but is not limited to, correspondence with my: school, lawyer, doctor, other referral sources, references, DCPD work or investigator, insurance, disability or court.

_____(Initial)



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Licensure Disclosure

I hereby acknowledge that my therapy sessions may be conducted by a provisionally licensed master's level therapist (LAC, LSW, LAMFT, or intern) who receives supervision by a qualified supervisor.

_____(Initial)

Note about Substance Use Therapy Sessions:

If it is apparent that you are intoxicated while in session, GMCC will require that you secure a ride home other than driving yourself. Upon refusal, please note that the local police will be advised of the situation. In addition, if you fail 3 drug and alcohol tests you will be terminated from therapy.

Confidentiality

Your conversations with GMCC will be confidential. Without your written consent GMCC may not reveal any information about you or your treatment. There are exceptions, however, if you are at risk of hurting yourself or someone else, GMCC is obligated by law to take reasonable precautions to ensure your own or another's safety. Courts can also subpoena treatment records or for therapists to give testimony in cases involving involuntary hospitalization, child care and custody cases, cases of abuse and neglect, sexual assault or other criminal cases.

_____(Initial)

Statement of Understanding

I have read and understood the content of the GMCC agreement and give my consent to treatment.

Signature:	Date:



CONFIDENTIALITY AS A CLIENT

_____ (initial) I understand that **Global Motivational Counseling Center** may not release or disclose any information to anyone about my treatment unless I provide permission in writing. **(Clients aged 14 years and older)**

_____ (initial) I further understand that there are exceptions to my privacy as a client.

Exceptions to confidentiality include:

_____ (initial) Information required by law;

_____ (initial) To prevent self-harm/suicide OR other self-harm (harm to others)

_____ (initial) To prevent the abuse of a child, elderly person or disabled person

_____ (initial) In the event of a medical emergency

*Participants are required to adhere to the following confidentiality and release of information requirements: Records are protected under both Federal (42 CFR Part 2) and HIPAA (42 U.S.C. 1301 et esp.45 CFR 160&164) and State statutes (N.J.S.A. 30:4-24.3 and 9:6-8.10a) and regulations (N.J.A.C. 10:37.6.13 through 10:37-1363ct seq) and NJDHS Administrative Order 2:01. This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of mental or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumers.

By signing this form, I give my informed consent to participate in counseling services provided by Global Motivational Counseling Center. I understand that anything I share will be kept confidential except in the above-mentioned cases.

Signature of Client (14 years of Age or Older)

Date



Authorization for Electronic Communication

As a convenience to me, I hereby request that Global Motivational Counseling Center communicate with me regarding my treatment, appointments and billing via electronic communications (e-mail or text message). I understand that this means Global Motivational Counseling Center and/or my treating providers will transmit my protected health information such as information about my appointments, diagnosis, medications, progress and other individually identifiable information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by email, on the internet, via text message or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization will not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free, and its confidentiality may be vulnerable to access by unauthorized third parties, Global Motivational Counseling Center shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Global Motivational Counseling Center to me.

After being provided notice of the risks inherent in use of electronic communications, I hereby expressly authorize Global Motivational Counseling Center to communicate electronically with me, which will include the transmission of my protected health information electronically. I understand that in the event I no longer wish to receive electronic communications from Global Motivational Counseling Center, I may revoke this authorization by providing written notice to Global Motivational Counseling Center at 201 N. Beverwyck Rd., Apt. 13, Lake Hiawatha, NJ 07034 or fax at 973-794-6741.

I agree that the Global Motivational Counseling Center may communicate with me electronically unless and until I revoke this authorization by submitting notice to them in writing. This authorization does not allow for electronic transmission of my protected health information to third parties and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

I hereby authorize the transmission of my protected health information electronically as described above.

DATE:	PRINT NAME OF PATIENT or LEGAL GUARDIAN:	SIGNATURE OF PATIENT or LEGAL GUARDIAN :



**CREDIT CARD AUTHORIZATION FORM
RECURRING CHARGES FROM GLOBAL MOTIVATIONAL COUNSELING LLC.**

PLACE A CHECK MARK NEXT TO TYPE OF CARD:		VISA		MASTERCARD		AMEX
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CREDIT CARD #:			
EXPIRATION DATE:		CVV:	
NAME AS IT APPEARS ON CARD:			

BILLING ADDRESS:		CITY:	
STATE:		ZIP CODE:	

I authorize Global Motivational Counseling Center to charge my credit card after each session. If Global Motivational Counseling Center is unable to process my payment, I will be responsible for an alternate form of payment. This authorization is in effect until I notify Global Motivational Counseling Center otherwise in writing.

By signing this authorization, I acknowledge that I have read and agree to all the above information and that all information provided is true and correct.

Signature:	Date: