

**Joseph Tooley, PhD
106-D Ridgeview Drive
Cary, North Carolina 27511
Phone: (919) 467-9995 Fax: (919) 467-8653**

WELCOME

Welcome to the Tooley Group! I look forward to our work together as a time of learning and positive growth for you and your family.

SCHEDULE OF FEES

All services, including individual, marital and family therapy and school consultations are \$140.00 per hour. Fees are payable in full each session and may be paid by check (payable to the "Tooley Group"), American Express, MasterCard, Visa, or cash.

APPOINTMENTS

Your appointment time is set aside for you and will be very difficult to fill on short notice. Please call as soon as possible to reschedule or cancel appointments by leaving a message with the secretary or her telephone voicemail. There will be the regular session charge for missed appointments unless notice of cancellation is received 24 hours in advance, or unless the cancellation is due to a genuine emergency. Payment will be due at the next therapy session.

Therapy sessions typically last from thirty-five to fifty minutes. Since the problems that brought you to therapy are unique and every session has its own pace, some sessions may be longer or shorter than others. The goal is to complete the therapy work, not fill a fifty-minute hour.

INSURANCE/PPO

The entire cost of each therapy session is your responsibility. Your insurance company or PPO may or may not reimburse you for the time with me. Please check your policy under "Out of Network Benefits for Mental Health" or contact your insurance company to determine your coverage. You remain responsible for payment of all fees whether reimbursement is made or denied by your insurance carrier or PPO.

CONFIDENTIALITY

All information that we share is confidential and the confidentiality is upheld at all time. However, there are certain exceptions to this rule:

- If you request that information be released as stated and signed in the "Release of Information/Consent Form."
- The law requires that all suspected child abuse be reported to the appropriate people must be contacted to prevent that occurrence.
- In legal proceedings, client/counselor information is privileged except when mental status is an issue or if the judge declares the information necessary for the administration of justice.

DISCLOSURE STATEMENT

I have discussed and/or received required disclosure or duty to information statement.

www.tooleysgroup.com

MINOR CHILDREN

I have legal custody of the following minor children: _____

I grant Joe Tooley permission to provide counseling services to my minor children.

MANAGED CARE

I grant Joseph Tooley permission to release information to the children's primary care physician
_____ and my primary care physician
_____.

READ CAREFULLY AND COMPLETE

I have read these business policies and understand and accept the policies as described. I understand that, irrespective of insurance, I am financially responsible for services rendered and that payment is due in full each session. I understand that I will be charged for appointments not canceled within 24 hours notice. I will pay _____ per counseling session as agreed upon.

BUSINESS POLICY COLLECTIONS

1. Payment for all services is due at the time of each session. You may pay by cash, check (payable to your therapist), Visa or MasterCard
2. A statement of any outstanding balance will be mailed to you the first week of each month. This balance is to be paid in full by the 25th of the month. Make checks payable to your therapist and mail to 106-D Ridgeview Drive, Cary, NC 27511.
3. If for any reason you are unable to pay your balance in full by the 25th of the month, you should contact our office or your therapist to establish a satisfactory monthly payment schedule.
4. If no payment or payment arrangement has been established within three months, we will refer the matter to our collection agent. In this circumstance, be aware that your right to confidentiality is curtailed. While no clinical information is revealed, your name, identifying information and the amount owed becomes available to these agents.
5. In the event that legal action should become necessary to collect an unpaid balance due for therapy services rendered to you or to your family, you will be liable to pay reasonable attorney fees or other such costs as the Court determines proper.
6. Other arrangements:

I have read this Business Policy and understand and accept the policy described above:

Signed: _____ Date: _____
Responsible Party

Signed: _____ Date: _____
Therapist

INTAKE FORM

Date: _____

ADULT/PARENT INFORMATION:

Name _____
(Yourself)

Name _____
(Your spouse/partner)

Address _____

Address _____

Phone: Home _____
Work _____

Phone: Home _____
Work _____

DOB _____ Age _____

DOB _____ Age _____

Education _____

Education _____

Employer _____

Employer _____

Physician _____

Physician _____

Medications _____

Medications _____

Allergies _____

Allergies _____

Religion _____

Religion _____

E-mail _____

E-mail _____

How long have you been married/together? _____

Have you been in therapy before? _____

With whom and where? _____

Why are you here? _____

Who referred you? _____

CHILD INFORMATION:

Children's Names	Sex Sex	Age	DOB	School	Grade	Teacher	Medications/ Allergies
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Children's Doctor _____ Phone _____ Fax _____

DRIVING DIRECTIONS

We are located at 106-D Ridgeview Drive, Cary, North Carolina 27511

From I-40 – Take Exit 293A going South on US 64 toward Sanford. From US1 and US 64, take the Cary Parkway exit. At the top of the ramp, bear right onto Cary Parkway. At the third stop light, make a “U” turn. Ridgeview Drive is the first street on the right.

From US 1 South and US 64 West – Take the Cary Parkway exit. At the top of the ramp, bear to the right onto Cary Parkway. At the third stop light, make a “U” turn. Ridgeview Drive is the first street on the right.

From US1 and US64 East (Apex, Fuquay-Varina) – Take the Cary Parkway exit. Turn left onto Cary Parkway. At the fourth stop light, make a “U” turn. Ridgeview Drive is the first street on the right.

From Kildaire Farm Road (South) – At the intersection of Kildaire Farm Road and Cary Parkway, turn East (toward 1 and 64). The blue water tower will be on your right. Ridgeview Drive is the second street on the right.

