

**Littlefield Psychological Services, Inc**

**Client Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Marital Status: Married \_\_\_ Divorced \_\_\_ Single \_\_\_  
Separated \_\_\_ Widowed \_\_\_

Date of Birth: \_\_\_\_\_  
S.S.#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email \_\_\_\_\_

**Responsible Party Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
S.S.#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Spouse Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
S.S.#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Children: (Name and Birthdate)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referred by:** \_\_\_\_\_

Name & Contact Information

Check box if we may contact the referral source with a letter of appreciation.

**Previous counseling experience:** \_\_\_\_\_

**What do you hope to gain from therapy?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Kenneth W. Littlefield, PsyD  
Licensed Psychologist  
Littlefield Psychological Services  
DrLittlefield@gmail.com*

## **Informed Consent for Assessment, Treatment, & Professional Services**

Welcome to my professional counseling and psychology practice. I am committed to providing psychological services, including assessment and counseling/psychotherapy, toward your desired outcome. A clinical assessment or a professional, therapeutic counseling situation establishes a unique relationship between the two of us. In order to assist you in understanding the responsibilities and expectations involved in this professional relationship, I ask that you read and sign the following informed consent. Once the consent form is signed, we can schedule and conduct the first meeting. During the initial meeting I can answer any questions about the consent form and I will also verbally highlight the legal and ethical standards regarding *Confidentiality*. At any time, I am happy to provide you with a copy of your signed consent form.

Professional Disclosure. I have been a Licensed Psychologist in the state of Arizona since 2002. Primary services I provide are psychological assessment, counseling/psychotherapy, interventions, seminar presentations, and consulting services. Treatment modalities I provide include but are not limited to individual, couples, marital, family, and group therapy.

The following paragraphs include the structure and standards regarding your rights as a client and the specific arrangement for services. Dr. Littlefield reserves the right to refer a client to another professional or appropriate resource/organization at any time if the client's needs and goals are not a good match for my skills or experience. Please take time to review the following information:

Financial. Payment is expected at the time the service is rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for an initial individual intake session is \$295.00 and the fee for a 60 minute counseling/psychotherapy session is 225.00.

In addition to the basic session and intake fees, there may be other fees for additional services such as psychometric testing, report writing, telephone or electronic counseling, consulting, books and materials, copies of chart records, etc. Currently, psychological assessment and feedback sessions are \$200.00 per session hour (50-60 minutes). Fees for scoring and interpreting assessment measures are additional and vary according to the test battery. The standard rate for the scoring and interpretation of assessment measures is \$50.00 per 15 minutes. Fees for forensic and court related cases are \$295.00 per 60 minutes and require a retainer to initiate services. Fees for intervention services are \$295.00 per 60 minutes. If less than 60 minutes, court related and intervention services are billed incrementally at \$75.00 per 15 minutes. Please be aware – in cases where Dr. Littlefield is subpoenaed, deposed, or asked to voluntarily participate in a legal, court related, forensic activity, in or outside of a court of law, whether civil or criminal, the fees for service may change. Currently, activities related to preparation as an expert witness; participation or testimony as an expert witness; communication with the client(s), attorney(s), or other entities; and other related time such as travel are \$75.00 per 15 minutes. Other expenses related to your specific court related case may also be a client expense. Please be aware, if



you choose to have an attorney or any other professional contact me by phone, email, etc., to discuss your case, provide case notes, provide a report of services rendered, provide diagnostic impressions, etc, the fee will be \$75.00 per 15 minutes. Copies of chart notes or any other documents are \$10.00 for the first 20 pages, thereafter .25 per page – these rates help to cover any administrative time and postage needed to efficiently forward the client records.

Currently, debit or credit (Visa or Mastercard, as well as Discover Card and American Express), personal checks, business checks, and cash are all accepted as forms of payment. Dr. Littlefield reserves the right to change any fees with 30 days notice posted in the office. Please be aware, returned check fees are \$35.00 per returned check plus any other fees the bank may assess LPS. You have the right to be informed of all fees that you are required to pay and to be informed about the refund and collection policies. Please discuss these with me or the administrative assistant if you have any concerns. A separate Payment Agreement form is provided to you for clarification.

While payment is due at the time services are rendered, there are unique times and individual cases in which fees are assessed and a balance becomes due. If a client has a balance due, the office will contact and inform the client either by phone, email or mail of this balance. If the balance is not paid in a timely manner, the client will be informed of any possible additional late fees and collection fees that might be incurred. If the unpaid balance is more than ninety (90) days past due and no payment plan has been agreed upon by the parties, a \$90.00 late fee will be assessed to the account. Additionally, if an account is more than ninety (90) days past due and repeated attempts to contact the client(s) are unsuccessful or the client(s) is/are informed to remit payment and the request for payment is refused, Dr. Littlefield and LPS and/or PCA reserves the right to utilize other third party collections agencies to then assume the responsibility for collections; the unpaid balance may be submitted to a collections agency if not paid in a timely manner. In the event that a third party collections agency is utilized to pursue and collect payments, please be aware that only the necessary demographic information needed in order for the third party to locate and contact the client will be disseminated. No other personal or confidential information related to any diagnoses, treatment, or other sensitive “HIPAA-related” information will be provided to the third party. However, please note that Dr. Littlefield’s name, occupation, and information about LPS or PCA will be provided to the third party as allowed by law and HIPAA regulations in order to establish a business relationship with the third party, thus allowing the third party to pursue collections. Dr. Littlefield will make every effort to work with clients to create a payment plan on a case by case basis if necessary, however, this is an exception; normally payment will be collected at the time of service. If you feel you are in need of a payment plan, please speak directly to office personnel.

Insurance. Please pay in full for the services rendered at the time of service. At the time you check out, you will be provided with a “superbill” which many clients use to subsequently submit to their insurance companies for possible “out-of-network,” direct-to-client reimbursement. As a courtesy, for clients with *Blue Cross/ Blue Shield only*, Dr. Littlefield will bill BC/BS directly for any services rendered. Otherwise, Dr. Littlefield does not currently bill any other insurance companies. Please keep in mind that many insurance plans do not cover marital counseling or forensic services. It is recommended that you contact your insurance provider before you initiate any psychotherapy or other professional services to identify what is and is not covered by your unique insurance plan (including BC/BS clients). Please note, at times, BC/BS clients may find that their mental health coverage has been “carved out” to another insurance provider. In all cases, however, payment is due at the time of service and is ultimately the responsibility of the client, not an insurance company.



Third-Party Contracting Client. Organizations, employers, individuals and any other third-party payers that wish to contract as the primary client in order to provide clinical services for an individual, such as an employee, are doing so with the knowledge that they will be solely financially responsible for services rendered. Unique contracts can be created to address your unique organizational needs.

Availability of Services. While we make every effort to respond in an appropriate manner, my practice does not have the capability to respond immediately to counseling or medical emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact – 480-784-1500, Banner Help line - 602-254-4357, Maricopa County Crisis Hotline – 602-222-9444). Established clients with an urgent need to make contact may call Dr. Littlefield and he will make every effort to respond as soon as possible, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. In most cases, while exceptions do apply, Dr. Littlefield does his best to respond to phone calls or emails within 48 hours.

Appointments. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. For a regular counseling session, Dr. Littlefield reserves 55 minutes for each client appointment. A regular session “hour” for psychological testing is 50-60 minutes. Appointments canceled at the last minute are very detrimental to my practice as it disallows other clients the use of that particular time slot. Therefore, please notify Dr. Littlefield or the office administrator a minimum of one full business day (24 hours), Monday through Friday, prior to a cancellation. Please note, Saturdays, Sundays, and national holidays are not considered business days; we are not usually in the office on weekends and holidays and a cancellation on a Friday evening or a weekend day may not allow for 24 hour notice.

***Please Note: You will be financially responsible for appointments you fail to cancel in accordance with this 24-hour policy. Please refer to the Payment Agreement for further details.***

Appointment availability varies with the client load at the time. High demand appointment times, such as a 4pm slot, are likely to be sporadic in their availability. Dr. Littlefield reserves the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

Privacy, Confidentiality, and Records. All communications and records created in the professional treatment process of psychotherapy or other professional services are held in the strictest confidence according to HIPAA privacy and security regulations. However, there are numerous exceptions to confidentiality, as defined in the state and federal statutes. Examples of the most common of these exceptions are:

- when there is a real or potential life or death emergency
- when a judge issues a court order for client records
- or when child or elder abuse or neglect is suspected.

Please note, a subpoena issued by an attorney does not automatically guarantee the release of records. In most instances where a subpoena has been issued, the client must still sign a release of information authorizing the release of records.

Also, by signing this informed consent agreement, you are agreeing not to audio or video tape any of the interactions (psychotherapy, assessment session, phone consult, etc.) with Dr. Littlefield or any LPS personnel. Audio or video taped sessions cannot be guaranteed to remain confidential outside of this office and therefore they are not usually permitted. This agreement can be amended with prior



written authorization signed by Dr. Littlefield and all other parties involved. However, please be aware that at times, particularly in forensic cases, Dr. Littlefield will audio or video tape sessions; if Dr. Littlefield deems it necessary to audio or video tape a session, he will inform all parties involved.

Dr. Littlefield also participates in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to give my clients the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the case issues are discussed along with the treatment approaches and methodology. There are also numerous other circumstances when information may be released including: when disclosure is required by the Arizona Board of Psychologist Examiners; when a lawsuit might be filed; to comply with worker compensation laws; to comply with the USA Patriot Act; and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. Please verbalize any concerns if there are further questions regarding your confidentiality.

Please note, progress notes and other chart records may also include phone and email communication between the client and Dr. Littlefield, office staff, and (if a release is signed) with other individuals involved in treatment. Any messages that a client might leave on voicemails, text messages, and/or emails may be printed out or transcribed and entered in to the client chart records at any time to ensure proper documentation of any client interactions.

Also, if you are married and primarily seeking marital counseling, a single chart will be created in both spouses' names. Please be aware that if records from a joint marital chart are requested by any party or entity in the future, the signatures of both spouses must be obtained in order to voluntarily release any information. If you are a married couple seeking marital counseling and you would prefer separate charts in each of your names, please specifically request this and every effort will be made to accommodate your request.

Important to note and agree upon for marital counseling/co-therapy or in multi-client cases: By signing this Informed Consent, you are agreeing that any information you disclose is acceptable to share with the other spouse or other client(s) in the treatment process with you. In other words, in marital counseling or co-therapy, secretive information will not be confidentially held between one of the clients and Dr. Littlefield and subsequently withheld from the other spouse; Dr. Littlefield will not agree to hold any secretive information between the spouses. Unless Dr. Littlefield believes that there is imminent danger to one of the spouses if the disclosed information is shared, all information shared by each spouse is free to be shared with the other spouse, even if that particular information was originally shared in an individual session or by phone or email. If you have any questions regarding this ethical stance and preference, please ask me before you sign this agreement.

Purpose, Limitations, and Risks of Treatment. Psychotherapy/counseling and/or psychological assessment, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through difficult personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to counseling in the first place may result in changes that were not originally intended.

Counseling and/or psychological assessment may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another



family member. Change will sometimes be easy and swift, but more often it will be slow and often frustrating. There is no guarantee that counseling will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in individual or marital counseling. Psychometric testing and psychological assessment can also be an intense process of self and other-revelation. Interpretations are based on the client's test scores, clinical interviews, and other collateral information. While not an exact science, the goal is to be as accurate as possible in the interpretations.

Treatment process and rights. Your treatment process will begin with one or more sessions devoted to an initial intake and/or psychological assessment so that Dr. Littlefield can better understand the most salient issues, your background, and any other factors that may be relevant. When the initial intake and/or assessment process is complete, we will discuss ways to treat the primary issue(s) and problem(s) that prompted your participation in the counseling process. In doing so, you will be asked to develop specific short-term and long-term goals that together equal a "fluid" treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent for treatment and to be advised of the potential consequences of such refusal or withdrawal.

Our relationship. The client-psychologist relationship is unique in that it is exclusively professional and therapeutic. In other words, it is usually inappropriate for a client and his or her contracted psychologist to spend time together socially. The purpose of these boundaries is to ensure that roles are clearly defined to help ensure the best methodology for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk directly with Dr. Littlefield. Although never intentional, sometimes misunderstandings can inadvertently result in hurt feelings. Dr. Littlefield would like the opportunity to address any issues that might get in the way of the therapy as soon as possible - this includes administrative or financial issues as well.

Client consent for evaluation and treatment: Consent is hereby given for evaluation and treatment under the terms described in this consent document. It is agreed that either party may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Signature of Consenting Adult if Needed for Minor Child(ren) or for Marital Counseling:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of minor child(ren) or adolescent(s) (under age 18), please specify the following:

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

For office use only - Verification that client has received and reviewed this Informed Consent document. Client was provided time and opportunity to read and ask questions about this Informed Consent document.

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**Littlefield Psychological Services, Inc.**  
**Notice of Privacy Practices**  
**Your Information.....Your Rights.....Our Responsibilities.....**

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information.

When it comes to your health information, you have certain rights.  
 This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> <li>You can ask to see or receive a paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
Ask us to correct your medical records	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say "no" to your request, but we will tell you why in writing within 60 days.</li> </ul>
Request confidential communications	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will say "yes" to all reasonable requests.</li> </ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree with your request, and we may say "no" if it would affect your care.</li> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.</li> </ul>
Get a list of those with whom we have shared information	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.</li> </ul>
Get a copy of this privacy notice	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
Choose someone to act for you	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting the Littlefield Psychological Services, Inc. HIPAA Privacy Officer at 623-695-9700 or by sending a letter to 10451 W. Palmeras Dr #135W, Sun City, AZ 85373.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

For certain health information, you can tell us your choices about what we share.  
 If you have a clear preference for how we share your information in the situations described below, talk to us.  
 Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in your care.</li> <li>Share information in a disaster relief situation.</li> <li>Include your information in a hospital directory (Note: Littlefield Psychological Services, Inc. does not maintain any sort of hospital directory.) <i>If you are not able to tell us your preference, e.g., you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></li> </ul>
In these cases, we never share your information unless you give us written permission	<ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> <li>Most sharing of psychotherapy notes (Note: If your Counselor is a trainee, Littlefield Psychological Services, Inc. Clinical Staff will have access to your information to provide supervision and consultation to insure the quality of your care. You will be notified at the initial contact if your Counselor is a trainee.)</li> </ul>
In the case of fundraising	<ul style="list-style-type: none"> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again. (Note: ASU Counseling Services does not participate in fundraising activities.)</li> </ul>



## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you	<ul style="list-style-type: none"> <li>We can use your health information and share it with other professionals you are treating you.</li> </ul> <p>Example: We may consult with another clinical staff member on procedures, resources, referrals and other information to insure we are providing you with the highest quality of care.</p>
Run our organization	<ul style="list-style-type: none"> <li>We can use and share your health information to run our practice, improve your care and to contact you when necessary.</li> </ul> <p>Example: Our administrative staff may access your information to contact you to reschedule an appointment or to complete billing for the services you receive.</p>
Bill for your services	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and receive payment from health plans and other entities.</li> </ul> <p>Example: We will give information about you to your health insurance plan so it will pay for your services.</p>

## How else can we use or share your health information?

We are allowed or required to share your health information in some other ways, as applicable to the services we provide.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>Preventing disease</li> <li>Helping with product recalls</li> <li>Reporting adverse reactions to medications</li> <li>Reporting suspected abuse, neglect, or domestic violence</li> <li>Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
Do research	We can use or share your information for health research
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations (Note: Littlefield Psychological Services, Inc. does not share information with organ procurement organizations)
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul>
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available to you in our office.
- If you believe your rights have been violated, you may file a complaint with the HIPAA Privacy Officer by sending a letter outlining your concerns to: Littlefield Psychological Services, Inc. 10451 W. Palmaras Dr #135W, Sun City, AZ 85373 You may also file a complaint with the U.S. Department of Health and Human Services.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

I have reviewed this Notice of Privacy Practices for Littlefield Psychological Services, Inc and have been offered a copy for my records.

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client is a minor:

Parent/Guardian Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_