



Selman Behavior Solutions

*Finding Solutions * Creating Change*

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www.SBSolutionsNY.com

New Patient Registration Form

Today's Date ___ / ___ / ___

Social Security Number: _____

Form filled out by: _____

Relationship to Patient: _____

IDENTIFYING INFORMATION

Patient's Name: _____

Gender: _____

Preferred Pronouns: _____

Age: _____

Birthdate: ___ / ___ / ___

Grade: _____

Current Employment (if applicable) _____

Patient's Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Self / Mother's / Father's (circle)

Email: _____

Best way to reach you? (home, cell, email): _____ May we leave a voicemail ? Y / N

Can we contact you via text and/or email with appointment reminders? Yes No

Emergency Contact Information

Name: _____

Relationship to Patient: _____

Home Phone: _____

Cell: _____

Work: _____

Patient's Primary Care Physician: _____

Date last seen: _____

New Patient Service Agreement

Welcome to Selman Behavior Solutions. Our goal is to provide high quality psychological services to our patients, and we thank you for choosing us as your providers. This document provides information about our policies and the services offered. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

Please read this document carefully and make note of any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time.

Staff

Dr. Jeff Selman is a licensed psychologist in New York and South Carolina. He is also a Board Certified Behavior Analyst at the Doctoral Level (BCBA-D). Some services may be provided by clinicians-in-training and other trained professionals under the supervision and management of Dr. Selman. Please be advised that clinicians often find it helpful to consult with one another. This team approach is aligned with best practice and we find it serves to benefit our patients.

Contact Information

We have staff who handles scheduling, as well as questions regarding billing and records. Due to your clinician's work schedule, clinical staff is often not immediately available by telephone. When we are unavailable, please leave a message. We will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. **In case of emergency (e.g. you, your child and/or a member of your family needs immediate help to maintain his/her safety) you should call 911.**

Services We Offer:

Assessment and Diagnostic Evaluations

Psychological and neuropsychological assessments are conducted for a variety of reasons, including diagnostic clarification, qualification for services, and treatment recommendations. The results can be of great value in accessing specialized services, qualifying for educational accommodations, clarifying the nature of emotional, social, behavioral or cognitive symptoms, and designing treatment interventions. Psychological assessments usually consist of an interview, testing session(s), a feedback session to go over the results, and the preparation and distribution of a written report.

Psychological Therapy

Our clinical team provides therapy to children, adolescents, young adults and families. Treatment methods are based on a behavioral and cognitive-behavioral approach that is supported by research and is highly effective in treating challenging behavior and a range of psychological problems.

During our initial consultation(s), we will work together to establish your needs, concerns, and goals. We will be able to offer you some first impressions of what our work will include. There are many different strategies we may use to deal with the problems that you and/or your family hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on behalf of the patient and includes

a strong commitment from those involved in the treatment. If you have questions about our procedures, we should discuss them whenever they arise.

Home-Based Behavioral Support

For families seeking a more intensive or comprehensive intervention, Dr. Selman offers home-based Functional Behavior Assessments (FBA). This service may be provided in a number of environments, such as your home, community settings, or school. An FBA is a problem-solving process aimed at identifying the causes, or function(s) of certain problem behaviors, and why they continue to occur. An FBA is particularly valuable because observation data is collected in “real time” in the natural environment (i.e., your home, community settings, and/or school) and allows the opportunity for a holistic, multi-systemic treatment approach.

Important Policies

An appointment is a commitment to our work. We agree to meet at our office (or in the case of an FBA, in an agreed upon location) and to be on time. If you are late, we will probably be unable to meet for the full time. During psychological and neuropsychological assessment, this can be very troublesome because some measures cannot be stopped midway and being late can potentially delay the entire evaluation.

Cancellation Policy

Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask that if you must change an appointment, please give us **at least 24 hours notice**. This courtesy makes it possible to give your reserved time to another patient who would like it. For psychological and neuropsychological testing sessions, we ask for **at least 48 hours notice**.

If an appointment is cancelled, missed, or rescheduled with less than 24 hours notice, **you are required to pay the full cost of the appointment**. Repeated cancellations or missed appointments will result in loss of future appointment privileges.

Billing and Payment Responsibility

Payment for your appointment is due on the day of your visit. If you choose to pay by credit card, your credit card information will be kept in a secure location and our administrative team will charge your account at the time services are rendered. In some cases, a payment plan may be discussed and agreed upon. Your account will be charged according to the plan. In the event that this account is turned over to collections due to an unpaid balance, the account guarantor hereby agrees to pay all costs of collection including, but not limited to, court costs and attorney fees.

Selman Behavior Solutions does not participate in any insurance programs. As such, we may be considered an “out of network” provider for your insurance program. At your request, we will provide you all the necessary documentation (monthly billing statements with CPT codes) so you can seek reimbursement on your own. You should carefully read the section in your insurance coverage booklet that describes behavioral or mental health services. If you have questions about the coverage, call your plan administrator.

If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$500.00 per hour for preparation and attendance at any legal proceeding.

Professional Records

The laws and standards of mental health providers require that we keep Protected Health Information about you in your Clinical Record. Your Clinical Record includes information about your reasons for seeking therapy and/or a psychological assessment, the ways in which these problems impact life for you,

your child, and/or family, the diagnosis, the goals that we set for treatment, progress towards these goals, medical and social history, treatment history, any past treatment records we received from other providers, reports from any professional consultations, billing records, and any reports that have been sent to anyone. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to us confidentially by others, or the record makes reference to another person and we believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, upon written request. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we charge a copying fee of \$.75 per page (and for certain other expenses). If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon your request.

Limits of Confidentiality

The law protects the privacy of all communication between a patient and a therapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities. For more information, please review or download the HIPPA Facts Page from our website.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

PLEASE PRINT:

Patient's Name: _____

Your name (parent/guardian): _____

PLEASE SIGN:

Patient (or parent/guardian if patient is a minor)

Date: _____