



Thank you for your interest in our services here at Azimuth Counseling and Therapeutic Services.

If you have not received a call from our office informing of your ability to schedule with one of our clinicians, then please do not fill in these forms and instead give us a call in order to do an intake questionnaire with our office over the phone.

If you have been told from our office that you can schedule with one of our therapists, please read and fill out this, "New Client Information and Payment Packet." Return pages 9 and 11 to our office in order to proceed with scheduling. Please include page 7, if you plan to apply for the sliding scale. In addition, please download and fill out the other specific requested, "History forms" from our web page forms list. We will call you when we receive your forms in order to schedule you. In order to keep your information confidential please *do not* email the forms back to us! You may fax, mail, or hand deliver them to our office.

We look forward to serving you. Please give us a call if you have any questions that we can help you with.

Sincerely,

Gretchen

ACTS Operations Administration Team
8 Essex Way, PO Box 8268, Essex, VT 05451-8268
Phone (802) 288-1001
Fax (802) 288-1077

Azimuth Fees

4/9/14clw

Counseling sessions normally last about an hour; psychiatric sessions, about a half hour. Charges are per session, not per hour. However, some initial psychiatric evaluations may take longer and be subject to a higher charge. Effective May 30, 2012, the costs for the various types of sessions Azimuth offers are

Session Type	Fee per session
Individual	\$110
Couple	\$125
Family	\$125
Psychiatric	\$120
Group	\$45 (per member)

ACTS Grievance Process

ACTS has the responsibility to meet the needs of our clients in respectful and ethical ways. Clients have the right to voice complaints and to be treated with dignity. All complaints will be handled in a timely manner by ACTS staff. We will seek to solve problems quickly and to the satisfaction of all parties.

Clients have the responsibility to provide all information needed for ACTS to be able to provide appropriate services as well as to follow agreed upon treatment plans and to work diligently toward the established goals.

If a problem arises between a client and a staff member of ACTS it is desired that it be resolved at that level. If the client does not feel the problem has been resolved they need to put the complaint in writing and this will be given to the Executive Director.

The Executive Director will respond to the client within 10 business days upon receipt of the request. The Executive Director may seek Clinical Supervision or legal advice regarding each incident of a complaint. The Board of Directors may be informed of the general nature of the complaint but the identity of the client involved will not be disclosed.

All clients will be given a copy of the procedure for reporting unprofessional conduct provided by the Vermont Secretary of State, Office of Professional Regulation.

Azimuth Privacy of your PHI Information

Our Legal Duties

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed (your protected health information "PHI") to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information

Information about you may be used by the personnel associated with this clinic for diagnosis, treatment planning, treatment, and continuity of care. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with this clinic such as billing, quality enhancement, training, audits, and accreditation.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of this clinic not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is or has been the victim of abuse, neglect, violence, and their or the safety of others is deemed by the therapist to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

In the Event of a Client's Death

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Release of Individual Psychotherapy Progress Notes to Clients

Individual psychotherapy records are not given to clients who request them unless they along with their therapist determine that there is a therapeutic reason to do so. Clients may make their request and the reasons for this request in writing addressed to Azimuth's Executive Director. The Executive Director will consult with the client's therapist and may gain legal consultation prior to informing the client of the final decision on the release of their individual psychotherapy notes. This decision will be sent in writing to the client and may not be appealed.

Judicial or Administrative Proceedings

Health care professionals are required to release records of clients when a court order has been placed.

Azimuth Sliding Scale Fees

If you are unable to use insurance, you may **qualify for a discount** based on your income. Clients applying for a discount must submit verification of their annual income (a copy of a recent pay stub or previous year's tax return showing Adjusted Gross Income) to the center's Operations Staff for a decision on a discounted rate. Clients will be notified of the decision by their therapist. Any questions regarding the decision will be referred to the Operations Staff. All financial information will be kept confidential.

Effective Nov. 4, 2013, the following table will be used to determine eligibility for a discounted fee:

If yearly gross income is less than							Discounted Fee
\$85,000							
For household size of							
	1						\$85
	2						\$75
	3						\$65
	4						\$55
	5						\$45
	6						\$35
If yearly gross income is less than	\$27,300	\$34,400	\$41,400	\$48,500	\$55,600	\$62,700	
For household size of	1	2	3	4	5	6	
If yearly gross income is less than	\$20,300	\$27,300	\$34,400	\$41,400	\$48,500	\$55,600	\$25
For household size of	1	2	3	4	5	6	

Payment plans may be arranged. This normally consists of spreading the cost of 6 to 12 sessions over a six month period. Charges and payments are made monthly so that the total amount owed is paid in six months.

Azimuth Counseling and Therapeutic Services, Inc.
Employment Information

NAME: _____ DATE: _____

STATUS: *Check all that apply.* Single Married Other

Employed Disability Part-Time Student Full-Time Student

OCCUPATION _____ EMPLOYER _____

NUMBER OF HOURS WORKED PER WEEK _____

NUMBER OF INDIVIDUALS IN HOUSEHOLD _____ +

Application for Reduced Fee

Did you file a tax return for the most recent year? Yes _____ No _____

If no please explain: _____

Adjusted Gross Income of most recent tax return: \$ _____ year _____
(Line #31 of Form 1040, line # 16 of Form 1040A, line #4 of Form 1040EZ)

Has your employment changed since your last tax return? If yes, explain

Has your income changed since your last tax return? If yes, explain

Income from sources other than, or in addition to wages or salaries \$ _____

Average monthly wages \$ _____

Other \$ _____

Monthly Total \$ _____

Please attach a copy of paycheck stub and/ or other income information to this application

Payment Agreement
(Revised Jan. 2018)

Azimuth Counseling and Therapeutic Services, Inc. (ACTS) is a private non-profit private Mental Health Center dependent upon client fees and donations. Clients will be responsible for all services, as some, but not all, of our services are eligible for reimbursement from insurance companies. The set fee structure is subject to change. Clients will be notified one month prior to any change to the fee structure.

- Clients whose insurance does not cover or pay for the mental health services received at Azimuth, or for limited phone consultations, no show and late cancellation fees, are responsible for the balance due. Clients unable to pay balance in full may request a payment agreement.
- Persons, with or without insurance, who are scheduled with an Azimuth master's level therapist, who do not accept insurance, will pay the full fee or may request to have their fee set according to ACTS sliding scale based on income and family size.
- Persons requesting to have a reduced fee are required to certify that the information they have provided concerning family income and size is accurate.
- Persons, with or without insurance, who are scheduled with one of Azimuth's licensed master's level therapist will be required to use their insurance and pay all co-pays at time of service. They may arrange a payment plan for paying their co-pays if they are unable to pay at the time of service.
- Persons served should understand that ACTS reserves the right to temporarily discontinue the provision of services and /or use collection procedures if the person served does not meet their payment responsibilities for service.
- Client services may be terminated at the discretion of the counselor, prior to completion of a treatment plan, for a variety of ethical reasons. Clients will be informed of the reason for the termination and a referral will be made to another counselor. The client will be responsible to follow up with the referral.
- Clients who do not show up for 2 consecutive appointments may have counseling service terminated.
- Persons who are unable to pay at the time of service may request a payment agreement.
- If less than 24 hour notice has been given by a person canceling an appointment, the person will be charged the allowable session rate. Insurance will not cover this fee and the charge must be paid prior to rescheduling with your therapist. (This fee may be waived at the discretion of your therapist in cases of an emergency or unexpected illness.)
- Clients who have insurance and are seeing an ACTS therapist, who accepts insurance, may not use the sliding scale. Clients are responsible to obtain insurance authorization, if required by their insurer, prior to an appointment can be scheduled.
- Clients will be charged for phone consultations at a rate of \$110.00 per hour. This will be billed in the following increments: 0 to 15 minutes- \$25.00, 15 to 30 minutes- \$50.00, 30 to 45 minutes- \$75.00, 45-60 minutes- \$110.00.

Sign: _____ Date: _____

Print Name: _____

Azimuth Client Information

PLEASE PRINT CLEARLY

Date _____

Client's First Name _____ MI _____ Last Name _____

Spouse # 1 _____ Spouse # 2 _____

Maiden or Other Last name _____

Address _____ City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (C) _____

Each individual client engaged in couples counseling must provide preferred contact phone number.

Which phone # is preferred for appointment reminders / billing questions? Individual _____

Spouse # 1 _____ Spouse # 2 _____

E-mail Address: _____

Birth Date ____/____/____ Age _____ Gender __F__M Race _____

Client's Social Security # _____

Check all that apply: Single __ Married__ Other __

Employed __ Disability __ Part-time student __ Full-time student __

Name of Spouse/Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

Same as above __

Social Security # ____-____-____ E-mail _____

Birth Date _____ Age _____ Gender __F__M Race _____

Insurance Information *(Not all clinicians accept insurance at this time)*

Primary Insurance _____ Secondary Insurance _____

Phone _____ Phone _____

Contract/ID# _____ Contract/ID# _____

Group/Acct# _____ Group/Acct# _____

Subscriber _____ Subscriber _____

Subscriber Social Security # _____ Subscriber Social Security # _____

Subscriber Date of Birth _____ Subscriber Date of Birth _____

Client's relationship to Subscriber _____ Client's relationship to Subscriber _____

__Self __Spouse __Child __Other _____ __Self __Spouse __Child __Other _____

Primary Care Physician _____

Please have insurance card available to be copied at time of first visit.

Azimuth Office Use Only : Record of Initial Contact with Insurer

Insurance card copied? _____

Insurer Name: _____ Date of Contact: _____ Representative's Name: _____

Copay: _____ Deductible: _____ Co Ins%: _____ Auth No: _____

Emergency Information

In case of emergency, contact:

Name _____ Relationship _____ Phone _____ Work _____

Address _____ City _____ State _____ Zip _____

Referral Source: How did you hear of our clinic (or from whom)? _____