



Thank you for choosing Sandhill Counseling & Consultation, LLC. We look forward to working with you. Attached you will find new client paperwork. **Please print and complete all of the paperwork and bring it with you to the first session.** If you need assistance completing the paperwork, please ask your Nutrition Practitioner for assistance at the time of your appointment.

Please remember that Nutrition Consultation services offered at Sandhill are not submitted to your managed health care provider. All services rendered are considered private pay. All services and costs will be presented to you at your initial consultation.

The office address is: 801 South Woodlawn Avenue, Suite 15, O'Fallon, MO 63366. There are helpful driving and parking directions on our website: <http://www.sandhillcounseling.com/contactus.html>

When you arrive, please make yourself comfortable in the waiting room. Your practitioner will greet you in the waiting room at the time of your scheduled appointment.

In the event that you need to reschedule or cancel your initial appointment, please contact your practitioner directly as soon as possible, and at a minimum, 24-hours prior to your scheduled appointment. There are many clients seeking appointments and we want to be available to all clients in a timely manner. A directory of our nutrition practitioners can be found on our website at <https://www.sandhillcounseling.com/nutrition-consulting.html> or by calling our main number and dialing '0'.

Kindly,
Monica Lieser

Owner & Clinical Director
Sandhill Counseling & Consultation, LLC

FOR CLINICIAN USE ONLY	
CLINICIAN'S NAME:	
<input type="checkbox"/>	Signed Informed Consent (p. 5)
<input type="checkbox"/>	Initialed Notice of Privacy Practices (p. 5)
<input type="checkbox"/>	Signed Financial Agreement (p. 7)
<input type="checkbox"/>	Listed Referring Source, if applicable (p. 9)



INFORMATION, POLICIES, AND INFORMED CONSENT - NUTRITION

CONTACT INFORMATION

801 South Woodlawn Avenue, Suite 15, O'Fallon, MO 63366
Phone: 636.379.1779 Fax: 636.634.3496

Website: www.sandhillcounseling.com
Email: info@sandhillcounseling.com

EMERGENCY PROCEDURES

If you, or a family member, are in crisis, please call Behavioral Health Response at 314-469-6644 (www.bhrstl.org). If you or a family member is having a mental health emergency, such as feeling like you may hurt yourself or another person, please call 9-1-1 or go to the nearest emergency room for an immediate psychiatric evaluation.

GENERAL PRACTICE INFORMATION

For information regarding the licensed practitioners at Sandhill Counseling & Consultation, LLC (SCC) and our philosophy for therapy, please visit our website at www.sandhillcounseling.com.

OFFICE HOURS & PHONE CONTACT

Office hours are practitioner-specific. Please speak with your practitioner to clarify work hours and scheduling. If your practitioner is not available to take your call, a confidential voice mail is available to leave a message. To contact your practitioner or reach their voicemail, please dial the main office phone number at 636.379.1779 then dial their extension. A directory of phone numbers is available by dialing '0' or can be found on our website at www.sandhillcounseling.com/therapistdirectory.

Making or changing appointments, discussing bills, etc., can be handled by leaving a message on your practitioner's confidential voice mail. Your call will be returned as soon as possible. For fees potentially associated with telephone contacts, see "FEES" below.

ANTICIPATION OF NUTRITION CONSULTING PROCESS

As a client you can expect...

- your practitioner to listen to your concerns in a confidential setting as described below.
- your practitioner to be knowledgeable and skilled in the application of nutrition consulting strategies.
- your practitioner to provide appropriate referrals if necessary to other individuals, groups, or agencies.
- your practitioner to be an active participant in the consulting process.
- friendly, caring assistance.

COMMON EXPERIENCES IN NUTRITION CONSULTING

Clients may seek Nutrition Consulting for the treatment of eating disorders, concerns related to body image, fitness, sports nutrition, intuitive eating, weight management, medical conditions requiring diet modification, and postoperative bariatric surgery diets. Nutrition Consultants can also assist you with: planning your meals, going grocery shopping, dining out as a meal or snack exposure and incorporating challenge foods.

Nutrition Consulting helps people change their relationship to food by emphasizing balance, variety and moderation within the framework of "neutralizing" food. Emphasizing no "good" or "bad" food. We believe all of us can have a happy, joyous and satisfying relationship to food. Some topics may include food rules, distortions, beliefs and rituals; normalize eating, recovery, and relapse prevention, body image, and movement.

Attending Nutrition Consulting is a step in enhancing and developing a positive self-image for individuals, couples and families. The process is designed to increase personal awareness. This initially may be emotionally painful, and cause feelings of anxiety, frustration, or depression, as your concerns are being thoroughly explored and working towards resolution. This is an expected part of the process, and is not an indication of lack of progress. It is our sincere belief that nutrition services can enable clients to improve their relationships with food, their body, with others as well as a relationship with the self. Sandhill Counseling & Consultation, LLC is thankful to have the opportunity to work with you and your family members to develop a healthier, more rewarding life.

INFORMATION, POLICIES, AND INFORMED CONSENT – CONTINUED ON NEXT PAGE



CONSULTING SESSIONS

To gain the full benefits of nutrition consulting it is strongly encouraged that you fully participate in the sessions through regular attendance and willingness to try alternative perspectives for both the problem and the solutions. It is difficult to determine how many sessions will be necessary for an individual, couple, or family to make significant and long-lasting changes. If you are contracting for services other than what is listed below, a separate, service-specific informed consent will be signed between you and the practitioner.

Get Acquainted Session

The get acquainted session will consist of a complimentary 15-minute meeting to discuss your overall nutritional concerns and needs, and will help you to gain an understanding of nutritional consulting.

Nutrition Consulting

Clinical concerns include but are not limited to diabetes, cardiovascular diseases, gastrointestinal issues, metabolic problems, food allergies, the need for weight gain or loss, stunted growth, pre- and post- bariatric treatment, and helping children and adults who are extreme picky eaters. The *initial assessment* consists of one 60-minute session. The session will comprise of an in-depth evaluation of your current lifestyle and eating habits, overall personal and family health history, and begin the goal setting process. The session may also include assessing your vital signs including height and weight and blood pressure. Follow-up *consulting sessions* can be 30-minutes, 45-minutes, or 60-minutes, based on need.

Eating Disorder Recovery

Eating Disorder Recovery consists of a 60-minute *initial assessment* and follow-up *consulting sessions* as determined by your practitioner. Evidence based practices are used for the treatment of eating disorders. Some of these treatments include Cognitive Behavioral Therapy (CBT), Exposure and Response Therapy (ERP) and Family Based Treatment (FBT), also called Maudsley Approach, may be used the treatment of adolescents suffering with eating disorders.

The Body Project

The Body Project developed by NEDA (National Eating Disorders Association) is backed by two decades of research and evaluation data. The Body Project gives high school and college-aged girls the tools and skills to confront unrealistic beauty ideals and engages them in the development of healthy body image. The program has repeatedly been shown to effectively reduce body dissatisfaction, negative mood, unhealthy dieting and disordered eating. The Body Project is a group based intervention program that provides a forum for young women who have internalized the societal appearance-ideal to critique it in verbal, written and behavioral exercises. The Body Project consists of a group of 6-12 girls for *four one-hour, or six 45-minute group sessions*.

CONFIDENTIALITY

The privacy of your nutrition consultation is considered to be of the utmost importance to your practitioner. Your relationship with SCC and information in your case file will be kept private and confidential. The practitioners at SCC will have access to each client file. Consultation about cases is encouraged between all practitioners at SCC. An exception will be made if there is a dual relationship as defined by Codes of Ethics. As a client, you may also ask that your practitioner not consult with the other practitioners at SCC. This request must be in writing.

There are times when information must and /or should be shared with others outside of the practice. In some of these instances, a written release from you as the client(s) is not necessary. In situations where a written consent is necessary and there are multiple clients who are part of therapy/consultation (e.g., couple, family group, and other select instances), all clients will need to sign a written consent for the practitioner to release confidential information.

Legal and Ethical Issues – Missouri State Law *requires* all therapists and licensed practitioners to report any suspected or past cases of child or elder abuse to the Division of Family Services. In addition, whenever a therapist or practitioner has concerns that you may present a danger to yourself or others, legal and ethical standards require that steps be taken to ensure the safety of those in danger. Most of the time, this can be done within the privacy of the consultation office. However, there are occasions when your family, your doctor, hospital, the potential victim, or even the police must be notified. Finally, if a court of law issues a legitimate court order (signed by a judge), we are required by law to provide the information specifically described in that order. Your written consent is not necessary in these situations.

INFORMATION AND POLICIES, AND INFORMED CONSENT – CONTINUED ON NEXT PAGE



Physician Collaboration – Communication between your practitioner and your physician may be necessary for continuity of care. This communication is at the permission of you, and a signed consent form must be on-file with SCC.

Email – By providing SCC with your email address or contacting SCC via email, you give consent for communication between you and SCC for non-consultation communications including: scheduling appointments, sending statements, SCC newsletters and practice information, and client paperwork. SCC email communications are encrypted. Your email address will never be sold or shared with any other parties.

It should be noted that SCC cannot guarantee emails will be opened in a timely manner; however every effort will be made to open and respond to emails within 24 hours of receipt of email.

Email communications should not to be used for emergency or therapeutic matters. If you or family members are having an emergency, such as feeling like you may hurt yourself or another person, please call Behavioral Health Response at 314-469-6644, dial 9-1-1 or go to the nearest emergency room for an immediate psychiatric evaluation.

CLIENT RESPONSIBILITY REGARDING CONFIDENTIALITY

Please do not reveal any information about any client or other visitor you may see or meet at SCC. This will help protect the privacy and confidentiality of all clients and their families.

PREPARATION OF WRITTEN DOCUMENTS & COPIES OF MEDICAL RECORDS

Preparation of reports, clinical summaries and letters **requested by you** will require a fee based on the time spent in its preparation. Report writing is charged at a rate of \$125.00 per hour. Payment is paid upon receipt of prepared documents. Parameters surrounding the release of client records can be addressed with your practitioner. As noted above, when multiple clients have been treated together, all clients will need to sign a written consent for the practitioner to release confidential information. To cover time and cost to copy and mail, there is a Medical Records Handling Charge of \$25.00 per each request to release records.

INFORMED CONSENT – CONTINUED ON NEXT PAGE



INFORMED CONSENT – NUTRITION

- Nutrition and exercise are intended to promote general health and wellness and are not intended to replace your primary physician’s care or medical intervention. All nutritional assessment, suggestions and consultation on nutrition, diet, and exercise are based on your input.
- You acknowledge that you have the ability to review all diet, nutrition, lifestyle, or exercise suggestions with your primary care provider before following said suggestions.
- Any activity or program may have inherent risks, which may be relative to your state of health, fitness, awareness, care and skill to which you conduct yourself. You agree to inquire about any activities with which you are not familiar, and provide any information, which may limit your participation in suggested activities.
- Results and changes in your general health and wellness may vary depending on medical conditions, medications, and accuracy in following suggested guidelines.
- As your general health and wellness may change with modifications in diet, nutrition and lifestyle, physician prescribed medications may require modification. It is your responsibility to discuss this with your physician. Never reduce or eliminate physician prescribed medications without the direction of your physician or medical care provider.
- You give permission for the information provided on this form and discussed in your nutritional consultation(s) to be shared and discussed with the primary care physician you have listed on this form, at the discretion of the clinical nutritionist and in the interest of your general health and wellness.
- Nutrition practitioners reserve the right to refuse services to any individual.

After you have carefully read this information and have received satisfactory answers to any of your questions that may have surfaced, please sign this contract below. **Anyone over 18 years old must sign this form in order to be treated through Sandhill Counseling & Consultation, LLC. Parents or legal guardians must sign for persons under 18 years old.**

I have read and understand the above information and agree to these policies. I agree to receive professional nutrition consulting services from the licensed nutrition practitioners at Sandhill Counseling & Consultation, LLC and I understand that I am free to discontinue treatment at any time and I will be responsible for all sessions already completed and any unpaid balances.

Client Signature & Printed Name

Date

(In the case of a minor) Responsible Party Signature & Printed Name

Date

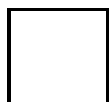
Nutrition Practioner Signature

Date

At times, there are persons who join the nutrition consulting process who are not identified as the “client”, however are important to treatment. By signing below, you acknowledge this is a health care setting. The protections in place through our practices’ HIPAA policies protect you to the same degree as the primary patient. If a minor is joining the therapy process, the parent or legal guardian must consent to this participation by signing below.

Signature

Date



INITIAL HERE to acknowledge that you have read the Notice of Privacy Practices and that a copy of the Notice has been provided to you upon your request. The notice is available in our waiting room and on our website: <http://www.sandhillcounseling.com/makeanappointment.html>



FINANCIAL AGREEMENT - NUTRITION

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility. PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING A CLINICIAN. WE WILL REQUEST TO PHOTOCOPY OF YOUR INSURANCE CARD(S) AND A PHOTO ID FOR YOUR FILE.

You are responsible for the timely payment of your account. Should it become necessary for us to use an outside agency to collect payment from you, you will be obligated to pay to us, to cover the costs of using a collection agency, and additional amount equal to 30% of your total unpaid balance at the time a collection agency is brought in to collect your account. WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, AMERICAN EXPRESS, or DISCOVER. THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us special concerns.

FEES

SERVICE	FEE
GET ACQUAINTED SESSION (15 MINUTES)	COMPLIMENTARY
INITIAL ASSESSMENT (60 MINUTES)	\$125
60-MINUTE CONSULTING SESSION	\$95
45-MINUTE CONSULTING SESSION	\$75
30-MINUTE CONSULTING SESSION	\$55
15-MINUTE (OR LESS) PHONE CONSULTING	\$25 MINIMUM
GROUP TREATMENT SESSIONS	\$60

PAYMENTS

Payment must be made at the time of service, via cash, check or credit card. All Nutrition Consulting services are private-pay at Sandhill Counseling & Consultation, LLC. A receipt is available for all services rendered. Receipts will be issued electronically unless requested differently.

Checks

Checks are made payable to *Sandhill Counseling & Consultation, LLC*. Checks returned due to insufficient funds, will be billed to the client at a rate of \$25.00 per returned check and your therapist will not accept future checks. Future payments must be paid in cash or by credit card at the time of service.

Credit Cards

It is our practice policy to keep a credit card on file for all clients in the practice. You may still choose to pay for your balances using another form of payment. Credit Card information is securely stored in our Electronic Health Records System

FINANCIAL AGREEMENT – CONTINUED ON NEXT PAGE



FINANCIAL AGREEMENT - CONTINUED

ELECTRONIC STATEMENTS & BILL PAY

All client accounts are reviewed monthly. **If there is a balance due, not otherwise addressed by a credit card on file, a statement will be electronically delivered to the email address on file. Paper statements will be mailed to the address on file if there is no email address on file or if requested by the client.**

To access your electronic statement you will use a login and password, as your statement is considered Protected Health Information.

LOGIN: Client's last name all lowercase

TEMPORARY PASSWORD: Client's last name all lowercase followed by the last 4 digits of the primary phone number on the account. You will be asked to change your password after logging in for the first time.

CHILD NUTRITION THERAPY

In the case of minor children, the parent bringing the child in for treatment will be held responsible for payment at the time of service. **THERE ARE NO EXCEPTIONS TO THIS POLICY.**

Divorced/Separated parents of minor patients - The parent who consents to the treatment of a minor child is responsible for payment of services rendered. Sandhill Counseling & Consultation will not be involved with separation or divorce disputes.

CANCELLED AND MISSED APPOINTMENTS

An appointment is reserved for you. If you must cancel an appointment, **you must call the office and/or leave a message with your practitioner at least 24 hours in advance to avoid a Missed Appointment Fee.** Messages must be left with your practitioner, not with the Intakes Manager or Clinical Director. The Missed Appointment Fee is \$50.00 for nutrition clients and you will be billed directly. The missed appointment fee is due on or before the next scheduled appointment. *Credit card information previously stored in our secure records will be billed at the time of the missed appointment.* Repeated missed appointments or late cancellations may result in your treatment being terminated. If you have not attended treatment in 6 months or more and/or we have attempted and were not able to contact you for a period of one month, your file and consultation services will be considered closed. A client may resume services at anytime.

Client/Guardian Signature: _____

Date: _____



CREDIT CARD AUTHORIZATION

Sandhill Counseling & Consultation, LLC uses an integrated electronic medical record-keeping system for client charts and billing. This form serves as an authorization to input your credit card information into our secure system and charge it when a balance on your account exists. This form is required for all clients. The following are examples of charges that we would run on your credit card: co-payments, deductibles, document preparation/report-writing fees, consulting services, late cancel and no-show fees and returned checks. *

REQUIRED FOR ALL CLIENTS

Type of Card (check one) MASTERCARD VISA AMERICAN EXPRESS DISCOVER

Type of Card (check one) CREDIT or DEBIT

Name of Cardholder: _____

Card No. _____

Expiration date: _____ CVV Code: _____

Billing address including zip code:

Street: _____

City: _____ Zip Code: _____

Authorizing signature: _____ Date: _____

Client name (printed): _____

Therapist's name: _____

***Should you choose not to pay for charges with a credit card, you may pay using cash or check.**

***You may also choose to store a Health Savings Account (HSA) card on file for fees billable to HSA accounts. Please note; missed session fees are not billable to HSA cards.**

OPTIONAL: HEALTH SAVINGS ACCOUNT (HSA) CARD

Name of Cardholder: _____

Card No. _____

Expiration date: _____ CVV Code: _____

Billing address including zip code:

Street: _____

City: _____ Zip Code: _____

Authorizing signature: _____ Date: _____



REGISTRATION AND INTAKE FORM - NUTRITION

Thank you for providing the information requested on this form. This is considered confidential information.

Today's Date: _____

CLIENT CONTACT INFORMATION

Name: _____ Date of Birth _____

Spouse/Partner Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip Code: _____

*Please indicate with an * which phone numbers we may NOT leave a message*

Home phone _____ Work phone _____ Cell phone _____

Email address: _____

Please review Sandhill's "Information and Policies" regarding use of email correspondence. Statements will be sent electronically using the email address provided. Check the box if you prefer statements by mail.

Person to contact in case of an emergency:

Name	Phone #	Relationship
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REFERRAL INFORMATION

How did you find out about Sandhill Counseling & Consultation, LLC? (check appropriate box)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Friend(s)/Neighbors | <input type="checkbox"/> Family Member | <input type="checkbox"/> Web Search/Internet | <input type="checkbox"/> School System |
| <input type="checkbox"/> Lawyer/Mediator | <input type="checkbox"/> Therapist | <input type="checkbox"/> Physician/Family Doctor | <input type="checkbox"/> Church/Synagogue |
| <input type="checkbox"/> Other (please specify) _____ | | | |

May we send a general thank-you note to this referring source? Yes No

If yes, to whom and where it should be sent? _____

APPOINTMENT REMINDERS

Appointment information is considered to be "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and requesting that it be handled as I have requested below. Missed appointment fees will still apply if the reminder message is not received.

Where would you like to receive an appointment reminder? (check one)

___ Via text message on my cell phone (normal text message rates will apply according to your contract)

___ Via email message to the address listed above

___ Via automated telephone message to my home phone

___ None of the above; I'll remember my appointments on my own

Signature: _____

Date: _____