WELCOME!

We look forward to working with you.

It is very important for us to know how you first heard about Lepage Associates. We appreciate you taking a minute to fill out information about how you found us. THANK YOU!

YOUR NAME: _____ TODAY'S DATE: _____

Referral Source: Please indicate how you heard of Lepage Associates by placing a check in the box, and filling in any additional information asked for.

[ ] 1. Professional Referral or Colleague (Please write *full name and complete work place information* for person. If the professional was a Lepage Associates clinician who you met, please indicate where you met them, for example, giving a public Seminar, at a group, etc.)

_____

_____

[ ] 2. Friend/Family/Personal/Previous Lepage Client (Please circle which of 4 applies.)

[ ] 3. Lepage Associates Website (How did you find or link to us? Please indicate below.)

3a. I linked to you from another site (circle site): Psychology Today Theravive Good Therapy Psychotherapy Resources Therapy Tribe Separating Together Solutions for Separating Better chapelboro.com-Parenting Page column Chapel Hill Mother's Club-Ask Anything column

3b. Someone gave me your website address (**Who? If a professional, please fill in #1 above.**)

3c. Internet Search (**What wording did you search?**)_____

[ ] 4. Social Media (Please circle) Facebook Twitter LinkedIn Google+

[ ] 5. Flier or Brochure (Where did you find this?) _____

[ ] 6. Hard Copy Newspaper or Magazine (Please circle) Carolina Parent Southern Neighbor On the Record Other Paper or Magazine: _____

[ ] Other (Please explain) _____

_____

[ ] *I'm sorry, I can't recall*

FOR OFFICE USE ONLY – REFERRAL FORM REVIEWED BY: _____

Lepage Associates
Solution-Based Psychological & Psychiatric Services
With offices in S. Durham/RTP, Raleigh and Chapel Hill
Main Telephone: (919) 572-0000
www.lepageassociates.com

LEPAGE ASSOCIATES DIVORCE &/OR CHILD CONSULTANT SERVICE & FEE AGREEMENT
Information Concerning the Practice, Financial Arrangements, and Confidentiality

Thank you for the opportunity to offer our professional help to you. We have prepared this form to describe our professional services and office procedures. Please ask questions if you need clarification.

Divorce Consult Services: We provide consultation to people going through separation and divorce, and to parents on child issues. This may include: an informational process consult to determine what type of divorce process might work best for you; communication skill building to prep for meetings; preparation and assistance through the process; collaborative divorce interdisciplinary team child specialist; child specialist consultation; coaching for cooperative co-parenting; and/or use of therapeutic skills in conflict resolution, communication, and effectiveness in difficult relationships to move through emotional pain to healthy resolution. ***In addition, we provide parenting plan consults, and custody evaluations, but there are separate forms for those.*** (We also provide: therapy services to adults, adolescents, children, groups, couples and families; child and adult psychiatry; and psychological, educational, and forensic evaluations to all ages. We do not provide emergency services.) Your service provider is solely responsible for his/her clinical and non-clinical work, regardless of whether he or she has discussed it with anyone else. **We are not attorneys and have no legal training. Nothing in any of our consultation services, to include services utilized by parties to reach agreements, and/or any written materials created by us at any time, constitutes legal advice or legal information; nothing in our consultation, whether written or verbal, constitutes legal advice/ information. Our consultation services should in no way be construed as legal services, and we are at no time engaging in the practice of law.**

Subpoena to be Deposed, Testify or Produce Records, Summary or Affidavit: It is important for parents to be able to utilize this forum to openly discuss parenting plan/custody arrangements, co-parenting, and concerns about their children or the other parent. Realize your clinician is a neutral who cannot provide information to the court unless both parties consent, even if sent a subpoena by an attorney. However, if a *judge signs a subpoena or court order* then we must comply and provide information. Should you hire an *evaluator* here or elsewhere (i.e., psychological, custody, parental evaluations, etc.) we can be contacted by that evaluator as a collateral to provide information if you both sign a release of information or again if the judge/court orders discretion to the evaluator to contact any collaterals they deem necessary.

Payment & Insurance: Health insurance may or may not cover the cost of these services; they will likely reimburse some portion if you meet criteria for a DSM-5 diagnosis and have out-of-network benefits. Our relationship is with you and not your insurer. All charges are your responsibility. If you wish, we can assist you in understanding your insurance benefits by contacting your insurer, so you will be clear about what portion of our services may be reimbursed to you by your insurer. We can also help you process your insurance claims for reimbursement by providing you with a receipt of services rendered, which contains all of the information needed for an insurance company to process a claim, and by helping you fill out your claim forms. It is your responsibility, should you desire reimbursement to yourself, to process the claim with your provider. **All charges are your responsibility from the date services are rendered, and payment for services is due in full on the date services are rendered. Payment in full will be collected at the beginning of each session.** Payment in full is due up front; the consult will not begin until payment in full is received; likewise, depositions or testimony will not be provided unless payment in full is received in advance. Also, written material such as reports will not be provided/released until payment in full is received. We do not offer refunds if you are unhappy with the consult, any written summary, clinical suggestions or recommendations, settlement conference, deposition or testimony; or if insurance does not reimburse you; **we do not offer refunds for any reason**.

Schedule of Fees: We keep our fees very reasonable when compared to usual rates in this specialty area. (1) Sessions: $200.00 per hour (except Dr. Lepage). **Please note a session includes 45-50 minutes in session with the last 10-15 minutes left for your clinician to complete a session note.** (2) Drive time $150.00 per hour. (3) Collateral services including letters, email (reading or responding), telephone consultation (with yourself or others), $200.00 per hour. Meetings attended in your behalf $200.00 per hour to include prep time and follow-up. **PLEASE NOTE it is common for your clinician to speak with your attorney or other professionals you have signed a release for. By signing below, you give your clinician permission to initiate or engage in such collateral work and to be 100% responsible for all related charges.** We are happy to be available to you when possible between in-person sessions, but please note telephone and email consult time with you and others will be billed and is due in full at that time. Also note that we try to be available as much as possible via telephone, but due to work with other clients there may be some lag time in our ability to converse with you between sessions, and we are not always available evenings and weekends. (4) Dr. Lepage: $250.00 per hour for all in person and collateral services. (5) Depositions and/or testimony as fact witness or expert witness $350.00 per hour time spent preparing for and giving deposition. (Parties agree above not to subpoena us, but we would appear at the request of both parties or if court ordered.) (6) Late Fees & Returned Checks: For consults, if you do not pay in full on the date services are rendered, 10% of the original charge will be added *each week* you are late, and for evaluations 10% of the total original charge will be charged one time. Regarding returned check fees, you owe any fees the bank charges us for the bounced check, any fees for time we must spend talking with the bank or yourself to rectify the situation (billed at $200/hour), plus any late fees that apply. Regarding delinquent accounts, you are responsible for in full and will be charged for in full any and all time we spend trying to collect on the account (billed at $200/hour), and/or any and all fees of any outside services, such as an attorney or credit collector, hired to collect the debt.

Cancellations and Rescheduling: **The full fee is charged for appointments missed and for appointments cancelled less than 24 hours in advance.** However, no charge will be made if (1) you are ill, (2) you have an emergency, (3) driving conditions are hazardous due to inclement weather, or (4) we are able to reschedule you for an alternative time within the same week.

Confidentiality: Confidentiality is your expectation that the information you disclose to us will be kept private, including the fact that you consult with us at all. Generally, we will not disclose information regarding a client unless authorized to do so by the client in writing. **One exception is if we employ outside services to collect past due accounts; by signing below you give permission for such disclosure if necessary.** There are also legal exceptions to this rule of confidentiality; these are described in the attached Notice of Privacy Practices. **Please note that we do discuss cases internally at Lepage Associates in peer supervision, and by signing you give permission for these discussions.** In addition, **there may be numerous limitations to confidentiality in the divorce consult process**. Most notably, when you give us permission to discuss our consult with your attorney(s) or other professionals, information may be subject to re-disclosure by the recipient. It may be disclosed to the Court or the opposing side's attorney during the course of legal action related to the separation and divorce. Once disclosed, the privacy of the information may no longer be protected under federal medical privacy law.

Contacting Your Clinician: We cannot answer the telephone when we are with a client. When we are unavailable, our telephone is answered by a receptionist or voicemail. We will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. **Email and fax are not secure forms of communication and confidentiality cannot be guaranteed.** We will not initiate email contact with you, but we will respond should you choose to email us regarding non-clinical issues such as appointment scheduling.

In Case Of An Emergency: As noted above, **we do not provide emergency services**, and thus you should exercise one of the following options in an emergency: contact your psychiatrist or primary care physician, go to the nearest hospital emergency room and ask to speak with the psychiatrist on call, and/or follow your insurance carrier's emergency procedures.

TAPE RECORDING AT ANY TIME IS NOT ALLOWED.
By signing below, you swear you are not tape recording.

PLEASE BE SURE TO SIGN THIS PAGE 4 AND FILL IN ALL INFORMATION ON PAGES 4–5.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP.

In particular, please note the following important statements:

·Your service provider is solely responsible for his/her clinical and non-clinical work.
·Payment in full is due at the time services are rendered; if late, late fees are charged.
.Your give your clinician permission to engage with collaterals such as your attorney as your clinician deems necessary, and understand you will be billed for that time.
·The full fee is charged for missed or cancelled sessions, unless you cancel 24 hours in advance.
·We do not offer refunds if you are unhappy with the consult or do not receive insurance reimbursement; we do not offer refunds under any circumstances.
·We do discuss cases internally at Lepage Associates, and you give permission for these discussions.
·There are numerous limitations to confidentiality in divorce consultation; I have read and understand these.
·We are not attorneys and have no legal training; nothing in our consultation, whether written or verbal, constitutes legal advice/information. Our consultation services should in no way be construed as legal services, and we are at no time engaging in the practice of law.

Please sign and date below to indicate you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about. **I have read and understand the Lepage Associates Service and Fee Agreement. I agree to the statements herein and the terms of payment, to include payment of fees listed for fact or expert witness testimony.**

_____ _____ _____/_____/_____
(Signature) (Printed Name) (Date Signed)

Contact Information: Please fill in the following information.

_____ _____
Print Name Legibly Social Security Number

_____ _____
Mailing Address (Street or P.O. Box) Date of Birth

_____ _____
City, State and Zip Code Home Telephone Number

_____ _____
Email Address Cell Telephone Number

If children are involved, your relationship to the child(ren): _____

LEPAGE ASSOCIATES NEWSLETTER: Our newsletter is designed to keep the community abreast of new information in the field. A typical newsletter might include articles on topics in health and helpful links to other sites with resources. It is sent every other month as a useful resource for our clients and other professionals. Your email address is completely confidential, and hidden when the newsletter is sent. We *never* provide your email address to anyone else, and you can easily Unsubscribe at any time. We have gotten very positive feedback on the newsletter and hope you will enjoy receiving it. By signing herein, you give permission for us to send this; of course, you can Unsubscribe at any time.

Payment of Services by Debit Card or Credit Card:

For your convenience we accept payment via debit or credit card; you must bring your card to each appointment for us to swipe. **We require you keep a card on file to cover any unpaid balances** (unpaid balances are rare; an example might be if you had taken your wallet out of your purse and didn't have your credit card or checkbook with you to pay). This also ensures you will never have to pay late fees, as if you owe a balance we will charge it before late fees would be assessed. Please complete the following information. BY SIGNATURE BELOW YOU AUTHORIZE LEPAGE ASSOCIATES TO CHARGE YOUR CREDIT CARD IN THE AMOUNT INDICATED ABOVE ON PAGE 3 SECTION "SCHEDULE OF FEES," ANY TIME YOU OWE A BALANCE.

We accept: VISA MasterCard DISCOVER FINANCIAL SERVICES

CREDIT CARD NUMBER _____

CVV NUMBER _____ EXPIRATION DATE _____

NAME AS SHOWN ON CARD _____

CARD BILLING ADDRESS _____

_____

_____ _____

CARDHOLDER SIGNATURE DATE

Information Regarding Children: If related to the consult topic, please fill in the name, ages, and grades of any children.

	Name	Age	Grade
1.			
2.			
3.			
4.			

Attorney Information: If representation has been sought, please fill in the following information.

_____ _____

Name of Attorney Attorney's Direct Telephone Number

_____ _____

Name of Firm Main Telephone Number of Firm

_____ _____

Attorney's Mailing Address Attorney's Fax Number

_____ _____

Office City, State and Zip Code Attorney's Email Address

If legal proceedings have begun, are you the (please circle): Plaintiff Defendant