Andrew Brams Clinical Services
Building blocks for mental health

Andrew G. Brams, Ph.D., L.S.S.P.
Licensed Psychologist • Licensed Specialist in School Psychology
4615 Southwest Freeway • Suite 860
Houston, Texas 77027
Main (281) 557-6546 Fax (281) 764-9461
www.drandrewbrams.com • abrams@drandrewbrams.com

INTAKE FORM NEW PATIENT

Today's date:_____ **Please circle**: Adult / Child

Referred by: _____

Person filling out form: _____ Relationship to patient: _____

Patients Name full name: _____

Patient DOB: _____ Age: _____ Phone: _____

Email:_____

Home Address: _____

Please Circle: Male – Female Marital Status: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone number: _____

Chief Complaint/Reason for Appointment:

_____

_____

_____

Are you here for a Psychological Evaluation or Therapy Services?

_____

_____

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Insurance Information

Insurance Company: _____ Subscriber Name: _____

Member ID: _____ Group Number: _____

Patients relationship to subscriber: _____

Copay: _____ - this visit would be considered a specialist visit *

By signing this form, I attest that all the statements I have made to all the questions are true and correct to the best of my knowledge and belief.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

Name & Relationship to Patient (If differ): _____

healthgrades.

WebMD

It is sometimes helpful for other potential clients and our office to review feedback pertaining to our services. If you have a few moments, could you please provide your opinion on one of these sites. Thank you for your time

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Credit Card Authorization

I, _____, am authorizing Andrew Brams Clinical Services to charge my credit card listed below if I fail to show for a scheduled/rescheduled appointment, or do not give notification of my inability to attend a scheduled appointment in advance.

Please remember that all follow up appointments need to be cancelled at least 48 hours in advance and all new patient appointments need to be cancelled at least 24 hours in advance.

Please note, reminder calls/texts/emails are a courtesy. You are responsible for your appointment whether your reminder was received or not.

I further authorize Andrew Brams Clinical Services to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

Credit/Debit Card Type*: Visa Mastercard Discover American Express

Credit/Debit Card Number*: _____

Expiration Date*: _____ CVV Security Code*: _____

Full Name on Card: _____

Billing Address: _____

By signing below, I acknowledge that I read and understand the above terms and consent for Andrew Brams Clinical Services to place and keep the card information above in my patient file and that my card will be charged the applicable fees in the event I do not show to my appointment and/or do not cancel at least 48 business hours before my scheduled appointment.

Signature: _____ Date: _____

Patient Name: _____ DOB: _____

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Office Policies & Procedures

*Please read thoroughly

Record Keeping – A clinical chart is maintained describing your condition, your progress, dates of appointments, fees for sessions and notes describing each session. *Your records will not be released without your written consent, unless in situations as outlined in the confidentiality agreement section.*

Cancellations, Missed, & Same Day Rescheduling Appointments – Once your appointment is scheduled, you will be expected to pay for the office visit unless you confirm with one of the following:

- New Patient Appointments: MINIMUM 24 HOUR NOTICE*** If new patients are not compliant with our policy, a $150.00 fee will be charged from the card on file.
- Established/Follow Up Appointments: MINIMUM 48 HOUR NOTICE*** If patients are not compliant with policy a $100.00 fee will be charged from the card on file.
- Same day rescheduling will be $150.00 fee
- After you have rescheduled more than 3 appointments we reserve the right to refer you to another practitioner.
- Valid methods to cancel or reschedule appointments can be done via email at Stephaniemtrevino@outlook.com or lorenaimunoz@outlook.com. You may also call our office at 281-557-6546 EXT 13 or 12, please leave a detailed voicemail if we do not answer, once we receive the voicemail we will contact you to confirm the cancellation.

Late Arrival / Tardiness – Late arrival to your appointment is *not* permitted; if you arrive more than 15 minutes late to your scheduled appointment you MAY be asked to reschedule for another day and time; SAME DAY rescheduling fee of $150.00 will be charged to the card on file. Any amount of time that you are late your appointment will be deducted from the total time slot you are scheduled for.

- Please note that insurance companies will often NOT reimburse for missed appointments or appointments that are cancelled late.
- We realize that no one can predict emergencies or disasters, courtesy is however requested. If you arrive more than 10 minute late please be aware that there is the possibility that your appointment may be rescheduled as not to inconvenience the next patient. Please be aware that any amount of time that you are late to your appointment will be deducted from the **total time slot** you are scheduled for.
- Also, reminder calls/texts/emails are a courtesy. You are responsible for your appointment whether a reminder is received or not.

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Communications –

- Voicemails: please be aware that we are not in the office every day but do commit to return your voicemail message within two business days. If you have a life-threatening emergency, experience worry that you will hurt or kill yourself, or have a concern that you are going to hurt or kill someone else, please leave us a message and call 911 immediately.
- Faxes: Faxes are reviewed during normal business hours and are responded to within 48 hours.
- After Hours Contact: In the event of an urgent psychiatric matter outside of regular hours you may contact our office manager **Stephanie at 832-335-0139** please leave a voicemail and she will return your call within 15 minutes. Calls placed for non-emergency issues will result in a charge of $50.00 for afterhours care.

Reports, Letters & Other Professional Services –

- Dr. Brams will attempt to get all information scored and in report form as soon as possible. Please understand that it may take up to **1 week (5-7 business days)** to complete this assessment for review. Please be patient with Dr. Brams and the office staff. If you have special arrangements that need to be addressed due to the nature of your issues or urgency of services please contact our practice management staff as soon as possible.
- Calls returned by Dr. Brams will be charged at a rate of **$25** for the first and on-going increments of 10 minutes. You will be billed on your credit card and receive a receipt indicating the time of the call.
- Clinical letters which are needed for conveying clinical information, assisting with modifications or other clinical matters will be $50 per letter and $25 additional charge for time to formulate the letter over 15 minutes. There will be a charge of $25 for every 15 minutes in formulation of the letter.
- Dr. Brams has been called to testify in court on a number of occasions**. If Dr. Brams is requested to appear in court, there is a nonrefundable retainer of $500 which must be processed before the designated court date**. If Dr. Brams must testify for more than 2 hours, the client will be charged $250 for each hour over the 2 hour retainer (all times rounded to next hour). Extensive review of documentation may constitute additional hourly fees.
- Dr. Brams has been asked to attend meetings at school to assist in the understanding and development of educational plans. Dr. Brams applies the same fee schedule to these services as seen with court testimony and review.

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- Dr. Brams has been asked to conduct independent educational evaluations for school district. These are primarily due to issues of behavioral and emotional needs. Due to the extent of such an evaluation, Dr. Brams charges $1500 for these services which is inclusive to all forms of service until the final report.

Dr. Brams's staff work very hard to accommodate for your needs, assist with scheduling, billing and other requests. If there is a dispute or you receive information about a bill that is of concern, please be calm and respectful toward staff. We will find a way to identify the problem and develop a solution. **To expedite your questions or concerns, e-mail is the best way to correspond with the office**.

Insurance Changes, Billing & Payments –

- Notification to the office within *2 business days is required prior to your appointment with ANY change of insurance*. The office can not verify your insurance for mental health benefits the same day of the appointment, even if your insurance requires no pre certification or does not have deductible. If a claim is returned due to not notifying our office of this change you will be charged the full fee for the visit.
- Our office accepts several commercial and only two Medicaid plans. Our office does NOT file insurance claim forms for insurances we are not contracted or credentialed with. We will be glad to give you a receipt which includes all the information necessary for filing claims with your insurance company.
- As a courtesy to you, we will bill your primary insurance company directly for medical services rendered. While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by your insurance is correct. We encourage you to call your insurance plan directly if you have any questions about covered services.
- All office fees are due at the time of service. *Our office accepts Mastercard, Visa, Discover, American Express, debit cards & cash.*

Termination of Care – At times, termination of care between a patient and provider is necessary. Termination of care may occur at any given time and may be initiated by either the patient or the provider. Dr. Brams will allow for termination with transition to see another provider.

Confidentiality – Issues discussed with your provider are important and are generally legally protected as both confidential and "privileged". However, there are limits to the privilege of confidentiality. These situations include: 1.) suspected abuse or neglect of a child, elderly person, or a disabled person, 2.) when the doctor believes you are in danger of harming yourself or another person, or you are unable to care for yourself. 3.) if you report that you intend to physically injure someone the law requires the doctor to

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inform that person as well as the authorities. 4.) if the doctor is ordered by a court to release the information as a part of a legal involvement in company litigation, etc., 5.) when your insurance company is involved , e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) in natural disasters whereby protected records may become exposed or, 7.) when otherwise required by law. You may be asked to sign a release of information so that the doctor may speak with other mental health professionals or to family members. If you are concerned about some of your information, you have a right to ask us, to not use or share some of your information for treatment, payment, or administrative purposes. Such request must be made in writing. After you have signed the consent form, you have the right to revoke it at any time, by writing a letter informing us that you no longer consent the use and disclosure of your Personal Health Information. On receipt of your letter, we will comply with your wishes about using or sharing your information from that time on.

Agreement –

- Your signature below indicates that you have read the office policies document in full, you understand all its provisions and you agree to abide by these policies throughout the course of your professional relationship with Andrew Brams Clinical Services. You understand that you may request a copy of this document at any time.

Patient Name: _____ DOB: _____

Date: _____

Patient/Guardian Signature: _____

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NOTICE OF PRIVACY PRACTICES

- THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSEDAND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, or to family & friend you approve.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: we may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner & provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosure of PHI (personal health information), or alternative means of communication to ensure privacy.

Marketing Health Related Services: We will not use your health information for marketing communications without your written consent or authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law or national security activities.

Abuse or Neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as voicemail messages or texts.

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PATIENT RIGHTS

Access: You have the right to look at or get copies if your health information with limited expectations. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

Amendment: You have the right to request that we amend your health information

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to The U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with The U.S. Department of Health & Human Services. A privacy contact officer has been designated for this office. The privacy officer can be contacted by simply contacting the office and asking to speak with he office manager who serves as the Privacy Officer.

By signing below, I acknowledge that I have received this Notice of Privacy Practices.

_____ _____

Signature of Patient or Parent/Guardian Date