



# Selman Behavior Solutions

*Finding Solutions \* Creating Change*

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[www.SBSolutionsNY.com](http://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: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to reach you? (home, cell, email): \_\_\_\_\_ May we leave a voicemail? \_\_\_\_\_

Can we contact you via text and/or email?  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 provider. 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 the owner and founder of Selman Behavior Solutions. He is a licensed psychologist in New York, South Carolina, and Pennsylvania. He is also a Board Certified Behavior Analyst at the Doctoral Level (BCBA-D). Dr. Selman is a certified practitioner for the Psychology Interjurisdictional Compact (PSYPACT) which enables him to provide telepsychology services in participating states.

### **Contact Information**

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. We have staff who handle 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**

Dr. Selman provides autism screening and diagnostic evaluations for children 18 months to 36 months, as well as adults presenting with concerns related to autism. These 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**

Dr. Selman provides therapy to children, adolescents, young adults and families. He has expertise in behavior therapy, cognitive-behavior therapy (CBT) and behavioral parent training. Sessions tend to be active, semi-structured, goal-oriented, and engaging.

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.

### **Important Policies**

An appointment is a commitment to our work. We agree to meet on our HIPAA compliant online platform and to be on time. If you are late, we will probably be unable to meet for the full time. During autism 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 testing sessions, we ask for **at least 48 hours notice**.

If an appointment is canceled, 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**

You will be sent an electronic invoice approximately bi-weekly, unless otherwise requested. 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 with 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. It is your responsibility to determine if these benefits are available and how to access them.

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.

### **Informed Consent for Telepsychology**

#### **Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the patient and clinician can engage in services without being in the same physical location. This can be helpful in ensuring access to care, continuity of care if the patient or clinician moves to a different location, takes an extended vacation, or is otherwise unable to meet in person. It is also more convenient and takes less time.

Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- Privacy. Because telepsychology sessions take place outside of a therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On our end, we will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Technological issues. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, we will not engage in telepsychology with patients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, if needed we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
- Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

#### **Electronic Communications**

We will decide together which kind of telepsychology service to use. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

For communication between sessions, SB Solutions only uses email communication and text messaging with your permission. Because our email platform is HIPAA compliant, it is safe to share clinical information via email. You should be aware that we cannot guarantee the confidentiality of any information communicated by email or text. We will not discuss any clinical information by text and prefer that you do not either. Also, we do not regularly check our email or texts, nor do we respond immediately, so these methods should not be used if there is an emergency.

## **Confidentiality**

SB Solutions has a legal and ethical responsibility to make our best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. SB Solutions will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology). Additional information about confidentiality can be found below.

## **Appropriateness of Telepsychology**

We will let you know if we decide that telepsychology is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

## **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, if needed we will create an emergency plan before engaging in telepsychology services. We may ask you to identify an emergency contact person who is near your location and who we will contact in the event of a crisis or emergency to assist in addressing the situation. We may ask that you sign a separate authorization form allowing us to contact your emergency contact person as needed during such a crisis or emergency. If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call us back; instead, call 911, or go to your nearest emergency room. Call SB Solutions back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and re-connect to the telepsychology platform on which we agreed to conduct therapy. If we are unable to establish a stable connection via the telepsychology platform, call us on the phone number provided (917-771-9334).

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

## **Records**

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. SB Solutions will maintain a record of our session in the same way we maintain records of in-person sessions in accordance with our policies.

## **Confidentiality [for adult patients]**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and SB Solutions can only release information about our work to others with your written permission. But there are a few exceptions.

- In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some legal proceedings, a judge may order our testimony if he/she determines that the issues demand it, and we must comply with that court order.
- There are some situations in which SB Solutions is legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For

example, if we believe that a child, elderly person, or disabled person is being abused or has been abused, we may be required to make a report to the appropriate state agency.

- If SB Solutions believes that a patient is threatening serious bodily harm to another, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, we will attempt to fully discuss it with you before taking any action.
- SB Solutions may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patients. The consultant is also legally bound to keep the information confidential. Ordinarily, we will not tell you about these consultations unless we believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice we are unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and we are not an attorney.

### **Confidentiality [for minor patients]**

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify SB Solutions immediately. We may ask you to provide us with a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child. If you are separated or divorced from the child's other parent, please be aware that we may notify the other parent that we are meeting with your child.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the child's treatment. If such disagreements occur, SB Solutions will strive to listen carefully so that we can understand your perspectives and fully explain our perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, parents decide whether therapy will continue. If either parent decides that therapy should end, SB Solutions will honor that decision, unless there are extraordinary circumstances. However, in most cases, we will ask that you allow us the option of having a few closing sessions with your child to appropriately end the treatment relationship.

In the course of our treatment of your child, we may meet with the child's parents/guardians either separately or together. If we meet with you or other family members in the course of your child's treatment, we will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

### **Mandatory Disclosures of Treatment Information**

In some situations, SB Solutions is required by law or by the guidelines of our profession to disclose information, whether or not we have your or your child's permission. We have listed some of these situations below.

Confidentiality cannot be maintained when:

- Child patients tell us they plan to cause serious harm or death to themselves, and we believe they have the intent and ability to carry out this threat in the very near future. We must take steps to

inform a parent or guardian or others of what the child has told us and how serious we believe this threat to be and to try to prevent the occurrence of such harm.

- Child patients tell us they plan to cause serious harm or death to someone else, and we believe they have the intent and ability to carry out this threat in the very near future. In this situation, we must inform a parent or guardian or others, and we may be required to inform the person who is the target of the threatened harm [and the police].
- Child patients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, we will need to use our professional judgment to decide whether a parent or guardian should be informed.
- Child patients tell us, or we otherwise learn that, it appears that a child is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, we may be required by law to report the alleged abuse to the appropriate state child-protective agency.
- SB Solutions is ordered by a court to disclose information.

### **Disclosure of Minor's Treatment Information to Parents**

Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. It is SB Solutions' policy to provide you with general information about your child's treatment, but NOT to share specific information your child has disclosed to us without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then we will need to use our professional judgment to decide whether your child is in serious and immediate danger of harm. If we feel that your child is in such danger, we will communicate this information to you.

### **Parent/Guardian Agreement Not to Use Minor's Therapy Information/Records in Custody Litigation**

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although our responsibility to your child may require that we help to address conflicts between the child's parents, our role will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither of you will seek to subpoena our records or ask us to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing our opinion about parental fitness or custody/visitation arrangements. Please note that your agreement may not prevent a judge from requiring our testimony, even though we will not do so unless legally compelled. If we are required to testify, we are ethically bound not to give our opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, we will provide information as needed, if appropriate releases are signed or a court order is provided, but we will not make any recommendation about the final decision(s). Furthermore, if we are required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for our participation agrees to reimburse SB Solutions at the rate of \$500 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

**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: \_\_\_\_\_