

Dr. Peter R. Kilmann, Ph.D., M.P.H.
 115 Atrium Way, Suite 228 • Columbia, SC 29223
 (803) 788-9243 • FAX (803) 736-0702 • www.drpeterkilmann.com

Licensed Clinical Psychologist Licensed Marriage and Family Therapist
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PLEASE PRINT CLEARLY –All information is confidential

NAME	DATE	BIRTH DATE	AGE
HOME ADDRESS _____ _____	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		CHILDREN Number? Ages?
EMAIL ADDRESS:	# YEARS MARRIED		BROTHERS/SISTERS Ages?
PHONE HOME () CELL ()	OCCUPATION		EDUCATION <input type="checkbox"/> High School <input type="checkbox"/> College Tech Degree
YEARLY GROSS FAMILY INCOME <input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$10,000-20,000 <input type="checkbox"/> \$21,000-30,000 <input type="checkbox"/> \$31,000-40,000 <input type="checkbox"/> \$41,000-50,000 <input type="checkbox"/> \$51,000-60,000 <input type="checkbox"/> \$61,000-70,000 <input type="checkbox"/> \$71,000-80,000 <input type="checkbox"/> >\$81,000	REFERRED BY <input type="checkbox"/> Physician <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Former Patient: _____		

Have you received prior psychological or psychiatric treatment? Y N hospitalization? Y N

Have you ever had psychological testing? YES NO

Which medications are you taking? _____

How much alcohol do you drink per week? # glasses (or beers) _____

What difficulties are you having?

PLEASE, ASK QUESTIONS. IF YOU HAVE ANY QUESTIONS ABOUT MY QUALIFICATIONS OR ANY INFORMATION NOT ADDRESSED HERE, YOU HAVE A RIGHT TO A COMPLETE EXPLANATION.

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BENEFITS

Individuals or couples who choose to enter therapy often benefit greatly from working on their concerns with a clinical psychologist. They often gain new perspectives and new skills which are helpful in solving current problems and in preventing others. If you work with me in the sessions, and follow my suggestions and assignments, there is a greater likelihood that you will make the changes that you want to make.

POSSIBLE SIDE EFFECTS OF THERAPY

Seeking solutions and making choices to deal with troublesome life circumstances can sometimes lead to discomfort. Exploring unpleasant events can arouse frustration, anger, anxiety, and sadness, and can foster unexpected changes in existing relationships that might already be unstable. New awareness can sometimes foster temporary depressive feelings. Making personal choices that are best for your own personal growth and happiness sometimes can result in negative responses from those in your life who might resist your positive changes. It is possible that using mental health insurance may be detrimental to you in obtaining future health, disability or life insurance policies.

FINANCIAL POLICY

Please print your initials by each item to indicate you understand:

- Payment in full is expected at the time of the appointment. If your health plan does not have a prior agreement with us, we can give you a receipt so that your carrier can send the payment directly to you. If your insurer does not authorize or cover the type of therapy you are receiving, you are responsible for paying for the session in full.
- Payment in full will be charged for cancellations with less than 24 hours notice.** We reserve your time especially for you, and it is very unlikely that we can fill your reserved slot with less than 24 hours notice.
- A charge of \$40.00 will apply for insufficient fund checks issued.

I have read and understand the financial policy. I agree to be bound by its terms.

Signature

PRINT NAME

Date

INFORMED CONSENT SIGNATURE

I acknowledge that I have received and read the attached "To My Clients" form. I further acknowledge that I consent to and seek treatment from Dr. Peter R. Kilmann. My signature below confirms that I understand and accept all the information contained in the "To My Clients" form.

Signature

Date

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To My Clients:

To help you get the best possible benefits with the fewest possible side effects, you should be informed about your rights.

- *You have the right to ask me questions about the therapeutic approach and methods that I use.*
- *You have the right to decide not to receive therapy from me. If you wish, I can provide you with the names of other qualified psychologists you may prefer to see.*
- *You have the right to end therapy at any time with no other financial obligations than those already accrued.*

CONFIDENTIALITY, SOUTH CAROLINA LIMITS OF CONFIDENTIALITY, HIPAA

HIPAA (The Health Insurance Portability and Accountability Act) is a federal law governing mental health and counseling information records. It sets a national standard for patients' rights to confidentiality. In addition, **South Carolina's laws** related to mental health treatment are even more restrictive than HIPAA. HIPAA requires that I give you a Notice of Privacy Practices form which lists out the federal rules of confidentiality.

Confidentiality is one of your most important rights. Information you reveal during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the very limited exceptions as required by South Carolina law.

In certain situations, the law requires me to reveal information obtained during therapy to other persons or agencies without your permission. I am not required to inform you of my actions in this regard. These situations are as follows:

- If you threaten grave bodily harm to yourself or another or death to another person, I am required to inform the intended victim and/or appropriate law enforcement agencies.
- If ordered by a judge to do so, I may be required to provide specific information from your file to the court.
- If you reveal information relative to child abuse and neglect, I am required by law to report this to the appropriate authority.
- If you are in therapy or being tested by order of a court of law, the results of the treatment or tests ordered must be revealed to the court.

All records are governed by ethical codes and standards of psychologists in the state of South Carolina. No information can ever be released from a client's records without proper legal compulsion. As defined by **South Carolina Law Section 19-11-95**, proper legal compulsion would be either consent from a client or a court order -- but not a subpoena unless the subpoena is issued by a, "duly constituted professional licensing or disciplinary board or panel". So, as a licensed clinical psychologist, I am under no obligation to respond to a regular subpoena from an attorney.

LENGTH OF THERAPY SESSIONS

Sessions usually last forty-five (45) minutes. It is difficult initially to predict how many sessions you might need. After I know more about your situation and the issues that you want to resolve, I will be better able to discuss my recommendations about the course of treatment.

THE THERAPY PROCESS

You will increase the likelihood of positive changes if you discuss your issues openly and honestly with me. In the first session, we will spend time exploring the difficulties that you are having and what life events occurred that led up to them. Your specific goals for change will be discussed.

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