

Marie Chece LCSW, LLC

Marie E. Chece, MSW, LCSW
Licensed Clinical Social Worker
New Jersey License # 44SC05296300 / New York License # 070546-1
NPI # 1104007749
18 Kings Highway, Suite 104
Middletown, New Jersey 07748
Phone: 732-671-8700 - Fax: 732-671-8704
Email: mchece@verizon.net

NEW CLIENT INTAKE PACKET

Please check that you have read, completed and signed the following forms included in this intake packet:

- ___ Client Communication Preferences – Form I
- ___ Client Financial Responsibility – Form II (2 pages)
- ___ Insurance Information – Form III
- ___ Initial Client Information – Form IV (2 pages)
- ___ Consent for Treatment – Form V
- ___ Client Rights – Form VI (2 pages)
- ___ Notice of Privacy Practices – Form VII (3pages)

Marie Chece LCSW, LLC

Marie E. Chece, MSW, LCSW
Licensed Clinical Social Worker
New Jersey License # 44SC05296300 / New York License # 070546-1
NPI # 1104007749
18 Kings Highway, Suite 104
Middletown, New Jersey 07748
Phone: 732-671-8700 - Fax: 732-671-8704
Email: mchece@verizon.net

CLIENT FINANCIAL RESPONSIBILITY

Client agrees to pay for all portions of services due in full **at the time services are provided by our office** and as outline below. You are required to present a valid insurance card at every visit and as needed throughout your care.

Prior to your first visit, you should have contacted your insurance carrier, if applicable, to understand your In-Network and Out-of-Network benefits for Mental Health/Behavioral Health/Substance Abuse.

Clients who do not have health insurance:

Our Regular Fee Schedule **payment is due at time services are rendered.**

Clients with health insurance:

In Network:

Commercial Insurance Carriers: We bill most insurance carriers for you if the insurance information paperwork we provide to you is completely filled out and returned to us promptly. **Any outstanding balances, co-payments and deductibles are due prior to the start of your appointment.** Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, fees are due and payable in full from you. We will not balance bill you for any amount greater than our agreed upon rate with the insurance carrier.

This office does not participate in Original Medicare or Medicaid.

Out of Network:

I. If payment is assigned to this provider:

If prior arrangement has been made with the provider and the insurance information paperwork we provide to you is completely filled out and returned to us promptly, we will bill insurance for you. When an Out of Network deductible exists, **you pay our Regular Fee Schedule at the time of service.** Once payment has been received, we will submit a claim to your insurance carrier. This notifies the insurance company that your deductible, if one exists, should be reduced by what you pay at each visit. If and when the deductible is met, your plan will most likely switch to co-pay or coinsurance status and you are responsible for payment of your co-pay and/or coinsurance at the beginning of each visit. Since you have assigned payment to us we will accept the balance of the payment from the insurance carrier. We have and reserve the right to bill for the balance not paid by insurance and your co-pay.

II. If payment is not assigned to this provider:

1. You pay our Regular Fee Schedule, **at the time services are rendered.** When payment is made in full, we will submit a claim to the insurance company on your behalf so that reimbursement will be made to you.

Payment, Cancellation and Returned Check Policy

Payment for services, co-pays, deductibles and/or coinsurance payment is expected at the time services are rendered. Our office accepts the following payment methods: Cash, Personal Check, Credit Cards (Visa, MasterCard & AMEX)

Billing Fee: We will strive to work out feasible payment options for anyone who is in need of care. Unless other prior written agreements have been made, any **balance (regular fee, co-pay, deductible or co-insurance) that has to be billed will be assessed our billing fee.** For each month that your account has to be billed, a billing fee of \$2.50

Marie Chece LCSW, LLC

Marie E. Chece, MSW, LCSW
Licensed Clinical Social Worker
New Jersey License # 44SC05296300 / New York License # 070546-1
NPI # 1104007749
18 Kings Highway, Suite 104
Middletown, New Jersey 07748
Phone: 732-671-6700 - Fax: 732-671-6704
Email: mchece@verizon.net

INSURANCE INFORMATION

Client Last Name _____ First Name _____ MI _____

Date of Birth _____

No Insurance – Self Pay

**THIS FORM MUST BE FILLED OUT COMPLETELY,
IF INSURANCE IS BEING USED**

INSURANCE : We need a copy of your insurance card(s) for our records.
If no SECONDARY insurance, please write NONE.

PRIMARY Insurance Company _____ Phone # _____

Plan Name & Billing Address _____

Subscriber _____ ID/Policy # _____

Subscriber Date of Birth _____

Effective Date of Coverage: _____

SECONDARY Insurance Company _____ Phone # _____

Plan Name & Billing Address _____

Subscriber _____ ID/Policy # _____

Subscriber Date of Birth _____

Effective Date of Coverage: _____

RESPONSIBLE PARTY Complete this section if you are not the client but are responsible for the bill.

Responsible Party Name : _____ SS#: _____

Relationship to Client : _____

Home Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Employer Name _____ Occupation _____

My Certification & Acknowledgement

I certify that the above information is correct. I understand that I am personally **financially responsible** for all services not paid for by my insurance as outlined in the Client Financial Responsibility Policy. I am also responsible for any applicable annual deductible, copayments, coinsurance or non-covered services as may be required by my insurance plan. I also acknowledge that I have read and signed the Client Financial Responsibility Policy – Form III.

x _____
Signature of Client / Responsible Party / Parent or Guardian acting on Client's behalf Date

Printed Name: _____

Marie Chece LCSW, LLC

Marie E. Chece, MSW, LCSW
Licensed Clinical Social Worker
New Jersey License # 44SC05296300 / New York License # 070546-1
NPI # 1104007749
18 Kings Highway, Suite 104
Middletown, New Jersey 07748
Phone: 732-671-8700 - Fax: 732-671-8704
Email: mchece@verizon.net

INITIAL CLIENT INFORMATION

Today's Date ____ / ____ / ____

Last Name _____ First Name _____ Middle Initial _____

Gender: M F Date of Birth ____ / ____ / ____ Age _____ SS# _____ - _____ - _____

Home Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone# _____

Employer /School Name _____ Occupation _____

Employer /School Address _____

City _____ State _____ Zip _____

Emergency contact :

Name : _____

Relationship : _____

Home Phone: _____ Work Phone : _____

FAMILY INFORMATION

Marital Status : _____ Married /Years _____ Never Married _____ Separated _____
_____ Divorced/ Years _____ Widowed/Years _____

Children (Names and Ages) : _____

LIVING SITUATION

in Household: _____ Live Alone _____ Live with Partner and/or Children _____

Live with Parents/Other Family _____ Live with Roommate(s) Other _____

Group Home/Residential Treatment Center _____ Homeless _____

Will Family or Others Participate in your Counseling? _____

If so, who will participate?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

INITIAL CLIENT INFORMATION CONTINUED

WORK / EDUCATION INFORMATION

Profession / Type of Work: _____

Years in Current Field of Work /School: _____

Years Formal Education: _____

Work / Education Goals: _____

MEDICAL AND OTHER INFORMATION

Please List any Medical Problem You Are Being Treated For: _____

REFERRAL INFORMATION

How did you come to contact Marie E. Chece, MSW, LCSW . (Please Check One)

Employee Assistance Program: _____

Website: _____

Telephone Directory: _____

Juvenile Court Referral: _____

Psychiatrist Referral: _____

Family / Friend Referral: _____

School Referral: _____

Hospital Referral: _____

Other Therapist/Mental Health Agency: _____

Other (Please List): _____

Please verify that all of the information above is correct and sign the Certification:

My Certification

I certify that the above information is correct.

Signed _____ Date : _____
(Signature of client or person acting on client's behalf)

Printed Name : _____

Marie Chece LCSW, LLC

Marie E. Chece, MSW, LCSW
Licensed Clinical Social Worker
New Jersey License # 44SC05296300 / New York License # 070546-1
NPI # 1104007749
18 Kings Highway, Suite 104
Middletown, New Jersey 07748
Phone: 732-671-8700 - Fax: 732-671-8704
Email: mchece@verizon.net

CLIENT RIGHTS FORM

1. I understand that I have the right to decide not to enter therapy (although depending on my situation there may be legal or other consequences for not entering or completing therapy), not to participate in any particular type of therapy, and to terminate therapy at any time. If I wish to terminate therapy here and continue therapy elsewhere, I will be given a list of providers with whom I can continue. Initials: _____
2. I understand that I have the right to a safe environment during therapy, free from physical, sexual and emotional abuse. Initials: _____
3. I understand that I have the right to complete and accurate information about my treatment plan, goals, methods, potential risks and benefits, and progress.
Initials: _____
4. I understand that I have the right to information about the professional capabilities and limitations of any clinicians) involved in my therapy, including their certification/licensure, education and training, experience, specialization, and supervision. I have the right to be treated only by persons who are trained and qualified to provide the treatment I receive. Initials: _____
5. I understand that I have the right to written information about fees, payment methods, co-payments, length and duration of sessions and treatment.
Initials: _____
6. I understand that my confidentiality will be protected, and information regarding my treatment will not be disclosed to any person or agency without my written permission except under circumstances where the law requires such information to be disclosed. I understand that I have the right to know the limits of confidentiality, the situations in which the therapist or agency is legally required to disclose information about my case to outside agencies, and the types of information which *must* be disclosed.
Initials: _____

Marie Chece LCSW, LLC

Marie E. Chece, MSW LCSW
Licensed Clinical Social Worker
New Jersey License # 44SC05296300 / New York License # 070546-1
NPI # 1104007749
18 Kings Highway, Suite 104
Middletown, New Jersey 07748
Phone: 732-671-8700 - Fax: 732-671-8704
Email: mchece@verizon.net

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Client health records contain personal information about the client and their health. This information, which may identify the client and relates to their past, present, or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how the office of Marie E. Chece, MSW, LCSW may use and disclose the client PHI in accordance with applicable law. It also describes client rights regarding how they may gain access to and control their PHI.

We are required by law to maintain the privacy of PHI and to provide clients with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide clients with a copy of the revised Notice of Privacy Practices by sending a copy to them in the mail upon request, or providing one to the client at their next appointment.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding client personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to us, Marie E. Chece, MSW, LCSW, 107 Tindall Road 2nd Floor, Middletown, NJ 07748

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about client care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to the client. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI that we have about the client is incorrect or incomplete, you may ask us to amend the information, although Marie E. Chece, MSW, LCSW is not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain amount of the disclosures that we make to client PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of the PHI for treatment, payment, or health care operations. We are not required to agree to your request.

- **Right to Request Confidential Communication.** You have the right to request that Marie E. Chece, MSW, LCSW communicate with you about medical matters in a certain way or at a certain location.

YOUR RIGHTS REGARDING YOUR PHI continued

- **Right to a Copy of this Notice.** You have the right to a copy of this Notice.
- **Electronic Transactions Standards.**

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT THE CLIENT:

For Treatment. The client's PHI may be used and disclosed by us for the purpose of providing, coordinating, or managing the client's health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. Marie E. Chece, MSW, LCSW may use or disclose PHI so that we can receive payment for the treatment of services provided to the client. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, the client's PHI in order to support our business activities including, but not limited to, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, and conducting or arranging for other business activities. For example, we may share the client's PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of the PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must make disclosures of the client's PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining Marie E. Chece, MSW, LCSW's compliance with requirements of the Privacy Rule.

The following list of categories of uses and disclosures is permitted by HIPAA without an authorization.

Abuse and Neglect	Judicial and Administrative Proceedings
Emergencies	Law Enforcement
National Security	Public Safety (Duty to Warn)

Without Authorization. Applicable law and ethical standards permit us to disclose information about the client without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the marriage and family licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

