Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

INTAKE INFORMATION

(Please Print)

Patient Name:_____Date:_____-_____-_____
Last First Middle Initial

Birthdate: _____-_____-_____Age:_____ ____Male, ___Female, email: _____

Race (optional):_____ Marital Status: Single___; Married___; Widowed___; Separated___; Divorced___

Home Address:_____ Home Phone: (____)_____-_____

City:_____ State:_____ Zip:_____ Cell Phone: (____)_____-_____

Patient Social Security #:_____ Driver's License #:_____

Employer:_____ Occupation:_____

Work Address: _____Work Phone: (____)_____-_____

City:_____ State:_____ Zip:_____

Referred by:_____Family Physician:_____

Responsible Party: Relationship to Patient:_____

Home Address:_____ Home Phone: (____)_____-_____

City:_____ State:_____ Zip:_____ Cell Phone: (____)_____-_____

Responsible Party Social Security#:_____ Driver's License #:_____

Employer:_____ Occupation:_____

Work Address: _____Work Phone: (____)_____-_____

City:_____State:_____Zip:_____

Emergency Contact: _____Relationship to Patient:_____

Address:_____ Cell Phone: (____)_____-_____

City:_____ Zip_____ Other Phone: (____)_____-_____

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

PATIENT SERVICES AGREEMENT

This Agreement contains information about privacy and patient rights. As required by law, your Notice of Privacy Practices for use and disclosure of Private Health Information (PHI) is available from this website or from Dr. Hanselka's office at 817-266-4260. The law requires that he obtain your signature acknowledging that you were provided this information. Your signature represents a revocable agreement between us. A written revocation will be binding on Dr. Hanselka unless he has taken action in reliance on it; or if you have not satisfied any financial obligations you have incurred.

PSYCHOTHERAPY SERVICES: The nature of Psychotherapy varies depending on the personalities of the therapist and patient. In order for the therapy to be successful, you will have to work on things talked about both during sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. However, benefits of psychotherapy include better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience. Your therapist will evaluate your needs and offer treatment recommendations. You can discuss any questions you may have. If you have persistent doubts, your therapist will help you get a second opinion

MEETINGS: Psychotherapy sessions consist of one 45 to 50-minute session. **Once an appointment hour is scheduled, you will be expected to give 24 hours advance notice of cancellation or pay the full fee for the missed appointment (see Cancellation/Missed Appointment Policy). Please note that insurance companies do not pay for cancelled or missed sessions.**

PROFESSIONAL FEES: The fee schedule is attached. The fees you pay may differ. If you require Dr. Hanselka's participation in legal proceedings, you must pay for all of the professional time including preparation and transportation costs. There is a fee for returned checks.

CONTACTING DR. HANSELKA: If you need to contact Dr. Hanselka between sessions, you may call him at (817) 266-4260. If Dr. Hanselka is unavailable and cannot answer your call, please leave a voice message and your call will be returned as soon as possible. Dr. Hanselka checks his messages several times during the daytime only, unless he is out of town. If an emergency situation arises, indicate it clearly in your message. If you cannot reach Dr. Hanselka and need to talk to someone or see someone right away, call or go to your Family Physician, Psychiatric Emergency Services, Green Oaks Hospital, 7808 Clodus Fields Drive, Dallas: (972)770-1032, the 24-hour Suicide and Crisis Center of North Texas crisis line: (214) 828-1000, or the Police: 911. Please do not use email or faxes for emergencies.

LIMITS OF CONFIDENTIALITY: The law protects communications between a patient and a mental health provider. Typically, information about your treatment is only released to others if you sign a written Authorization form. This signed Agreement provides consent for the following:

- Dr. Hanselka may need to consult other professionals about a case. Every effort is made to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. If you don't object, you will not be told about these consultations unless Dr. Hanselka feels that it is important to your work together.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient seriously threatens to harm himself/herself, Dr. Hanselka may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where Dr. Hanselka may disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your treatment, such information is protected by law. Dr. Hanselka cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order Dr. Hanselka to disclose information.
- If a government agency requests information for health oversight activities, we may be required to provide it.
- If a patient files a complaint or lawsuit against Dr. Hanselka, he may disclose relevant information regarding that patient for the purpose of legal defense.

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

- If a patient files a worker's compensation claim, Dr. Hanselka must, upon request, provide records relating to treatment or hospitalization for which compensation is being sought.

There are some circumstances where disclosure is required by law:

- When there is a reasonable suspicion of child, dependent, or elder abuse or neglect;
- When a patient presents a danger to self, to others, to property, or is gravely disabled; or
- When a patient's family members communicate to Dr. Hanselka that the patient presents a danger to others.
-

PROFESSIONAL RECORDS: Protected Health Information about you is kept in your Clinical Record. Your Clinical Record includes information about your reasons for seeking therapy, your diagnosis, treatment goals, medications, your progress, your medical and social history, your treatment history, any past treatment records received from other providers, reports of professional consultations, and reports that have been sent to anyone, including reports to insurance carriers. Typically, you may examine and/or receive a copy of your Clinical Record. If Dr. Hanselka refuses your request for access to your Clinical Record, you have a right of review.

PATIENT RIGHTS: You have some rights regarding your protected health information including requesting that Dr. Hanselka amend your record; requesting restrictions on what is disclosed to others; requesting an accounting of most disclosures of protected health information that you have not authorized; determining the location to which protected information disclosures are sent; having complaints about Dr. Hanselka policies and procedures recorded in your records; and a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures.

BILLING AND PAYMENTS: Payment is due at each session, unless prior arrangements have been made.

INSURANCE REIMBURSEMENT: Dr. Hanselka does not participate in any insurance provider panels (out-of-network). Dr. Hanselka believes that he is able to provide you a greater measure of privacy and protection of your health information by not having to submit your records to insurance companies for adjudication of claims, as once your information leaves his office, he has no control over what use may be made of your information. If you have insurance and wish to file for reimbursement, you should check with your health insurance provider to see if your policy offers an out-of-network benefit for mental health services. If requested, Dr. Hanselka will provide you with a copy of your invoice at the time of the session or on a monthly basis, which you can then submit to your health insurance company for reimbursement, if you so choose.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE HAD THE OPPORTUNITY TO READ AND RECEIVE A COPY OF THE HIPAA PRIVACY NOTICE DESCRIBED ABOVE.
A copy of this document is available upon your request.

SIGNATURE: Patient:_____Date: _____-_____-_____

Or Parent, Guardian, or Personal Representative: _____

If the patient is under age or has a guardian appointed by the court, this agreement must be signed by the patient's legal guardian. If the agreement is signed by a personal representative of the patient, a legal description of such representative's authority to act for the patient must be provided.

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

PATIENT SERVICES AGREEMENT
STANDARD FEE SCHEDULE

This is Dr. Hanselka's standard fee schedule. These are the fees you will be expected to pay at the time service is rendered, unless different payment arrangements have been made.

SERVICE	FEE
Initial Psych Diagnostic Interview	200
Psychotherapy, 60+ min.	250
Psychotherapy, 45-50 min.	200
Interactive Complexity	10
Psychological Testing, per hour	250
Couples Therapy, 45-50 min.	200
Couples Therapy, 75-80 min.	250
Preparation of material for an attorney, per hour	400
Testimony by Deposition, per hour including travel time	400
Courtroom testimony, per hour including travel time Four hour retainer required	600
Returned Check Fee	50
Disability Paperwork, per occurrence	50
Diagnostic Letter	25
Missed Appointment (without 24 hr. notice), Full Fee.	

The above table represents Dr. Hanselka's standard fees. This schedule covers the majority of his services.

Your signature below signifies that you have read this fee schedule and understand it as a part of the Patient Services Agreement.

SIGNATURE: Patient:_____Date: _____-_____-_____

Or Parent, Guardian, or Personal Representative: _____

If the patient is either under age or has a guardian appointed by the court, this agreement must be signed by the patient's legal guardian. If the agreement is signed by a personal representative of the patient, a legal description of such representative's authority to act for the patient must be provided.

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

CANCELLATION / MISSED APPOINTMENT POLICY

Dr. Hanselka understands that times may arise when you must cancel an appointment due to emergencies, illness, or obligations to work or family. However, when cancelling an appointment, sufficient time must be allowed for Dr. Hanselka to fill the appointment slot that had been reserved for you. Dr. Hanselka strives to provide immediate availability for new clients to prevent long waits and to make timely help available for those who may be experiencing a crisis. When you contact Dr. Hanselka at the last minute to cancel an appointment, or skip the appointment altogether, this may be preventing another person from receiving timely, needed therapeutic attention.

ACKNOWLEDGMENT:

If an appointment is not cancelled or rescheduled at least 24 hours in advance, you may be charged the full fee for the missed appointment. Please understand that insurance companies do not reimburse clients for late cancellation or missed appointment fees.

_____
Print Client Name

_____
Client Signature

_____
Date

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

AUTHORIZATION FOR CONFIDENTIAL HANDLING OF HEALTH INFORMATION

This form instructs and authorizes Dr. Hanselka about how to communicate confidential information, including information about appointments.

Name of Patient_____, Name of contact_____.
(Patient, parent, guardian, personal representative)

I, undersigned Patient, Parent, Guardian or Personal Representative authorizes Dr. Hanselka to contact me in the following ways:

	Number or Email	May leave a message:	Check or rank preferred way:
Home Phone:		__Yes __No	
Work Phone:		__Yes __No	
Cell Phone:		__Yes __No	
Fax:		__Yes __No	
Email:		__Yes __No	

Other persons Dr. Hanselka may contact:

Name	Relationship	Number(s) and/or email	May leave a message:
			__Yes __No
			__Yes __No
			__Yes __No

I further authorize Dr. Hanselka to contact the Emergency Contact listed on the first Registration page in case of emergency.

Special instructions:

Please list any special instructions for contacting you or for sharing your private health information _____

_____

_____

SIGNATURE: Patient:_____Date: _____-_____-_____