

Confidential Patient Information

Today's Date: _____

Gender:

Patient's Name:

Birth Date:

Home Address:

Home Phone:

City/State/Zip:

Patient Cell:

For Adult Patients:

Employer's Name

Work phone

Spouses Name

Or Marital Status

Referred BY:

Patient Registration Policy/Payment address and Doxy.me information

1. I understand that the initial meeting is for evaluation and to determine if a working relationship with PaulaHamm, LPC, PC Psychoanalyst, can be established.
2. I understand that Paula Hamm is in solo private practice and does not share clinical responsibilities with other clinicians in an office suite.
3. I agree to pay in full on my first visit and each visit thereafter during the evaluation session, which can extend to 4 to 6 sessions. Once a treatment plan is agreed on (i.e., number of sessions per week), payment will continue to be weekly. A superbill (for insurance purposes) will be delivered by e-mail unless otherwise discussed at the end of the month. Please send payment electronically via Venmo to the same email address, Venmo-PaulaJHamm@gmail.com. If you prefer to pay by check, I will provide an address for mailing it.
4. The fee per session is \$310.
5. I clearly understand and agree that I am charged directly, and I am personally responsible for payment of all services rendered to me.
6. I agree that if I default on payment, I will pay collection costs, attorney's fees, and all court costs resulting from collection actions.
7. **I agree that if I am unable to reschedule an appointment during the week, a charge for the time will be incurred.**
8. **Tele-medicine as of March 2020/Revised July 2021:**

TO ACCESS your appointment on _____, I will send you a Zoom link upon receipt of patient registration and first payment. This will bring you into my virtual waiting room. There is a pre-call test for you to make sure your volume and microphone work. Please try using earpods or a headset connected to your computer at sign-in to ensure a good connection. (EarPods, earbuds, or headsets help eliminate feedback sound.) If, for any reason, you have difficulty signing in, I have my cell phone right next to me; you can call me at (703) 201-9958, and we will navigate the system together if needed. I also have a private room on Zoom. Please sign and send it back to me on or before the first appointment. If you have any questions or concerns, we can discuss them at the first session.

I have read the Patient Registration Policy, and my signature below indicates that I understand and agree to it. Also, signing this, I agree to the telehealth format.

Please sign, print out, take a picture with your phone, and upload it to my email address, PaulaJHamm@gmail.com, before our first appointment.

Signature of Patient

Date