Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

REGISTRATION INFORMATION

(Please Print)

Patient Name:_____Date:_____-_____-_____
Last First Middle Initial

Birthdate: _____-_____-_____Age:_____ ____Male, ___Female, email: _____

Race (optional):_____ Marital Status: Single___; Married___; Widowed___; Separated___; Divorced___

Home Address:_____ Home Phone: (____)_____-_____

City:_____ State:_____ Zip:_____ Cell Phone: (____)_____-_____

Patient Social Security #:_____ Driver's License #:_____

Employer:_____ Occupation:_____

Work Address: _____Work Phone: (____)_____-_____

City:_____ State:_____ Zip:_____

Referred by:_____Family Physician:_____

Responsible Party:_____ Relationship to Patient:_____

Home Address:_____ Home Phone: (____)_____-_____

City:_____ State:_____ Zip:_____ Cell Phone: (____)_____-_____

Responsible Party Social Security#:_____ Driver's License #:_____

Employer:_____ Occupation:_____

Work Address: _____Work Phone: (____)_____-_____

City:_____ State:_____ Zip:_____

Emergency Contact: _____Relationship to Patient:_____

Address:_____ Home Phone: (____)_____-_____

City:_____ State:_____ Zip:_____ Cell Phone: (____)_____-_____

Work Phone: (____)_____-_____

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

PATIENT SERVICES AGREEMENT

This Agreement contains information about privacy and patient rights. As required by law, your Notice of Privacy Practices for use and disclosure of Private Health Information (PHI) is available from Dr. Hanselka's office at 817-266-4260. The law requires that he obtain your signature acknowledging that you were provided this information. Your signature represents a revocable agreement between us. A written revocation will be binding on Dr. Hanselka unless he has taken action in reliance on it; or if you have not satisfied any financial obligations you have incurred.

PSYCHOTHERAPY SERVICES: The nature of Psychotherapy varies depending on the personalities of the therapist and patient. In order for the therapy to be successful, you will have to work on things talked about both during sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. However, benefits of psychotherapy include better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

Your therapist will evaluate your needs and offer treatment recommendations. You can discuss any questions you may have. If you have persistent doubts, your therapist will help you get a second opinion.

MEETINGS: Psychotherapy sessions consist of one 45 to 50-minute session. **Once an appointment hour is scheduled, you will be expected to give 24 hours advance notice of cancellation or pay the full fee for the missed appointment. Please note that insurance companies do not pay for cancelled sessions.**

PROFESSIONAL FEES: The fee schedule is attached. The fees you pay may differ. If you require Dr. Hanselka's participation in legal proceedings, you must pay for all of the professional time including preparation and transportation costs. There is a fee for returned checks.

CONTACTING DR. HANSELKA: If you need to contact Dr. Hanselka between sessions, you may call him at (817)266-4260. If Dr. Hanselka is unavailable and cannot answer your call, please leave a message and your call will be returned as soon as possible. Dr. Hanselka checks his messages several times during the daytime only, unless he is out of town. If an emergency situation arises, indicate it clearly in your message. If you cannot reach Dr. Hanselka and need to talk to someone or see someone right away, call or go to your Family Physician, Psychiatric Emergency Services, Green Oaks Hospital, 7808 Clodus Fields Drive, Dallas: (972)770-1032, the 24-hour Suicide and Crisis Center of North Texas crisis line: (214) 828-1000, or the Police: 911. Please do not use email or faxes for emergencies.

LIMITS OF CONFIDENTIALITY: The law protects communications between a patient and a mental health provider. Typically, information about your treatment is only released to others if you sign a written Authorization form. This signed Agreement provides consent for the following:

- Dr. Hanselka may need to consult other professionals about a case. Every effort is made to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. If you don't object, you will not be told about these consultations unless Dr. Hanselka feels that it is important to your work together.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient seriously threatens to harm himself/herself, Dr. Hanselka may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where Dr. Hanselka may disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your treatment, such information is protected by law. Dr. Hanselka cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order Dr. Hanselka to disclose information.
- If a government agency requests information for health oversight activities, we may be required to provide it.
- If a patient files a complaint or lawsuit against Dr. Hanselka, he may disclose relevant information regarding that patient for the purpose of legal defense.
- If a patient files a worker's compensation claim, Dr. Hanselka must, upon request, provide records relating to treatment or hospitalization for which compensation is being sought.

There are some circumstances where disclosure is required by law:

- When there is a reasonable suspicion of child, dependent, or elder abuse or neglect;
- When a patient presents a danger to self, to others, to property, or is gravely disabled; or
- When a patient's family members communicate to Dr. Hanselka that the patient presents a danger to others.

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

PROFESSIONAL RECORDS: Protected Health Information about you is kept in two sets of records. Your Clinical Record includes information about your reasons for seeking therapy, your diagnosis, treatment goals, medications, your progress, your medical and social history, your treatment history, any past treatment records received from other providers, reports of professional consultations, and reports that have been sent to anyone, including reports to insurance carriers. Typically, you may examine and/or receive a copy of your Clinical Record. If Dr. Hanselka refuses your request for access to your Clinical Record, you have a right of review.

Psychotherapy Notes assist Dr. Hanselka in providing treatment. They contain the sensitive information that you may reveal. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. You may examine and/or receive a copy of your Psychotherapy Notes unless Dr. Hanselka determines that release would be harmful to your physical, mental, or emotional health.

PATIENT RIGHTS: You have some rights regarding your protected health information including requesting that Dr. Hanselka amend your record; requesting restrictions on what is disclosed to others; requesting an accounting of most disclosures of protected health information that you have not authorized; determining the location to which protected information disclosures are sent; having complaints about Dr. Hanselka policies and procedures recorded in your records; and a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures.

MINORS & PARENTS: The law allows parents to examine a minor child's treatment records unless the treatment is for suicide prevention, chemical addiction, or sexual, physical, or emotional abuse. Because privacy is often crucial to success, Dr. Hanselka will typically provide parents only with general information the child's treatment. Before giving parents any additional information, Dr. Hanselka will discuss the matter with the child.

BILLING AND PAYMENTS: Payment is due at each session, unless prior arrangements have been made. Please notify Dr. Hanselka if any problems arise during the course of therapy regarding your ability to make timely payments. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Dr. Hanselka has the option of using legal means to secure payment. Use of a collection agency or small claims court will require us to disclose otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. [If such legal action is necessary, its costs will be included in the claim.]

INSURANCE REIMBURSEMENT: Dr. Hanselka does not participate in any health insurance company provider panels and does not accept insurance. If you carry insurance and wish to file for reimbursement, you should check with your health insurance company to see if your policy offers an out-of-network benefit for mental health services. If requested, Dr. Hanselka will provide you with a copy of your invoice on a monthly basis, which you can then submit to your health insurance company for reimbursement, if you so choose.

Your contract with your health insurance company might require that Dr. Hanselka provide information such as a clinical diagnosis, treatment plans or summaries, or copies of your entire Clinical Record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, Dr. Hanselka has no control over what they do with it once it is in their hands. By signing this Agreement, you agree that Dr. Hanselka can provide requested information to your carrier.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE HAD THE OPPORTUNITY TO READ AND RECEIVE A COPY OF THE HIPAA PRIVACY NOTICE DESCRIBED ABOVE.
A copy of this document is available upon your request.

SIGNATURE: Patient:_____ Date: _____-_____-_____

Or Parent, Guardian, or Personal Representative: _____

If the patient is under age or has a guardian appointed by the court, this agreement must be signed by the patient's legal guardian. If the agreement is signed by a personal representative of the patient, a legal description of such representative's authority to act for the patient must be provided.

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

PATIENT SERVICES AGREEMENT
STANDARD FEE SCHEDULE

This is Dr. Hanselka's standard fee schedule. These are the fees you will be expected to pay at the time service is rendered, unless different payment arrangements have been made.

SERVICE	FEE
Initial Psych diagnostic Interview	150
Psychotherapy, 60+ min.	200
Psychotherapy, 45-50 min.	150
Interactive Complexity	10
Psychological Testing, per hour	250
Family or Couples Therapy, 45-50 min.	200
Family or Couples Therapy, 75-80 min.	300
Preparation of material for an attorney, per hour	250
Testimony by Deposition, per hour including travel time	400
Courtroom testimony, per hour including travel time Four hour retainer required	600
Returned Check Fee	50
Disability Paperwork, per occurrence	50
Diagnostic Letter	25
Missed Appointment (without 24 hr. notice), Full Fee.	

The above table represents Dr. Hanselka's standard fees. This schedule covers the majority of his services.

Your signature below signifies that you have read this fee schedule and understand it as a part of the Patient Services Agreement.

SIGNATURE: Patient:_____Date: _____-_____-_____

Or Parent, Guardian, or Personal Representative: _____

If the patient is either under age or has a guardian appointed by the court, this agreement must be signed by the patient's legal guardian. If the agreement is signed by a personal representative of the patient, a legal description of such representative's authority to act for the patient must be provided.

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

AUTHORIZATION FOR CONFIDENTIAL HANDLING OF HEALTH INFORMATION

This form instructs and authorizes Dr. Hanselka about how to communicate confidential information, including information about appointments.

Name of Patient_____, Name of contact_____.
(Patient, parent, guardian, personal representative)

I, undersigned Patient, Parent, Guardian or Personal Representative authorizes Dr. Hanselka to contact me in the following ways:

	Number or Email	May leave a message:	Check or rank preferred way:
Home Phone:		__Yes __No	
Work Phone:		__Yes __No	
Cell Phone:		__Yes __No	
Fax:		__Yes __No	
Email:		__Yes __No	

Other persons Dr. Hanselka may contact:

Name	Relationship	Number(s) and/or email	May leave a message:
			__Yes __No
			__Yes __No
			__Yes __No

I further authorize Dr. Hanselka to contact the Emergency Contact listed on the first Registration page in case of emergency.

Special instructions:

Please list any special instructions for contacting you or for sharing your private health information _____

_____

_____

SIGNATURE: Patient:_____Date: _____-_____-_____

OR Parent, or Guardian, or Personal Representative: _____

If the patient is either under age or has a guardian appointed by the court, this request must be signed by the patient's legal guardian. If the request is signed by a personal representative of the patient, a legal description of such representative's authority to act for the patient must be provided.

Larry L. Hanselka, Ph.D.

Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

INSTRUCTIONS: To provide coordinated care, Dr. Hanselka may find it beneficial to communicate with your Primary Care Physician. Your signed, written Authorization is required for exchange of information with your Primary Care Physician. It is your right to agree or refuse to agree to such a release. If you agree to release this information, it can be very helpful to Dr. Hanselka and to your Primary Care Physician in coordinating your total health care. If you do not wish communication with your Primary Care Physician, sign at the right and return. _____

AUTHORIZATION TO RELEASE INFORMATION / PROTECTED HEALTH INFORMATION

I, _____, authorize _____
(Your name) (Dr. Hanselka's name)
to release to and/or obtain from:

Name of person or organization: _____

Address: _____

_____

_____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

The information regarding _____ , Date of Birth _____-_____-_____.

I, the undersigned, understand that I may revoke this authorization, in writing, at any time except to the extent that action has been taken in reliance upon it or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. In any event, this consent shall expire six (6) months after the date of patient discharge from treatment, unless another date, event, or condition is specified.

Optional: Specified date_____-_____-_____, or event _____ or condition_____.

I further understand that services may not be made contingent upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party. I further understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of your information and may no longer be protected by the HIPAA Privacy Rule.

By my signature below, I am authorizing the purpose of the release to be at the request of the individual unless otherwise stated below. I am also authorizing release of any and all protected health information unless otherwise stated below.

Optional: Purpose of release of information _____.

Optional: Released information will be limited to: _____

_____

SIGNATURE: Patient:_____Date: _____-_____-_____

Or Parent, Guardian, or Personal Representative: _____

If the patient is either under age or has a guardian appointed by the court, this authorization must be signed by the patient's legal guardian. If the authorization is signed by a personal representative of the patient, a legal description of such representative's authority to act for the patient must be provided.

Larry L. Hanselka, Ph.D.
Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

Functioning and Symptom Scale

Robert F. Mehl III, Ph.D.

Name: _____Date:_____/_____/_____

Person completing form: _____Self _____Parent/Guardian

Please mark the extent to which each item has applied to you during the past seven (7) days.

If you are a parent or guardian completing the form on behalf of your minor child, please mark the extent to which you believe each item has applied to your child during the past seven (7) days.

Please mark only one response per item. Please answer every item. Forms with unanswered items or multiple responses per item may invalidate the entire questionnaire.

Work quickly but carefully without spending too much time on each item.

		None	A little bit	Moderate	Quite a bit	Extreme	
Feeling overwhelmed with too much to do to get things done.....							[1]
Loss of interest in normal activities.....							[2]
Feeling unappreciated.....							[3]
Feeling tired.....							[4]
Problems attending work or school							[5]
Loss of appetite.....							[6]
Feeling blamed by family members.....							[7]
Difficulties with memory or concentration.....							[8]
Wanting to avoid being around people.....							[9]
Loss of interest in sex or romance.....							[10]
Feeling that no matter what I do, I still seem to get into trouble…….							[11]
Feeling nervous or agitated inside.....							[12]
Problems in completing normal household chores.....							[13]
Sudden or general feelings of fear or panic..							[14]
Feeling others complain too much about drinking, drugs, or prescription use.....							[15]
Shortness of breath.....							[16]
Feeling unhappy.....							[17]
Trouble sleeping.....							[18]
Physical health has interfered with ongoing activity.....							[19]
Feeling tense.....							[20]
Problems concentrating on work or school.....							[21]
Feelings of weakness.....							[22]
Wanting to break, smash, or destroy things.....							[23]
Suicidal feelings or actions.....							[24]
Not feeling close to family members.....							[25]
Feelings are frequently or easily hurt.....							[26]
Lack of exercise.....							[27]
Feeling that something is wrong with my mind.....							[28]
Feeling angry at others.....							[29]
Feeling unliked by others.....							[30]
Feeling that authorities are to blame for some of my problems.....							[31]
Feeling inadequate.....							[32]

Larry L. Hanselka, Ph.D.

Clinical & Consulting Psychologist

8330 Meadow Road ● Suite 200 ● Dallas, Texas 75231
● (817) 266 – 4260 ●

		None	A little bit	Moderate	Quite a bit	Extreme	
Neglecting hygiene, cleanliness, or neatness.....							[33]
Feeling hopeless about the future.....							[34]
Using prescription medications for pain, tranquilizing, or sleeping							[35]
(whether prescribed or not)							[36]
Feeling lonely.....							[37]
Feeling distressed.....							[38]
Specific fears (such as spiders, snakes, closed spaces, heights, etc.)...							[39]
Getting sick quite easily.....							[40]
Feeling unsafe outside of home.....							[41]
Problems working as carefully as usual.....							[42]
Guilty feeling.....							[43]
Feeling out of control of my temper.....							[44]
Not feeling worthwhile.....							[45]
Feeling angry or irritated at family members.....							[46]
Preoccupied with sex.....							[47]
Not taking time to relax.....							[48]
Feeling unable to control thoughts or activities.....							[49]
Not as able to participate in regular social activities.....							[50]
Feeling unable to control feelings.....							[51]
Having to take orders from those who know less than I do...							[52]
Concerned with weight.....							[53]
Spending more money than is available.....							[54]
Problems with thoughts going too fast.....							[56]
Using illegal drugs.....							[57]
Feeling dissatisfied with things.....							[58]
Having disturbing thoughts.....							[59]
Having difficulty with ongoing pain.....							[60]
Seeing or hearing things others do not.....							[61]
Problems finishing work or schoolwork.....							[62]
Feeling that others are out to get me.....							[63]
Feeling like injuring or hurting myself.....							[64]
Unable to complete tasks.....							[65]
Feeling family members are just out for themselves.....							[66]
Feeling depressed.....							[67]
Difficulty allowing leisure time for myself.....							[68]
Feeling anger.....							[69]
Sensing increasing conflict with others.....							[70]
Feeling others get in the way of my happiness.....							[71]
Getting into trouble with authorities.....							[72]
Feeling others are in control of my mind.....							[73]
Not eating regular meals.....							[74]
Having frequent aches and pains.....							[75]
Drinking alcohol.....							[76]
Having difficulty making decisions.....							[77]
Fears of abusing children.....							[78]
Feeling physically unhealthy.....							[79]
Avoiding open spaces.....							[80]
Feeling like injuring, beating, or hurting someone else.....							[81]
Avoiding crowds.....							[82]