

Back to the Garden Counseling Services

Gary L Garvin, M.Ed, LMHC

1717 W 6th Ave., Spokane WA - 99204
& 505 N. Argonne, Spokane WA - 99212
509-991-7203 FAX 509-455-5164

Patient Information Sheet

PATIENT INFORMATION

Name: _____ Male / Female

Address: _____

Street City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____ Employee _____

Birthdate _____ Age _____ SS# _____ Married Single Other

BILLING INFORMATION

Responsible Party _____ Relationship to Client: Self Spouse Child Other

Address: _____

Street City State Zip

Home Phone _____ Work Phone #: _____

Birthdate _____ Age _____ SS# _____ Married Single Other

INSURANCE COMPANY

Subscriber ID (or Claim #) _____ Group _____

Claims Phone Number _____

Primary Care Physician _____

Phone _____ Fax _____

Diagnosis (for provider use only) _____

I state that I have insurance as noted above and assign all benefits payable directly to Gary L. Garvin M. Ed., L.M.H.C. I understand that my insurance company is billed as a courtesy to me and agree by signing below to pay the charges in full in the event of non-payment by my insurance company within 60 days of billing. I understand that it is my responsibility to meet any referral requirements of my insurance plan and that I will be responsible for payment if claims are denied due to violation of referral policy. I authorize Gary L. Garvin M. Ed., L.M.H.C. to release all information necessary (including Chart notes) to my insurance company to secure payment of benefits.

Signature Date

Back to the Garden Counseling Services
Insurance Billing Information

Due to the many (and continuing) changes in the insurance industry we have needed to adjust our insurance billing policy to the following:

- 1. You are ultimately responsible for fees incurred for services. Co-pays and amounts to be credited toward deductibles are due at the end of the sessions they are incurred, unless other arrangements have been made previously with your therapist.**
- 2. It is your responsibility to know your coverage and requirements for accessing your benefits prior to your first visit. *In order for us to bill your insurance we will need to know, your insurance company, member and group number, billing address and phone number, if you have a deductible and if any of it has been met, the number of visits covered per year, your co-pay amount or percentage, and if you need a referral from your PCP.* If you come to the initial appointment and do not know your coverage information, you will have the option of using session time to obtain that information or pay by cash or check for that and subsequent sessions until your insurance information is verified by our billing service. Cash payments will be credited to your account toward deductibles and/or co-pays once your insurance begins reimbursements.**
- 3. You also have the option of paying cash for each session and obtaining reimbursement directly from your insurance company. Most companies have this as an option if you see an approved provider.**
- 4. In the event that you have an unmet deductible we would be willing to put you on our private pay-sliding fee scale (\$55-\$100 per 50 min. session) until your deductible is met. This is also an option you may choose if your coverage is denied for any reason. You will however, be expected to bring your account current on or before your next session unless you make prior arrangements with your therapist.**
- 5. If you have any questions regarding these policies please talk to your therapist.**

I have read, understand, and accept this policy. _____ Date _____

Back to the Garden Counseling Services
Gary L. Garvin, M.Ed.

1717 W 6th Ave
Spokane WA 99201
(509) 991-7203 FAX: (509) 455-5164

CLIENT RIGHTS

1. You have the right to decide **not** to receive psychological services from me, and the right to be provided with the names of other qualified professionals should you desire to see someone else.
2. You have the right to end counseling with me at any time without any further moral, legal or financial responsibility beyond payment for the services provided.
3. If you request, any part of your confidential record can be released to any person or agency that you desire. A request must be submitted in writing for this to occur.
4. As your counselor, I practice according to the laws of the State of Washington and guided by the Ethical Code of Conduct of the American Counseling Association. In the event of a concern or grievance regarding my conduct, please discuss this with me immediately. You are encouraged to further bring this to the attention of the Department of Health, Examining Board of Psychologists (360-753-3095).
5. You have the right to confidential communication during counseling. The laws of the state of Washington with some limitations afford you this privilege. The following circumstances include those limitations, some of which I am required by law to report if disclosed:
 - When I have evidence that a child or vulnerable adult is being abused or possibly abused by you or someone else.
 - If you threaten bodily harm to yourself or someone else or you are gravely disabled.
 - A legal subpoena by an attorney from a case you are involved in could be sufficient reason for your privilege to be breached.
 - If you are involved in marital or family therapy there are limits to the confidentiality you have as an individual. Please explore this further with Gary if you are concerned about this.
 - If you are involved in group therapy there is no privilege extended to your communications with other group members. Another group member could be required by the court to disclose information they became aware of in-group.
 - If you access insurance reimbursement funds for these services, I cannot guarantee confidentiality, as many agencies now are members of the Medical Information Bureau (MIB).

Client Signature

Date

Back to the Garden

Counseling Services

Gary L. Garvin, M.Ed.

Disclosure Statement and Office Policies

Please read the following information carefully. It is intended to inform you who I am and the nature of the psychological services I provides. According to the laws of Washington State it is your responsibility as the consumer to choose the provider and type of treatment modality that best suits your needs. This information is provided to help you make an informed decision.

I received my Masters degree in Counseling Psychology from the Graduate School of Education, Whitworth College in Spokane, Washington. in 1996. I am a member of the American Counseling Association, the American Association of Christian Counselors, and the Washington Family Counsel. I am a Licensed Mental Health Counselor with the state of Washington (# LH00005537) and any concerns you have regarding that registration can be directed to the Department of Professional Licensing, 1300 SE Quince Street, MS: EY-22 Olympia, WA. 98504. I have been involved in counseling and parent education since entering graduate school in 1992. Among my areas of interest in counseling are, spiritual issues and resources in therapy, marital and pre-marital counseling, parenting education and counseling for the many varied configurations that exist today, and relationship building and repair.

My theoretical orientation is heavily influenced by research that indicates the importance of relationships upon the formation and adaptation of one's personality to life's difficulties. Your task will be to express what you are thinking and feeling as openly as possible and my job will be to listen in a way that will assist you to work effectively with the problem(s) you are currently facing. I use a variety of techniques in treatment and my choice will depend on the presenting problem(s). Therapy will include looking at present and past ways of thinking, feeling, and behaving so as to nurture hope, find solutions and create meaning.

Therapy sessions are usually 50 minutes in length with a cost of \$125 per session. Sessions extending beyond this length will be billed on a prorated basis. ***Should it be necessary to cancel or reschedule a session, it must be done 24 hours in advance of the scheduled session. Otherwise a full session will be charged to your account.** I am eager to tailor a payment plan that will not compromise your budget. **Full payment is expected at the end of each session.** If this is not possible, please discuss this with me prior to that time so that we may agree on a more flexible payment arrangement. You may keep a copy of this document for your records.

Client Signature _____ Date _____

Gary L. Garvin, M.Ed. _____ Date _____
Therapist

Back to the Garden
Counseling Services
Gary L. Garvin, M.Ed.

Disclosure Statement and Office Policies

Please read the following information carefully. It is intended to inform you who I am and the nature of the psychological services I provides. According to the laws of Washington State it is your responsibility as the consumer to choose the provider and type of treatment modality that best suits your needs. This information is provided to help you make an informed decision.

I received my Masters degree in Counseling Psychology from the Graduate School of Education, Whitworth College in Spokane, Washington. in 1996. I am a member of the American Counseling Association, the American Association of Christian Counselors, and the Washington Family Counsel. I am a Licensed Mental Health Counselor with the state of Washington (#LH00005537) and any concerns you have regarding that registration can be directed to the Department of Professional Licensing, 1300 SE Quince Street, MS: EY-22 Olympia, WA. 98504. I have been involved in counseling and parent education since entering graduate school in 1992. Among my areas of interest in counseling are, spiritual issues and resources in therapy, marital and pre-marital counseling, parenting education and counseling for the many varied configurations that exist today, and relationship building and repair.

My theoretical orientation is heavily influenced by research that indicates the importance of relationships upon the formation and adaptation of one's personality to life's difficulties. Your task will be to express what you are thinking and feeling as openly as possible and my job will be to listen in a way that will assist you to work effectively with the problem(s) you are currently facing. I use a variety of techniques in treatment and my choice will depend on the presenting problem(s). Therapy will include looking at present and past ways of thinking, feeling, and behaving so as to nurture hope, find solutions and create meaning.

Therapy sessions are usually 50 minutes in length with a cost of \$125 per session. Sessions extending beyond this length will be billed on a prorated basis. ***Should it be necessary to cancel or reschedule a session, it must be done 24 hours in advance of the scheduled session. Otherwise a full session will be charged to your account.** I am eager to tailor a payment plan that will not compromise your budget. **Full payment is expected at the end of each session.** If this is not possible, please discuss this with me prior to that time so that we may agree on a more flexible payment arrangement. You may keep a copy of this document for your records.

Client Signature

Date

Gary L. Garvin, M.Ed.
Therapist

Date

(This copy for your records)

Please help us by letting us know how you heard about us:

(Please check all that apply)

- 1) Referral from Physician; _____ and/or
Clinic; _____
- 2) Referral from Pastor; _____
- 3) Referral from Holistic practitioner; _____
- 4) Referral from friend/former client
- 5) Insurance Provider List
- 6) Seminar
- 7) Internet search _____ Google, _____ Yahoo, _____ Phone book Yellow Pages,
_____ Psychology Today, _____ our web site
- 8) Dex Yellow Pages
- 9) Yellow Book Yellow Pages
- 10) Other _____

Thanks!