



The Anxiety and Stress Disorders Institute of Maryland, LLP

Gibson Building, West Wing, Suite 224 • 6525 N. Charles Street • Towson, Maryland 21204

Telephone: 410-938-8449 • Fax: 410-825-7105 • WWW.ANXIETYANDSTRESS.COM

PAGE 1: REGISTRATION FORM FOR A MINOR

It would be helpful to bring this completed form to your first visit.

Child's Last Name: _____ First Name: _____ MI: _____
Age: _____ Date of Birth: _____ School: _____ Grade: _____ Pediatrician: _____

Parent #1's Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone numbers (circle preferred): _____ Email: _____
Employer: _____

Parent #2's Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone numbers (circle preferred): _____ Email: _____
Employer: _____

If separated/divorced, parent with primary physical custody: _____ Do you have joint legal custody? Yes/No

Emergency contact (name/phone number): _____

Who referred you to ASDI? _____

Do we have your permission to send a letter acknowledging your visit to your referral source? Yes / No

Do we have your permission to send a letter acknowledging your visit to your primary care provider (PCP)?
Yes / No

If yes, PCP name _____ PCP Address _____

If you choose to communicate with your therapist by text or e-mail please know that confidentiality cannot be guaranteed. Please initial that you have read this statement ____.

I understand that I am responsible for all fees incurred during treatment, for payment at the time of each service, and for submitting my own insurance claims for reimbursement. I give permission for ASDI to release otherwise confidential information to my insurer or managed care company so that I can seek reimbursement.

Signature of responsible parent: _____ Date: _____

For office use only:

Intake Date: _____ Dx: _____ Therapist: _____



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PAGE 2: GENERAL INFORMATION AND INFORMED CONSENT FOR A MINOR

Although we prefer to proceed with the therapeutic relationship informally, the following information has been proven helpful in avoiding future misunderstandings:

1. Therapy sessions are usually 45-50 minutes long and must stop on time in consideration of the next person, even if you arrive late. If unable to keep your appointment, please notify your therapist 48 hours in advance or you *may* be billed for the missed visit. Insurance companies do not reimburse missed visits.
2. Payment in full is expected at each session (except for Medicare patients). You are responsible for clarifying your insurance benefits and whether authorization is necessary. Statements will be provided for you to submit to your insurer; your therapist will complete other forms that may be required by your insurer. However, authorization and reimbursement by your insurer may end before your need for treatment ends. Bills outstanding 60 days may incur late fees or be referred for collection.
3. If you choose to use insurance benefits to pay for a portion of treatment, your therapist may be required to submit clinical information, such as diagnostic codes, to insurance industry data banks which *could* have implications for your future insurance purchases. If we are required to submit otherwise confidential information about you, we can no longer promise that such information will remain confidential once it leaves ASDI.
4. All information pertaining to your treatment will remain confidential unless you sign a release to a specific person or organization. The only exceptions to this are: (a) releases contractually required by insurers and managed care companies to establish what they define as “medical necessity” and to secure reimbursement; (b) your therapist assesses you to be of imminent danger to yourself or others, requiring action in the interest of safety; (c) by court order; (d) if you are a plaintiff in a lawsuit in which your emotional health is an issue; (e) information discussed in professional supervision; or, (f) as otherwise provided under Maryland law. (This last exception may include possible danger to a child or other vulnerable person, or your disclosure of a history of sexual abuse by an identifiable person). The federal HIPAA requirements are contained in pages 3-5 of this document.
5. Messages should be left on your therapist’s own telephone line rather than the general ASDI line. In an emergency, when you are unable to contact your therapist, you may reach an ASDI psychologist on-call by calling the main ASDI telephone number (410) 938-8449. Telephone calls over 10 minutes may be charged a prorated session fee. When your therapist is out of town, professional coverage will be provided for emergencies. However, your local hospital emergency room is the best place to go in a real emergency.
6. ASDI is a private group independent from Sheppard-Pratt Hospital since 1992. Your being treated at ASDI is not under the auspices of Sheppard-Pratt Hospital and will not result in a medical record there, (i.e., by coming to ASDI, you are not a Sheppard-Pratt patient). Contact ASDI directly rather than trying to contact us through Sheppard-Pratt.

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I understand and agree to abide by these ASDI policies. I will ask my child’s therapist about any remaining questions I may have, (e.g., fees, what to expect from therapy, scheduling, special arrangements, family involvement, etc.).

Parent’s Signature: _____ Date _____

Older Minor’s Signature (optional): _____ Date _____

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