

**Please print and submit the following:
Client Intake Form, Consent for Treatment, and HIPAA Form**

CLIENT INTAKE FORM

Instructions for using this form via Adobe Acrobat Reader: Use mouse to point/click or tab key. This will allow you to type your information. No other text can be inserted or modified.

Date:		
1. Name:		
2. Address:		
3. Phone: Home		Work
Cell		E-Mail
4. Birth Date:		
5. Significant Other Status:		Single
		Married Years
		Divorced Years
		Widowed Years
Partner Name:		
Age:		
6. Children: Name/Age		
7. In Case of Emergency, Contact:		Name
		Phone
8. Place of Employment:		
9. Referred By:		
10. Expectations/Goals for Therapy:		
11. Please give examples of specific behaviors, thoughts, and/or feelings that will verify achievement of your goals/expectations:		

MICHELLE A. SALZMAN, R.N., LSCSW, LCSW

Cell: (913) 221-3054

FACT SHEET

INFORMED WRITTEN CONSENT FOR TREATMENT

- 1) I am a Licensed Specialist Clinical Social Worker, licensed in the state of Kansas. I have a Bachelor of Science Degree in Nursing – licensed in Missouri.
- 2) The theoretical counseling approach I use focuses primarily on problem-solving. This includes clients learning techniques and skills to problem-solve so that they are ultimately able to come to resolution of their issues on their own.
- 3) Clients voluntarily choose treatment and can terminate at any time without penalty.
- 4) Clients are expected to take charge of their counseling and identify what they want to accomplish. With skills acquired in therapy, they are expected to make their own decisions.
- 5) Homework assignments will be assigned to allow practice of skills learned in therapy, to empower clients, and to promote independence.
- 6) In the event of an emergency, you can call me at (913) 221-3054. If for any reason you do not receive a response to your urgent call, it is agreed that you will go to the nearest emergency room.
- 7) In keeping with generally accepted standards of practice, I periodically confidentially consult with colleagues regarding the management of cases. The purpose of the consult is to assure quality of care.
- 8) There are no guarantees with the counseling process. I cannot guarantee any particular results.
- 9) Risks associated with counseling might include identifying issues that may be painful. It is also important to be aware that as you make changes and grow, relationships may also change.
- 10) When seeing a couple or family, the couple or family is considered to be the client. If I am given information that one spouse is not aware of, I will work with the spouse who gave me the information on how and when to disclose this information to his/her partner. It is important that in the process of therapy, secrets are not maintained.
- 11) Because the couple is considered to be the client, I will not evaluate or testify for one or the other in any court proceeding. If any information is requested to be released to or exchanged with a third party, both persons of the couple are required to sign a Release of Information form before any information is released.
- 12) If you at some point participate as a member of a therapy group that I facilitate, you are expected to keep confidential any information revealed by other group members. I do not have control over group members' violations of confidentiality.
- 13) Information discussed in counseling is kept confidential. Exceptions include: 1) knowledge of, or suspected child abuse, and 2) danger or harm to self or others. Under these circumstances I am required by law to contact authorities, warn family members and/or potential victims.

I have read and understand this consent for treatment.

Client's Signature

Date

Michelle Salzman, R.N., LSCSW Therapist

Date

I give permission for my child to receive psychotherapy services.

Parent/Guardian Signature

Date

Insurance Business Philosophy

I do not belong to any managed care panels, including HMO's or PPO's. Clients with PPO's may have out-of-network benefits.

- “Fee for Service” arrangement: Clients will be asked to pay my full fee up-front.
- I will provide insurance forms; reimbursements will be paid directly to the client.

There are three major reasons for this philosophy. (From Domian Psych Newsletter, August 2000, Vol. 1, Issue 1.)

1. Low reimbursements from insurance companies. Fee limits imposed by HMO and PPO arrangements are not reflective of the market value of my training and experience. On the client side, each year more and more insurance plans have higher deductibles, higher copays, and fewer covered sessions for mental health benefits.
2. Confidentiality can no longer be assured when insurance company personnel, computers, internet, and phone lines are involved. Under my fee for service arrangement, counseling will remain confidential (subject to mandatory abuse reporting guidelines outlined in my intake material). The client will have more control of personal information regarding the history and use of my services.
3. Many insurance companies are tracking use of benefits and denying coverage when clients attempt to change insurance plans, even a different plan from the same insurance company.

For these reasons, I now advise friends and family members to think carefully before using mental health benefits through an insurance company. I believe it is safer to pay out of pocket and make educated choices in picking a professional.

All charges are billed in 15-minute increments:

\$120.00 = 45 minutes

\$160.00 = 60 minutes

\$200.00 = 75 minutes

\$240.00 = 90 minutes

- Appointments are scheduled in 90-minute increments.
- At the end of 45 minutes, you will decide to end or continue up to 90 minutes at the above-listed charges.
- If your insurance covers your therapy, I will provide you with a statement containing the necessary information to file with your company. I do not file insurance.
- Payment is required at time of service. I am not set up to accept charge cards – please remember to bring your checkbook or cash.
- Cancellation policy: If you need to cancel or reschedule your session, please notify me 24 hours before your scheduled appointment. Cell phone number: (913) 221-3054. The charge for a late cancellation, missed or no show/no call situation will be the fee of a 45-minute session - \$120.00. Exceptions to this policy may be permitted at my discretion.
- Telephone consultations: Less than 5 minutes – no charge. After 5 minutes, the usual 15-minute increment rate will apply at \$40.00.

POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your consent. To help clarify terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
 - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for

information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes.

“*Psychotherapy Notes*” are notes I have made about our conversation during a private group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If I have reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, I must report the matter to the appropriate authorities as required by law.
- *Adult and Domestic Abuse* – If I have reasonable cause to believe that an adult is being or has been abused, neglected, or exploited or is in need of protective services, I must report this belief to the appropriate authorities as required by law.
- *Health Oversight Activities* – I may disclose PHI to the Kansas Behavioral Sciences Regulatory Board if necessary for a proceeding before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If I believe that there is a substantial likelihood that you have threatened an identifiable person and that you are likely to act on that threat in the foreseeable future, I may disclose information in order to protect that individual. If I believe that you present an imminent risk of serious physical harm or death to yourself, I may disclose information in order to initiate hospitalization or to family members or others who might be able to protect you.

- *Worker's Compensation* – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. **Patient's Rights and Psychologist's Duties**

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychotherapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, you will be notified in writing.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please discuss this with me.

If you believe that your privacy rights have been violated and wish to file a complaint with me/my office, you may send your written complaint to: Michelle Salzman, 14110 Woodward, Overland Park, KS 66228.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your rights to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on 07/01/03.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by hand or mail.

This is to acknowledge that I have been informed of regulations concerning confidentiality (HIPAA guidelines) and have received a copy of *Policies and Practices to Protect the Privacy of Health Information*.

Name

Date

Insurance Business Philosophy

I do not belong to any managed care panels, including HMO's or PPO's. Clients with PPO's may have out-of-network benefits.

- "Fee for Service" arrangement: Clients will be asked to pay my full fee at time of appointment. Payments should be made in cash or check only.
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Michelle Salzman is a registered nurse and a licensed clinical social worker with over 30 years experience in servicing others in need. She is a graduate of Saint Teresa's Academy High School. She received her nursing degree from Avila College in Kansas City, Missouri. She received her Master's Degree in Clinical Social Work from the University of Kansas.

The uniqueness of her dual licenses provides her the ability to view clients and their concerns in a manner which takes into consideration both their physical and emotional needs. Being able to treat the "whole person" more effectively, due to her experience in two professions, increases the options and support for her therapeutic practice.

She provides a safe, nurturing atmosphere where clients learn new options and behaviors. She believes it takes much courage and strength to change what is not working for you. With that wisdom, we allow the truth to inspire our authentic selves.

Her goal with clients is to provide encouragement to change the behaviors, thoughts, and feelings which are decreasing their quality of life. In learning these new skills, the client gains independence and freedom to create a balanced, healthy life.



Michelle is married, has two daughters, and lives in Overland Park, Kansas.

For Appointment

(913) 221-3054

Fax: (913) 322-2085

E-Mail: michellesalzman1980@gmail.com

www.HorseSenseKc.com



**Michelle
Salzman,
RN, LSCSW, LCSW**

**EAGALA Certified
Mental Health Specialist**



- Individual
- Family
- Couples
- Team Building

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Individual

Learn how to say “no” to negative, automatic thoughts that:

- Form self-defeating beliefs.
- Produce uncomfortable feelings.
- Cause nonproductive actions.

Take control of your thoughts and feelings:

- Empower self.
- Create new behaviors.

Survive loss:

- Transitions.
- Relationships.
- Chronic illness.
- Death.

Women’s Issues:

- Boundary setting.
- Self-esteem/confidence.
- Re-entry into the job market.

- Examine how past and present dramas in our lives affect our ability to grow.
- Nurture the connection between the mind, body, and spiritual aspects of our lives.
- Gain freedom and independence.

WISDOM is what emerges when we allow the truth to inspire us.

Family

Discipline, maintaining couple time, blended families, children and divorce, adolescent/teenage concerns, young adult/empty nest.

Parenting—Let go of:

- Taking things too personally.
- Making assumptions.
- Being fearful of saying what you mean.
- Preconceived ideas of what “should” happen.
- Develop effective alternatives to saying “no.”
- Learn specific, concrete behaviors that provide rewarding parenting.
- Incorporate natural/logical consequences.

Teen Support—Guiding adolescents into the world of adulthood:

Balance guilt, frustration, and power with wisdom, intuition, and healthy judgment.

Couples

Communication and premarital counseling, divorce guidance.

Explore ways to rekindle your relationship. Learn how to:

- Approach situations realistically.
- Eliminate “mind-reading.”
- Know what you want.
- Give yourself permission to ask for it.
- Let go of the old message that says, “If I have to ask for it, it doesn't mean much.”
- Rebuild trust and intimacy.
- Develop strategies to deal with life-cycle changes.
- Provide guidance and strategies for the divorce process.

EAGALA Model

What is EAP? EAP incorporates horses experientially for emotional growth and learning. It is a collaborative effort between a mental health professional and a horse professional working with clients and horses to address treatment goals.

What is EAL? EAL is similar to EAP but the focus is educational goals. Activities help clients/corporations develop self-awareness, life skills, and team building.

Let Horses Lead You to the Solutions You Need!

Engaging, Active, and Effective. Experiences with horses in the EAGALA Model provide real opportunities for mirroring life which helps you quickly see the problems and find solutions that work for you.

For Everyone. Working with individuals, families, or groups, and with all ages, the EAGALA Model provides powerful opportunities to get to the heart of the issues and lead to healthier communication, stronger partnerships and happier relationships.

For Any Problem. Whether treating addictions, trauma, social and behavioral disorders, depression, or other issues, the EAGALA Model can help you find meaningful, lasting solutions.

Grounded! In the EAGALA Model, work with the horses is done on the ground, and no prior knowledge of horses is needed.

Professional Therapy. The EAGALA Model involves a team incorporating the skills of a licensed mental health professional, an experienced equine specialist, and horse(s)—working with you to successfully reach your goals.