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Welcome to my office! During our first session we will get to know each other a little, and we will talk about your goals for treatment. If you are using insurance, please bring your insurance card with you for me to copy.

Office policies to note:

- 1) Each session is scheduled for *45 minutes* to allow for my transition to the next session.
- 2) Payment/co-payment is expected at the time of service. Checks, cash, PayPal, and credit cards (Mastercard, Visa, Discover) accepted, and you may request a receipt.
- 3) Cancellation without 24-hours notice incurs *\$50 late cancellation fee*.

This packet contains the following documents that need your signature before or during your first session (Please let me know if you have any questions about any of these documents):

Informed Consent for Behavioral Health Treatment (A-2) ó This form basically means that you are voluntarily seeking counseling services and that you have been informed of my credentials. It also notes limitations on confidentiality based on safety. *Please sign this document before or during your first session with me.*

Consent to Use and Disclose Protected Health Information for the Purpose of Coordinating with Insurance Carrier (A-3) ó This form states that you are giving me permission to communicate with your insurance carrier regarding your benefits. It also states that it is ok for me to contact you through regular means. *Please sign this document before or during your first session with me.*

Authorization to Release Information (A-4) ó This authorization is needed ONLY if you would like for me to be able to communicate with someone about your counseling, such as a family member, friend, or doctor. If you are taking any medication, I prefer to be able to talk with your prescriber but it is not a requirement. Please use a separate release form for each person or organization.

Please sign this document before or during your first session with me.

Financial Responsibility Agreement (A-5) ó This document verifies your financial responsibility for your sessions with me, whether you are self pay or using insurance. If you are using your insurance benefits, you are responsible for understanding your coverage limitations. Also, I have a 24-hour-in-advance cancellation policy that you should notice.

Please sign this document before or during your first session with me.

Client Data (A-6) ó The purpose of this form is to gather logistical information about you so that I know how to contact you if needed. I do not release information to anyone without your written permission.

Please complete this document before or during your first session with me.

Symptom Checklist (C-3) ó This checklist is intended to give you an opportunity to let me know what problems you have been experience so that we can efficiently identify treatment goals. This form become part of your clinical chart.

Please complete this document before or during your first session with me

Family Chart (C-4) – This chart gives you an opportunity to provide data about that you know about your family. Second page gives instructions. This family outline becomes part of your clinical chart.

You may take this family chart with you to complete and bring back at the next session.

Self-Assessments I-VI (C-5) ó This set of assessments gives you an opportunity to provide data about your experiences and sense of well-being. It also includes a list of your medications for my record. This set of assessments becomes part of your clinical chart.

You may take these assessments with you to complete and bring back at the next session.

CI Copy Packet (A-2, 3, 4, 5) ó This stapled packet is your set of the documents you have signed so that you will have them for reference at home.