

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 Fax: 480.491.4293
E-mail: dr.ilana@cox.net Web: www.drilanaoren.com

BENEFIT VERIFICATION FORM

Provider Tax ID # 32-0242474

Provider address: 2915 E. Baseline Rd. Gilbert, AZ. 85234 # 101

Client Information:

Name: _____

SSN: _____

Address: _____

Home PH: _____

Sex: M F

DOB: _____

Insured/Responsible Party:

Email: _____

Name: _____

SSN: _____

Ins. Employer: _____

Relationship: _____

Insurance (Mental Health Portion):

Carrier: _____

Ph: _____

ID#: _____

Group#: _____

Provider is: In / Out of Network with this carrier _____

Insurance Verification: Effective Dates: _____

Prior Auth required: Y N Deductible \$ _____ Amount Met: _____

Pays @ _____% of _____ Annual Max: _____ Lifetime Max: _____

Co Pay \$ _____ No. of visit per _____

Claims Address for Insurance and E.A.P.

Authorization number: _____

Number of sessions: _____

Dates of Service: _____

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

FINANCIAL POLICY

Thank you for choosing Dr. Ilana Oren, as your Counselor. Please read carefully and initial by each statement and then sign below. This policy has been put in place to ensure that financial payments due are received to allow us to continue to provide quality care for our patients. It is important that we work together to assure that payment for services is as simple and straightforward as possible.

1. _____ I understand that if I do not have my insurance card, referral, and/or co-payments the day of the appointment, that my appointment may be rescheduled until such time that I can provide documents or payments.
2. _____ I understand that, if my account is not paid in full within 90 days, a 10% collection processing fee will be added to the outstanding balance and will be turned over to collection for further processing. No additional appointments will be made for delinquent accounts until they are brought current and you will be required to pay cash for all future office visits.
3. _____ I understand that a \$35 service fee will be added for any checks returned for any reason and I will be responsible for payment of this fee and the amount of the returned check. NSF checks must be redeemed with certified funds (cashier's check, money order or cash).
4. _____ I understand that if I am unable to make a scheduled appointment, I need to contact the office at least 24 hours before my scheduled appointment time. Due to a high demand for appointments, missed appointments prevent us from scheduling appropriately and keep others in need of care from being seen. A \$75 fee will be assessed for all missed appointments not cancelled with at least a 24-hour advanced notice.
5. *Arizona Renewal Ranch* will allow 60 days from the date of filing with your insurance company to process or pay a claim. Arizona law allows insurance companies operating in the state no more than 30 days to process claims. It is your responsibility to provide your insurance company with requested information needed to process a claim for services. It is also your responsibility to notify *Arizona Renewal Ranch* if there is any change in your insurance coverage, residence or phone number. Ultimately, it is up to you to know and understand my insurance benefits.
6. _____ I have received a copy of the Notice of Privacy Practices.
7. _____ I have read and understand the above Financial Policy and I agree to abide by its terms.

Printed Name of Patient

Signature of Patient or Resp. Party

Today's Date

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

INSURANCE

If you plan to use your insurance, you are responsible for your co-pay and/or co-insurance and if your insurance company refuses to pay for any services rendered to you, you will be responsible for those charges. The insurance contract exists between you and your insurance company. As a courtesy to you, we will file the insurance for you. We will also do our best to determine eligibility but, in some cases, we are not given accurate information by the insurance companies. You are ultimately responsible for knowing if your insurance will cover any services. For your peace of mind, we suggest you confirm coverage, if you have not already done so. Co-Payment is due at the time of services. If your insurance changes, it is your responsibility to inform us of the change details in a timely manner, so that we may determine eligibility and benefits. If you do not do this, and the appointment is not covered by your new insurance, you will be responsible for the appointment charges.

Complaints against insurance companies can be made with the Arizona Department of Insurance Consumer Affairs Division (602-364-2499).

Please sign here to give your insurance company permission to pay us directly and that you agree and understand with the above statement.

Signature: _____ Date: _____

Fees

If you are a private pay client and you are paying cash for therapy services, your fee will be:

- \$ 100.00 for individual counseling per session (45 minutes)
- \$ 120.00 for individual EMDR session (45 minutes)
- \$ 150.00 for marital or family counseling (45 minutes)
- \$ 150.00 for hypnosis session (45 minutes)

Other Fees

My regular fee is \$300.00 per hour for all non-therapy services. This includes court cases, writing letters, writing reports, filling out forms other than regular insurance claim forms, telephone time over five minutes with you or other professionals about your case. There is a fee of \$75.00 for sending your records upon your written and signed request. Please be aware that insurance companies do not reimburse for these kinds of services.

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

PATIENT-THERAPIST AGREEMENT

This form was prepared to clarify fees and policies with the understanding that these are important issues to anyone receiving professional services.

FEE RATE: The basic fee is \$100.00 per 45-minute session for individual counseling. Longer or shorter sessions are prorated from this basic fee. Fees for psychological testing are based on time spent with the client plus time required for scoring and interpreting test data.

Diagnostic/psychological testing reports will be issued after you have paid for reports.

PHONE CONSULTATION: The standard prorated fee will be charged for phone time.

PAYMENT METHOD: Payment is required at the time services are rendered. We will charge interest at the rate of ten per cent if an account remains unpaid after the 31st day after services are rendered. Office visits will not be rescheduled until new payment arrangements are made. If we need to turn an account over for collection and a lawyer is hired to collect this balance, you will be responsible for all costs, including attorney fees.

MISSED APPOINTMENTS: If you cannot keep an appointment, you need to notify the office immediately. If 24-hour notice is not given, you will be charged \$75 for the appointment.

Therapist Disclosures

DUTY TO WARN: Arizona law requires that a therapist must inform Child Protective Services if child abuse is suspected or revealed. Therefore, any information regarding this issue will be reported to the Child Protective Service agency. Arizona law requires a therapist to inform an individual and/or the proper authorities when a life-threatening accusation is made about another individual. Should such a statement be made, the therapist must inform the threatened individual.

CONFIDENTIALITY: Therapists are bound by their code of ethics to keep all information shared in the therapy session confidential. This rule can be broken only if the duty to warn is enforced by the therapist. Minor children’s right to confidentiality will be discussed with the parent(s) of the child(ren) and with the child(ren). Decisions regarding child confidentiality will be made on a client-by-client basis.

RECORDS: The therapist will retain client records for 10 years following termination of treatment.

CONDUCT OF THERAPY: The therapist shall adhere to the code of ethics of her respective profession and to the laws of Arizona as they pertain to client-therapist relationships.

Patient Signature (or Responsible Party) Date

Therapist Signature Date

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

BILLING AND COLLECTIONS

If you should have unpaid financial obligations to me for any services provided by me, late cancellations, or No Show charges, we will be billing you via US Mail or e-mail. If you have any administrative questions, you can contact me via email (dr.ilana@cox.net).

(Please initial below to indicate you accept these policies.)

_____ I accept full responsibility for all charges incurred and understand all the fee policies.

Signature: _____ Date: _____

Person responsible for Payment (if different from Patient):

Name _____ Phone _____

Address _____

City _____ State/Zip _____

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

STATEMENT OF EAP SERVICES AND CONFIDENTIALITY

EAP is a free, confidential service that provides access to a professional who can offer employees and eligible family members support and direction in dealing with a wide variety of personal or job-related issues. Many of these issues can be resolved within a few sessions. If you require additional assistance beyond the scope of the EAP, specific recommendations will be offered that may include a referral to local resources or to services that may be covered under your health insurance plan. Referral by an EAP consultant never guarantees payment for services provided outside of the EAP. EAP services do not include long-term therapy, psychological or court-ordered evaluations, court-ordered counseling or reporting for any court systems for any reasons, to include those related to divorce and/or child custody.

Privacy: All EAP records are kept separate from employer medical and personnel records. All healthcare providers require a signed authorization form for disclosure of this information. As required by law, confidential information must be released regardless of your authorization under the following circumstances:

- Threat or endangerment to self or others
- Evidence of child/elder abuse/neglect
- Research, program evaluation, or health oversight activities authorized by law
- Coroners/medical examiners, funeral directors, or public health authorities as authorized by law
- Law enforcement officials in an emergency situation or for national security activities
- Court order or subpoena
- Reporting a death

I consent to the release of confidential information about the EAP services I receive for treatment, payment, and healthcare operations by the treatment provider. I understand that the release of confidential information about EAP services I receive without my permission is not allowed, except when permitted by law. I further understand that except when permitted by law, the information about the e EAP services I receive will not be shared with my employer.

Client/Patient Name: _____

Client/Patient Signature: _____

If the client/patient is unable to consent or is a minor, please complete the following:

Client/Patient is _____ a minor or _____ unable to consent because: _____

Signature: _____

Date: _____

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

I have reviewed this Statement of Understanding with the above client, and provided a copy of a Notice of Information Practice, in accord with the Health Insurance Portability & Accountability Act (HIPPPA.)

Provider Signature: _____ Date: _____

Notice of Information Practice form:

_____ given to Client _____ Mailed _____ Refused

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

Notice of Privacy Practices
Effective April 14, 2003

This notice describes how counseling information about you may be disclosed and how you can get access to this information. Please review it carefully.

The privacy of your counseling information is important to us. You may be aware that U.S. government regulations established a privacy rule ("HIPAA") governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

Use and Disclosure of Protected Information

Federal law provides that we may use your counseling information (protected health information) for treatment of you, without further specific notice to you, or written authorization for you. For example, if we refer you to a specialist, we may provide records to that specialist.

Federal law provides that we may use your counseling information to obtain payment for our services without further specific notice to you, or written authorization by you. For example, under your health plan, we are required to provide them with a diagnosis code for your visit and a description of the services rendered.

Federal law provides that we may use your counseling information for health care operations without further specific notice to you, or written authorization by you. For example, our accountants may see your name, dates of treatment, and procedure codes during audits of our books or we may use your information for financial services, quality assurance, risk education and claim management purposes without medical professional liability insurer.

We may use or disclose your counseling information, without further notice to you, or specific authorization by you, where:

- 1.required by law;
- 2.required for public health purposes;
- 3.required by law to report child abuse;
- 4.required by a health oversight agency for oversight activities by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct;
- 5.required by law in judicial or administrative proceedings;
- 6.required by law enforcement purposes by law-enforcement official
- 7.required by a coroner or medical examiner

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

- 8. permitted by law to a funeral director;
- 9. permitted by law for organ donation purposes;
- 10. permitted by law to avert a serious threat to health or safety;
- 11. permitted by law and required by military authorities if you are a member of the U.S. Armed Forces

We will continue to follow Arizona State law with respect to information regarding HIV/AIDS.

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner.

Other uses of disclosures of your counseling information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

Rights That You Have

You have the right to request restrictions (45 CFR 164.522) on certain of the uses or disclosures above. Except as stated below, we are not required to agree to such restrictions.

Although your health record is the property of Arizona Renewal Ranch, the information belongs to you. You have the right to inspect this information (a reasonable fee will be charged) under the supervision of a member of the ARR staff. You have the right to obtain copies of your counseling information (a reasonable fee will be charged) (45 CFR 164.422 and 45 CFR 164.524). You have the right to amend the health record as provided in 45 CFR 164.528.

You have the right to request a summary of any disclosures we make of your counseling information, except for: disclosures we make to you, or to carry out treatment, payment, or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR 164.502 or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or for public health purposes after being de-identified or limited to remove personally identifiable information, or disclosures made before April 14, 2003.

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

Requests for the above must be made in writing to the attention of the Privacy Officer. You have the right to obtain a paper copy of this notice from our office.

Obligations That We Have

We are required by law to maintain the privacy of protected counseling information and to provide individuals with notice of our legal duties and privacy practices. We provide training to our employees to enforce and comply with the above law.

We are required to abide by the terms of this notice as long as it is currently in effect. We reserve the right to revise this notice, and to make a new notice effective for all protected counseling information we maintain. Any revised notice will be posted in our office, and copies will be available there.

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint, in writing, with us. Complaints should be directed to our privacy officer.

The privacy office is our Office Manager. If you desire further information or have any questions or concerns, you may contact her at: 480-776-0626, ext. 25. No retaliatory action will be taken against you for any complaint you may make.

Signature: _____

Date: _____

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 Fax: 480.491.4293
E-mail: dr.ilana@cox.net Web: www.drilanaoren.com

CONSENT TO RELEASE/EXCHANGE INFORMATION

Name of patient: _____ DOB: _____

This will authorize: _____

To release and/or exchange with:

Insurance: _____

Address: _____

Phone: _____

Pertinent information from my record maintained while I was/am a patient.

This information to be disclosed is:

(Check appropriate choices and add my additions)

- _____ Discharge Summary per Counselor
- _____ Social/psychological evaluation
- _____ Chemical dependency evaluation
- _____ Summary of treatment contracts
- _____ Other(please specify) _____

For the purpose of gathering data for assessment and providing quality care or other:

(Specify counseling) _____

I understand that my records are protected under Federal Confidentiality Regulations (42 CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Signature: _____ Date: _____

Arizona Renewal Ranch, L.L.C.
 Dr. Ilana Oren, Ph.D. L.M.T.
 2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
Phone: 480.818.0227 **Fax:** 480.491.4293
E-mail: dr.ilana@cox.net **Web:** www.drilanaoren.com

STRESS INVENTORY

Below is a list of issues experienced by some people at various times. Please read each one carefully and mark the square under “HIM” or “HER”, with the number for the ‘response’ that best describes how much that issue or problem has distressed or bothered you during the past seven (7) days, including today. Fill in the square with only one number per issue/problem and do not skip any items.

	Not at all	A little bit	Moderately	Quite a bit	Extremely	HER	HIM	How much were you distressed by the following:
1	0	1	2	3	4			Body aches
2	0	1	2	3	4			Faintness or dizziness
3	0	1	2	3	4			Feeling no interest in things
4	0	1	2	3	4			Nervousness or shakiness inside
5	0	1	2	3	4			Pains in heart or chest
6	0	1	2	3	4			Feeling lonely
7	0	1	2	3	4			Feeling tense or keyed up
8	0	1	2	3	4			Nausea or upset stomach
9	0	1	2	3	4			Feeling blue
10	0	1	2	3	4			Suddenly scared for no reason
11	0	1	2	3	4			<i>Trouble catching your breath</i>
12	0	1	2	3	4			Feelings of worthlessness
13	0	1	2	3	4			Spells of terror or panic
14	0	1	2	3	4			Numbness or tingling in parts of your body
15	0	1	2	3	4			Feeling hopeless about the future
16	0	1	2	3	4			Feeling so restless you couldn't sit still
17	0	1	2	3	4			Feeling weak in parts of your body
18	0	1	2	3	4			Thoughts of ending your life
19	0	1	2	3	4			Feeling fearful