Rebound Mental Health
6202 South Lewis Avenue, Suite A
Tulsa, OK 74136
(918)949-4515 P (918)949-4523 F

PATIENT REGISTRATION FORM

Patient Information

Patient's Last Name	First	MI	☐ single ☐ married ☐ divorced ☐ widowed	Sex

Street Address	City	State	Zip

Phone #1		Phone #2	
( )	☐ work ☐ home ☐ mobile ☐ other	( )	☐ work ☐ home ☐ mobile ☐ other

DOB (*mm/dd/yy*)	Social Security #	E-mail Address

Employer	Employer's Address	Employer Phone
		( )

Patient's Primary Care Physician	Physician Phone
	( )

By signing this consent I also agree for limited information, if necessary, to be shared with the above named clinician in order to facilitate my/my child's evaluation/treatment.

Patient/Guardian Signature:		Date:	

Parent/Guarantor Information

Parent or Guarantor	DOB (*mm/dd/yy*)	Home Phone #	Mobile Phone #
		( )	( )

Address	City	State	Zip

Insurance /EAP Information

Last Name of Insured (Policy Holder)	First Name of Insured	Social Security #	DOB (*mm/dd/yy*)

Insured's Address	City	State	Zip

Insured's Place of Employment	Phone Number	Insured's Email Address
	( )	

Name of Insurance	Name of EAP	Number of Sessions	Customer Service #	Member ID #	Group #	Copay/Coins.

For Children Under the Age of 18

If legal custody is shared, has permission been granted for treatment?	☐ Yes	☐ No
To whom may we release information?		

Emergency Contact (other than patient or guarantor)

Contact Name	Relationship to Patient	Home Phone #	Mobile Phone #
		( )	( )

The above information is accurate and correct to the best of my knowledge.

Patient/Guardian Signature:		Date:	

REBOUND MENTAL HEALTH
SUPERVISED VISITATION & THERAPEUTIC VISITATION GUIDELINES AND CONTRACT

Supervised Visitation and Therapeutic Visitation Services are available to assist parties and the Court in supervising interaction between adults and children and assuring the safety of the children. The guidelines set forth are not negotiable and if they are not followed will be grounds to terminate services at our center.

Please initial beside each section and sign the last page of the document.

SERVICES:

Supervised Visitation (SV) refers to contact between a non-custodial parent and one or more children in the presence of a supervisor. Therapeutic Visitation (TV) is supervised visitation by a licensed mental health professional with advanced training in childhood trauma combined with team consultation and recommendations for future visitation. Visitations are court ordered or recommended by the Department of Human Services in cases involving allegations of sexual, physical and emotional abuse of a child, domestic violence, kidnapping, substance abuse, or mental illness by the parent.

HOURS OF OPERATION:

Rebound Mental Health business hours are from 9:00 a.m. until 5:00 p.m. Monday through Thursday. We are closed on Independence Day, Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day.

CANCELLATIONS & MISSED VISITATION/EXCHANGES:

The canceling party will incur the **full fee** of the visitation or exchange if they fail to notify the supervisor 24 hours prior to the visit. If the parties provide the center with written instructions signed by a physician and specifying that the visitation with the other party should not occur and the party notifies the center at least two hours in advance the parties will not be held responsible for the cost of visitation.

INTAKE:

Custodial party, visiting party, and child(ren) must complete the intake and orientation process. Each party must consent to the visitation guidelines.

Once all parties have completed the intake process and Rebound Mental Health is in receipt of the court order, scheduling letters will be faxed to the attorneys who are expected to confirm the appointment times with you. Visitation will attempt to comply with the hours specified by a court order; however the time and amount of hours for visitations for each family will be dependent on the availability of the resources. The supervisor may adjust the schedule at any time during services.

FEES:

Unless fees are specifically addressed in the court order, each party will be responsible for cost.

- Intake - **SV:** $50.00 per session. **TV:** $75.00 per session.
- Visitation Sessions - **SV:** $50.00 per/hr. **TV:** $75.00 per/hr**.** Prepaid for first 5 units.
- Team Consultation and Written Court Report - $350.00 per/hr. or Team Consultation with Medical Team and Written Court Report - $550.00 per/hr.
- Court - $150.00 per/ hr (testimony/consultation) $75.00 per/hr (travel/wait time)

HOW VISITATIONS OCCURS:

- The visiting party will arrive 15 minutes before the scheduled visitation time and wait in the waiting room. The custodial party and child(ren) will arrive at the designated visitation time and enter through the door marked “private entrance” which leads into the visitation room. The therapist will go get the visiting party and the custodial party will exit through the private door. The custodial party will walk down to the waiting room and wait there during the visit. Immediately following the visit, the visiting party will leave the Rebound Mental Health office and parking lot. The child will have a de-briefing with the supervising therapist. *(Subject to change on a case-by-case basis.)*

- If either party is 15 minutes late, the visitation will be cancelled and all parties will be notified of the cancellation.

- All visits are to remain in the room they are assigned during the entire visit unless the visiting party or child needs to use the restroom.

- Only adults and children authorized by the court agreement are allowed to discuss the case with staff, cancel appointments, schedule appointments, transport, exchange, or be present during visitation with the child; unless otherwise designated by intake therapist.

INTERACTION DURING THE EXCHANGES AND VISITATIONS:

- Children should be taken to the restroom prior to the visit. If the child needs to use the restroom or needs a diaper change during the visit, the child will be taken to the custodial party to use the restroom and promptly returned to the visitation.

- The visiting person is responsible for setting limits and managing the child’s behavior. Physical discipline of any type is not allowed. Negative comments, talking down to the child(ren), and/or foul language will not be tolerated.

- The visiting person is expected to interact with the children in a positive and developmentally appropriate manner. Any communication or behavior that is emotionally or physically threatening to the child will not be allowed.

- Conversations between the visiting person and the child will focus on the child’s interests and activities. Discussions should focus on the present to avoid pressure and disappointment. The visiting person will not question the child, discuss the other parent/guardian, the allegations of the case, or court hearings. The supervisor will guide the visiting person in providing appropriate answers to the child’s questions, if needed.

- The visiting person will not be allowed to make any type of threat, bribe, promises, coercion and manipulation during the visit. This includes statements like “when this is over” and/or “when you live with me.”

- **The use of cell phones, communication devices, and cameras are strictly prohibited during visits by the custodial or visiting party.**

- The conversations between the child and the visiting person must be in English and audible by the supervising therapist. If the visitation supervisor cannot speak and

understand the language being spoken by the visiting party and the child, a neutral interpreter over the age of 18 must accompany them.

- Gifts and food are prohibited during the visitation. Children are encouraged to bring school report cards, trophies, and pictures of their activities to visitation.

- Arrangements regarding medications or any additional special needs must be made prior to the first visitation.

- The visiting person must avoid alcohol and controlled substances for 24 hours before visits with child(ren). The visit will not take place if you appear to be under the influence or drugs or alcohol.

- Weapons are not allowed at Rebound Mental Health facility.

- Concerns or discussions regarding the case from all parties should be addressed in writing to the supervising therapist.

- The supervisor has the right to end the session at any time if she/he deems that the child is acutely stressed, at risk of imminent harm either emotionally or physically, or the visiting parent is not following the program rules.

- After refusal of visitation by minor child, the supervising therapist will attempt to schedule a meeting with all parties to develop a strategic plan to resume visitations. This strategic plan will be formulated and agreed upon by all parties.

- Pursuant to Supervised Visitation Network policy, Rebound Mental Health will suspend visitations if criminal charges are filed against either party.

- The therapeutic supervisor will videotape therapeutic visitation sessions. Videotaped sessions will be used for consultation with other professionals involved in the case. Videotaped sessions are maintained at Rebound Mental Health as a part of case record.

- In cases involving **allegations of sex abuse** the following guidelines will also be followed. The parent and child will be taught **"Please Stop"** during the intake process. All parties will respect when the child says "Please Stop" and **immediately stop** the behavior or conversation that is making the child uncomfortable. The visiting person will **not be allowed to tickle, wrestle or forcible touch the child in any way.** The visiting person will **not have the child on their lap or engage in a frontal hug or kissing.** The visiting person will **not engage any activity or game that requires removing any clothing.** The visiting person will be able to offer the child a side-hug. **The child will be given the opportunity to refuse any type of physical touching.**

CONFIDENTIALITY

Rebound Mental Health will maintain confidentiality and refuse information without written permission, *except* in response to a subpoena request, in reports of suspected child abuse and neglect to the appropriate authority as required by law, and in reporting dangerousness or threats of harm to self or others as required by law.

ACKNOWLEDGMENT OF UNDERSTANDING OF SERVICES, RULES, AND GUIDELINES

The most important rule to remember is that all parties are expected to comply with directives of Rebound Mental Health staff while they are on site. The first priority of supervised visitation is to provide a safe environment for children.

I HAVE READ AND RECEIVED A COPY OF THESE RULES AND HAVE A COPY FOR MYSELF. I UNDERSTAND REBOUND MENTAL HEALTH RESERVES THE RIGHT TO REVISE AND/OR CHANGE POLICIES AT ANY TIME OR MODIFY RULES ON A CASE BY CASE BASIS. MY SIGNATURE BELOW INDICATES I UNDERSTAND THESE RULES AND AGREE TO FOLLOW THESE RULES. I UNDERSTAND THAT THE INFORMATION GATHERED DURING EXCHANGES AND SUPERVISED VISITATIONS WILL BE RELEASED TO THE COURT AND OTHERS AUTHORIZED BY THE COURT TO HAVE SUCH INFORMATION. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THESE RULES, THE VISITATION OR EXCHANGES MAY BE SUSPENDED OR TERMINATED AND NOTICE OF SUCH MAY BE PROVIDED TO THE COURT.

______________________________________ __________________________

Signature Date

Rebound Mental Health

Team Members

Carrie Short, MSW, LCSW
Michelle Brown, LCSW
Sharon Pyle, LPC
Marti Robey-Fox, LPC
Trebor Bosley, LPC
Carmen Hughes, Graduate Intern
Angie Ramsey, Office Manager

Location

6202 S. Lewis Ave., Suite A, Lewis Square Building Tulsa, OK 74136

Office Hours

Monday through Thursday, 9 am to 5 pm, by appointment only.

Professional Fees

We accept most major insurance companies. Please be aware that individual insurance policies will vary.

Therapeutic Visitation, Parent Coordinator services, Extended Forensic Interviews as well as Court Fees are not covered by insurance. Please inquire about these rates.

Co-payments, deductibles and coinsurance payments are expected at the time of service by cash, credit card or check.

Contact Information

(918)949-4515 P
(918)949-4523 F
cshort@reboundmh.org
mbrown@reboundmh.org
spyle@reboundmh.org
martifox@reboundmh.org
tbosley@reboundmh.org
cjhughes@reboundmh.org
aramsey@reboundmh.org

Appointment Policy

Rebound Mental Health, LLC

When completing counseling services, continuity is vital to success. Frequent cancellations or failing to schedule appointments can lead to delays between therapy sessions that may impede progress. As a mental health service provider, I try to assist in finding suitable times for us to meet for sessions. Our success is a joint effort: therefore you r cooperation in keeping appointments is critical to your success. I would like to outline for you the attendance policy for **Rebound Mental Health, LLC, 6202 S. Lewis Suite A. Tulsa, Ok 74136.**

1. To schedule appointments, please call 918-949-4515

2. We require a minimum of 24 hours' notice for changes or cancellations of appointments. If you do not cancel with a minimum of 24 hours, the patient is responsible for the fees accrued.

3. Please contact the clinic/therapist as soon as you are aware you need to cancel. (This is also within the minimum of 24 hours)

4. If you are late for an appointment, the appointment will still end at the scheduled time.

5. If you cancel or do not show up for two consecutive appointments, you will receive notice that your session time may be made available to other patients. In this case, call the clinic to schedule a time suitable for you. **RMH will reserve right to close your file. Two no-shows may result in end of duty of care.**

6. Office hours are Monday – Thursday 9:00 a.m. to 5:00 p.m. by appointment only.

Contact Information
(918)949-4515 phone
(918)949-4523 fax

cshort@reboundmh.org
mbrown@reboundmh.org
spyle@reboundmh.org
martifox@reboundmh.org
aramsey@reboundmh.org
cjhughes@reboundmh.org
tbosley@reboundmh.org

We look forward to working with you.

Initial_____________

Financial Policy

REBOUND MENTAL HEALTH, LLC

Below are the terms of agreement regarding payment for sessions at Rebound Mental Health, LLC.

1. Session fees are based on a clinical hour, which is defined by insurance providers as 45 minutes direct with the counselor or professional.

2. If, I the patient, fail to appear for an appointment without 24-hour notice of cancellation, cancellation fees will be charged and I will be responsible for payment.

3. I understand that if I am late to a session, that session will end at the time originally scheduled. It is my responsibility to arrive on time.

4. Services including phone calls, emails, record reviews and professional consults at times other that the scheduled therapy session will be the patient's responsibility. These services will be billed per quarter of an hour.

5. I authorize my health insurance to provide payment of benefits to Rebound Mental Health LLC.

6. I understand records of my treatment may be shared with my insurance company when necessary to process claims.

7. I understand I am responsible for payment if my insurance company declines payment.

8. Under the circumstances that Rebound Mental Health does not accept your health insurance policy, Rebound Mental Health will supply a receipt of payment for services. You can submit this receipt to your insurance company for reimbursement.

9. Payment must be made by check, cash and/or credit. Your fee or co-pay is due at the time services are provided. The patient is responsible for all fees. This includes any fees denied by insurance providers. Fees must be paid within 30 days after the dated the claim is denied.

10. Returned checks will result in an additional service fee of $25.00

11. Rebound Mental Health reserves the right to utilize a collection agency to obtain unpaid balances.

12. Professional Fees:
    Intake $150.00 Prompt Payment Discount Self pay Intake $120.00
    Session $125.00 Prompt Payment Discount Self pay $100.00
    **** Prompt Payment Discount of 20%.**

Late Cancellation Fees (Same day Cancellation)	$25.00 Before 5 p.m.
	$50.00 After 5 p.m.
No Show Fees	$25.00

Telephone Consults
30 minutes $50.00

Correspondence

Single Page Letter	$25.00
Reports	$50.00 per hour

(schools, employers, professionals)

13. **In cases where RMH is court ordered to provide services, client may be required to submit payment in advance of services rendered**.

Court retainer	$300.00

Court Fees

Travel/Wait time	$75.00 per hour
Consult/Testimony	$150.00 per hour
Review of Case File	$75.00 per hour

Please initial that you have read and understand the Financial Policy as stated above.

Initial __________

Confidentiality

REBOUND MENTAL HEALTH, LLC

Rebound Mental Health, LLC is committed to following the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. All information, discussions, and documents are confidential and privileged information for all patients. Under federal law, disclosure of information regarding services provided and information about a patient requires written consent to release to alternate or third parties. A portion of your information may be used to contact you with information regarding your appointment or treatment.

The following are exceptions to the rules of confidentiality and will be understood by the patient involved.

1. When there is imminent danger to the patient or another person.
2. Under circumstances of suspected child, elder, or dependent adult abuse or neglect.
3. When disclosure must be made to medical professionals in the case of a medical emergency.
4. When the mental health professional is compedlled by law to disclose client records.
5. Third party reimbursement
6. Collection of debt

Rebound Mental Health, LLC is a professional setting of mental health professionals. I may, at times, consult with colleagues/mental health professionals at Rebound Mental Health, LLC about your case. Your name will not be disclosed and your identity will be kept disguised. Consults will only be used for the betterment of your treatment.

Professional Records

Service providers are required, by law, to keep medical records of psychological services provided. All records will be secured in a locked location following Health Insurance Portability and Accountability Act (HIPAA) standards. Records include, but are not limited to, documentation of attendance: purpose of treatment; any medical, social, and treatment history; evaluations and diagnosis; anecdotal notes of topics and discussions; copies of legal forms and consents; documents and copies of any forms or information shared with other professionals; and information provided by other professionals.

Rebound Mental Health, LLC utilizes health information technology (Health IT). Health IT involves the storage and exchange of health information in an electronic environment. We are committed to upholding privacy and security standards for the protection ofelectronic health information standardized by HIPAA. The Security Rule requires covered entities to maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting electronic protected health information (e-PHI). Rebound Mental Health , LLC is committed to ensuring the confidentiality and integrity of all e-PHI created, received, stored or transmitted. This includes protecting client information from potential security threats, maintaining privacy disclosure statements, and using only authorized technical devices with security systems.

Patients have a right to reasonable access to their files and to access copies of their file for other health care providers with a written request. These are professional records. There is a possibility that they may be misinterpreted and/or upsetting to untrained readers. Therefore, Rebound Mental Health therapist will review case records with clients or consult with other mental health professionals with a written consent.

It is the right of the mental health professional to refuse access to you files if access to the documents may prove to be harmful to the patient. If Rebound Mental Health, LLC refuses your request for access to your records, your rights will be discussed with you.

Initial___________

I have been informed of, have read the information contained in the welcome letter/contract and consent, and agree to it.

Patient Name (print) ____

Patient Signature (if over 18 years) ____

Guarantor for Payment (print) ________________________________

Relationship to Patient (circle one) self parent/guardian other

Guarantor Signature______________________________________

Date _______ / _________ / _____________

CREDIT CARD INFORMATION

I agree to keep my correct and updated credit card information on file to be used for missed appointments, records, letters, and/or outstanding balances. This information is for internal use only and will not be distributed to third parties.

(Circle one) MasterCard or Visa

Credit Card Number ____________-_____________-_____________-_____________

Expiration date ________ /_________ CVC Code ____________ Zipcode __________

Name as it Appears on Card ____

Signature _________________________________