**Roger Ludwig, M.A., P.C.**

***2315 Dunn Ave., Cheyenne, Wyoming 82001***

***Office: (307) 637-5004 Cell: (307) 630-4829 FAX: (307) 637-5011***

**Welcome.** I appreciate the opportunity to serve you. It is my purpose to provide you with quality, effective psychotherapy in a setting that is safe, warm, respectful and whenever possible, enjoyable. I practice an integrative type of counseling that brings together thinking, feeling, behavior and relationships for the optimum health of my clients. I am a Wyoming Licensed Professional Counselor (LPC-416) with a master of arts degree in counseling and psychology from Western State College of Colorado (1978) and a bachelors in theology from Ambassador College (1975).

**Ethics.** I adhere to the American Counseling Association Code of Ethics. In keeping with that code, information about a client will not be discussed with others without his or her written permission. Records also will not be shown or sent to anyone (excepting reception or bookkeeping staff) without written consent. Client confidentiality is waived by law only in these situations:

 a) known or suspected abuse or harmful neglect of children, elderly or the disabled,

 b) client has made an immediate threat of physical violence against an identifiable victim,

 c) client has made an immediate threat of self-inflicted harm,

 d) the validity of a will of a former client is contested,

 e) counseling information is necessary to defend against a malpractice action brought by a client,

 f) client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation,

 g) client is examined pursuant to a court order,

 h) in the context of investigations brought by the client and conducted by the Mental Health Professions Licensing Board.

Sexual intimacy with a client is never appropriate. This disclosure statement is required by the Mental Health Professions Licensing Act.

**Appointments.** If you cannot keep an appointment, please give 24 hours notice. You will be billed $20 for missed appointments without adequate notice. Cancellations related to weather or illness will be accepted at no charge provided conditions warrant. Likewise, I will cancel appointments only when absolutely necessary.

**Financial Arrangements.** The fee per most sessions, at fifty-five minutes, is $130. Initial consultations are charged $135. Short sessions, at forty-five minutes are $100. Thirty minute sessions are $60. .

If your insurance or Employee Assistance Program covers counseling I am willing to bill them for you as a courtesy. If preauthorization is required it is your responsibility to obtain it.

Insurance programs require a qualifying diagnosis. If one is appropriate in your case, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records.

You are expected to make the estimated co-pay at the time of service. Payments may be made by check, cash, debit or credit card. If the insurance company does not pay as expected, you are responsible for remaining balances.

Statements will be sent to you at the beginning of each month. Please pay the remaining financial obligation promptly. If you have concerns about the financial arrangements please discuss them with me.

By signing below you are agreeing to assume responsibility for all financial obligations incurred and are authorizing the release of information required to process insurance claims and the assignment of payment to Roger Ludwig, PC. If you fail to meet these obligations you are also giving permission for the release of your name, address and balance due to a collection agency or to the small claims court.

Client or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CLIENT INFORMATION ROGER LUDWIG, PC**

Client’s first name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preferred phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_ Marital status (circle) Single Married Separated Divorced Widowed

Place of work or school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (circle) Part time Full time

Family doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals for counseling** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Including client, please list family members or others living at home**

Name M or F Age Major mental or physical health problems

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**Person financially responsible (if different from client)**

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle initial \_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary insurance company or EAP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person who carries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary insurance company or EAP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person who carries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIVACY NOTICE – Effective Date: April 14, 2003**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**

**AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**.

1. PURPOSE: Roger Ludwig, PC and its professional staff and employees follow the privacy practices described in this Notice. Roger Ludwig, PC keeps your information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all professional staff involved in your treatment and employees involved in the health care operations of the agency may have access to your records.

2. HOW YOUR INFORMATION IS USED FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS (TPO):

We will always limit the use(s), disclosure(s) and request(s) of your protected health information to that which is determined to be the minimum necessary to accomplish the intended purpose. Your treatment may include sharing information among mental health care professionals who are involved in your treatment. For example, if you are seeing both a physician (psychiatrist) and a psychologist, they may share information in the process of coordinating your care. Your insurance company or third party payer may request information that we are required to submit in order to provide and bill for your services. Anyone reviewing records must follow the same confidentiality laws and rules required of all health care providers. Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of Agency operations. Staff members designated by Roger Ludwig, PC may access clinical records periodically to verify that Agency standards are met. Records are sometimes used for reasons other than client care. For example, records are periodically reviewed to evaluate the quality of care, or to be sure that Roger Ludwig, PC follows the rules of regulatory agencies for the efficient and effective utilization of care.

3. HOW YOUR PROTECTED HEALTH INFORMATON IS USED AND STORED:

Your clinical record will be stored in a locked storage area when not in use and retained by Roger Ludwig, PC for a minimum of six years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy, except where law requires it to be kept for a longer period of time.

In addition to those listed above in #2 (TPO), and until the records are destroyed, they may be used for the following purposes unless you ask for restrictions on a specific use or disclosure (instructions listed in #5 below):

 Appointment reminders;

 Notification when an appointment is cancelled or rescheduled;

 As may be required by law;

 For public health purposes such as reporting of child or elder abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law);

 Mental health oversight activities, e.g., audits, inspections or investigations of administration and management of Roger Ludwig, PC;

 Lawsuits and disputes (We will attempt to provide you advance notice of subpoena before disclosing information from your record.);

 Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on Roger Ludwig, PC property when emergency circumstances occur relating to a crime;

 To prevent a serious threat to health and safety;

 To carry out treatment and health care operations functions through medical transcription services;

 To military command authorities if you are a member of the armed forces or a member of a foreign military authority; national security and intelligence activities;

 Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.

4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES. Except as described previously, we will not use or disclose information from your record unless you authorize (permit) Roger Ludwig, PC to do so. You may revoke your permission in writing, which will be effective only after the date of your written revocation.

5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding your health insurance.

Right to request restriction. You may request limitations on your mental health information we may disclose but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to confidential communications. You may request communications in a certain way or at certain locations, but you must specify how or where you wish to be contacted.

Right to inspect and copy. You have the right to inspect and copy your information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by Roger Ludwig, PC.

Right to request to clarify record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. Roger Ludwig, PC is not required to accept the information that you propose.

Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment, payment or health care operations in the last six (6) years, but not prior to April 14, 2003.

Right to a copy of this Notice. You may request a paper or electronic copy of this Notice at any time.

6. REQUIREMENTS REGARDING THIS NOTICE.

Roger Ludwig, PC is required to provide you with this Notice that governs our privacy practices. Roger Ludwig, PC may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for information we have about you as well as any information we receive in the future. Any time you come in to Roger Ludwig, PC for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time. Roger Ludwig, PC will have the Notice posted.

7. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Roger Ludwig, PC. You will not be penalized or retaliated against in any way for making a complaint.

If you have a complaint, if you have any questions about this Notice, if you wish to request an additional copy of this Notice, or if you wish to request restrictions on uses and disclosure for health care treatment or operations, Contact:

 Roger Ludwig, PC

 2315 Dunn Ave.

 Cheyenne, WY 82001

 Phone: (307) 637-5004

 Cell: (307) 630-4829

 FAX: (307) 637-5011

 Please acknowledge receipt of Roger Ludwig, PC Privacy Notice by signing below.

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 Signature