



Dale S. Foster, Ph.D. & Lee Ann Foster, M.S.
Memphis Integral Neurofeedback Institute, LLC
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Client Information Form

Please complete every question on this form.

Name:		Address (no PO box):	
City:	State:	Zip:	
Home Phone:	Work Phone:	Pager/Cell:	
Date of Birth:			
Employer name & address*:		Position:	Phone:
*If client is a minor, please list parent's employment information.			

School name and address:	Phone:
	Hm. Rm. Teacher:

Emergency contact		Name:	
		Phone:	
		Relationship:	
Whom may we thank for referring you?	Primary physician:		
	Address:		
	City:	State:	Zip:
Are you currently involved in litigation proceedings?	Phone:		

Briefly describe what brings you to our office.

List the members of your household.		
<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been in counseling/coaching before?
If yes, where and for how long?

I certify that all the information I provided above is true and accurate to the best of my knowledge.

Date

Authorized Signature (SSN _____/_____/_____)

Billing Agreement

- Payment is due at time of service.
- **Cancellation of Appointments: 48 hours notice is required to cancel appointments. If you cancel your appointment with less than 48 hours notice or fail to show for an appointment, you will be charged the full session fee of \$125 for that appointment.**
- **Returned Check Fee:** A \$75.00 fee will be charged on all returned checks. After more than one returned check, you will be required to make all further payments in cash.
- **Delinquent Accounts:** Accounts overdue 90 days or more will be sent to collections. If your account becomes delinquent you may not schedule sessions until your account is paid in full.

Financially Responsible Party—Primary

Name: Relationship to client:

Address:

Phone: Cell:

Financially Responsible Party—Secondary

Name: Relationship to client:

Address:

Phone: Cell:

Agreement to Pay

I acknowledge and accept responsibility for this account. If the balance due becomes delinquent, I agree to pay interest and all collection fees including attorney and court costs.

Date

Authorized Signature Primary

Date

Authorized Signature Secondary



STATEMENT OF INFORMED CONSENT

Please read the following information carefully and thoroughly. If you have any questions or concerns about the information contained in this consent form, please discuss them with Dr. Foster.

DR. DALE S. FOSTER is a licensed psychologist who has been in practice for many years. He provides individual, couple, and family counseling, coaching and psychological testing/evaluation and neurofeedback services.

Counseling can bring positive growth and painful awareness at the same time. The success of therapy sometimes requires confronting issues that involve sadness, anxiety, anger, or pain. Please feel free to discuss your reactions to your counseling with Dr. Foster at any point during your therapy.

In order to provide you with the best possible care, Dr. Foster regularly utilizes the assistance of trained coaches, employees, technicians and/or interns who may be involved in your treatment. It is his policy that such assistants do not practice outside the scope of their training and experience. Additionally, he provides them with professional supervision for all of their work.

EMERGENCIES: If you experience a mental health emergency while the office is closed you should call 911 or the Memphis Crisis Hotline at 274-7477.

APPOINTMENTS: Appointments are 45 minutes unless otherwise specified.

LATE CANCELLATIONS/NO-SHOWS: 48 hours notice is required to cancel appointments. If you fail to give 48 hours notice your account will be charged in full.. If you are unable to give 48 hours notice due to an emergency, please notify our office as soon as possible. All decisions regarding waiving a charge in cases of emergency are made by Dr. Foster.

FEES: All payments are due at the time of services.

A \$75.00 charge will be added to your account for all returned checks.

PAYMENT: All payments are due at the time of service. You may pay with cash, check, VISA, MasterCard, American Express, or Discover Card.

INSURANCE: At MINI we do not file claims with insurance companies. If you have private insurance and would like to file your own claims, we can provide you with an invoice to file your own claims. We have OPTED OUT of Medicare. Therefore, if you have Medicare we can see you with a signed Coaching Contract and you are not allowed, due to Medicare rules, to file insurance claims from our office with them.

DELINQUENT ACCOUNTS: An account is delinquent when it is 90 days past due. All delinquent accounts are turned over to a collections agency and any fees incurred in the collections process are added to your account.

Privacy and Confidentiality

CONFIDENTIALITY WITHIN THE OFFICE: To best meet your needs it is necessary for the office personnel to have access to your file for such purposes as scheduling and other administrative tasks. To provide the highest quality care, therapists, coaches and technicians may consult with each other. Be assured that all staff and professional personnel hold all information in the strictest confidence.

CLIENT CONFIDENTIALITY AND ITS LIMITATIONS: Most of what you say or do during a session will not be shared with anyone else without your written permission. However, there are some exceptions to this rule. They are as follows:

If you are referred by a specific agency, MINI may be required to furnish information to that agency.

If you have been referred by your physician or are taking psychotropic medications prescribed by a physician, it is customary to inform the physician concerning progress.

Brief written records of your case are kept on file. Under certain conditions these records may be subpoenaed and we may be obligated to surrender them. This will not be done without your knowledge.

If you indicate that you are currently the perpetrator or victim of child abuse, elder abuse, or molestation, we may be required by law to report this to authorities.

If you indicate you intend to harm yourself or someone else, we must act responsibly and notify help, authorities, and/or victims as appropriate.

If you are a minor, MINI is responsible to keep your parents or guardians informed of your progress, if they ask.

As a client/parent/guardian you have certain rights regarding Protected Health Information (PHI). Those rights are explicitly delineated in MINI's Privacy Policy Statement which is available upon request.

CONSENT TO TREATMENT FOR COUNSELING CLIENTS: I voluntarily agree to receive Mental Health assessment, care, treatment, or services and authorize Dr. Dale S. Foster, Ph.D. and/or his qualified and supervised employees/interns to provide such care, treatment, or services as are considered necessary and advisable.

I understand that participation in and continuation of treatment is my decision and that I may choose to stop at any time.

I have read and understood the above information. I agree to all statements made in this statement of informed consent.

Signature of client (or parent/guardian)

Date

As witnessed by:

Print Name and Sign

Date

Dale S. Foster, Ph.D.

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May we have the phone number at which it is best to reach you?

May we leave a message for you at this phone number?

☐ Yes, you may leave a message with anyone who answers the phone.

☐ You may leave a voice mail message at this number.

☐ No, please do not leave any phone messages.

May we have your e-mail address?

May we contact you at this e-mail address? ☐ Yes ☐ No

Signature of Client (Parent/Guardian)

Date

Cancellation Policy

48 hours notice is required to cancel an appointment.

I understand that if I fail to provide 48 hours notice to cancel my appointment, my account will be charged in full, except in the case of emergency.

If I am unable to provide 48 hours notice due to an emergency, I will notify MINI as soon as possible.

I understand that I will be responsible for paying charges accrued due to failure to give proper notice in a non-emergency situation.

Client Signature

Date

If client is a minor, signature of Parent/Guardian

Date

* We do NOT operate like most Doctor's offices who schedule multiple patients at a time and make clients wait so that they can protect themselves against cancellations. We devote the appointment time to our clients' well being. We do not rush to see as many clients as we can as many Doctors are forced to do by their management companies. We are dedicated to focusing on our clients' needs during their sessions; one client at a time.

When clients schedule a session with us, they are reserving our time so that no one else may book that appointment. Just as we commit to providing our clients dedicated time and high quality services during their appointments, we expect our clients to commit to keeping the appointments they have reserved and in doing so have prevented anyone else from taking. Therefore, in the case of non-emergency cancellations made under 48 hours, clients will be billed when reserving an appointment time and not keeping it.

Counseling vs. Coaching

At Memphis Neurofeedback we offer both Counseling Services and Coaching Services.

Counseling Services

When one undergoes counseling, they are seeking a diagnosis and insurance approved treatment for a specific condition. Often times, people go this route because of insurance restrictions. Insurance companies demand that a diagnosis be made before they will consider reimbursing someone for visits to a provider. This diagnosis stays on a person's permanent medical record and insurance companies may or may not reimburse a person for their treatment despite having a diagnosis and following their treatment guidelines.

There are other reasons for seeking a diagnosis and counseling, such as when someone is in a litigation situation which they must “prove” to a court or other regulatory body that they are addressing an issue in what the regulatory body deems an acceptable way.

Dr. Foster, as a licensed Psychologist in the State of TN, is authorized to diagnose and treat behavioral health conditions. Dr. Foster is the only one at Memphis Neurofeedback who can diagnose and treat illnesses as defined by the DSM and is, therefore, the only provider in our office who clients can see if they wish to file their own claims with their insurance provider.

Coaching Services

Rather than being forced by insurance companies to work from a model where a client is seen as having a set of narrowly defined diagnoses to be treated with only a few approved tools, coaches have the freedom to work from a model where clients are seen as participants in their own growth and improvement processes. As such, Coaches are able to utilize a wider range of assessments and tools to benefit the clients.

At Memphis Neurofeedback, whether you receive Therapy Services from Dr. Foster or Coaching services from him or other MINI employees, you can be assured that we are utilizing state of the art Assessment Measures, Neuro and Biofeedback Technologies and Coaching Tools.

At MINI we believe that every brain is unique and every diagnosis or desire for improvement can be thought of as a dysregulation in brain wave functioning. As such, with evidence based tools and techniques, we work with our clients to help them re-regulate their brain wave patterns and make the progress they desire.

Lee Ann Foster is a Licensed HeartMath Provider and a trained neurofeedback technician, life and wellness coach. Lee Ann does not provide diagnosis nor therapy services that can be filed with insurance carriers.