



Patient Registration/Intake Information

Patient Name:			
Street Address:			
City, State, Zip Code:			
Mobile Phone:			
Email Address:			
DOB:		Gender/Identity:	
Marital Status:		Employment:	
Psychiatrist/Therapist			
Emergency Contact:			
Emergency Contact #			

Responsible Party is the person who will be paying the per-session fee for services

Responsible Party:			
Street Address:			
City, State, Zip Code:			
Mobile Phone:		Email Address:	
Relationship to Patient:			
Credit Card #		CCV Code #	
Card Expiration Date		Your Venmo ID:	

** By participating in Therapy, you acknowledge payment for all Therapy is payable regardless of attendance to the sessions and is payable at the time services are rendered. If for any reason, you are not happy with care, or services you have received you will contact our Operations Manager (518) 573-7975. Late cancellations are billed without 24-hour notice of cancellation. Please choose a payment option above. Payment is DUE at time of service by **CREDIT CARD** (Visa; MC; AMEX; Discover), or by **VENMO ID:** @Kerry-MurrayOHara

Signature of Responsible Party: _____ Date: _____



Patient/Visitor Code of Conduct

To provide a safe and healthy environment for our patients, staff, and visitors, DBT Wellness & Psychological Services, PLLC requires that all visitors, patients, and accompanying family members follow all guidelines as outlined in our Code of Conduct.

As a patient visiting our practice, we require the patient to:

- Provide the most accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters (including any legal matters) relating to the patient's health.
- Report unexpected changes in condition to the responsible provider.
- Follow the treatment plan that you developed in collaboration with your provider based on your personal goals and values. This may include following the instructions of non-DBT Wellness & Psychological Services healthcare personnel.
- Let our staff know when you don't understand the treatment plan or what is expected of you.
- Keep appointments as scheduled or contact the practice at least 24 hours prior to that appointment to cancel or reschedule.
- Be responsible for your own actions and the consequences of those actions. If you refuse treatment or do not follow the provider's instructions, outcomes may be sub-optimal.
- Meet your financial obligation to the practice and if you have concerns about doing so, let us know in advance of the appointment by contacting our Operations Manager (518) 573-7975.
- Abide by any practice or public health and safety policies or regulations, such as not smoking or wearing a mask.
- Refrain from possession and/or use of non-prescribed drugs or alcoholic beverages.
- Be courteous with the use of your cell phone and other electronic devices. When interacting with any of our staff, please put your devices away unless agreed upon by you and the provider to necessitate care.
- Supervise any underage children accompanying you.

The following behaviors are prohibited and will be grounds for discharge from the practice:

- Possessing firearms, explosives, or any weapon.
- Intimidating, harassing, physically assaulting, or threatening staff or other patients.
- Making threats of violence through phone calls, letters, voicemail, email, or other forms of written, verbal, or electronic communication.
- Damaging business equipment or property.
- Making menacing or derogatory gestures.
- Making racial, cultural, or sexual slurs or other derogatory remarks.
- Repeatedly missing your scheduled appointments without notifying the practice.
- Refusing to follow the provider's treatment plan or instructions for treatment.

As a patient, if you are subjected to any of these behaviors or witness inappropriate behavior, please report it to any staff member. Violators are subject to removal from the facility and/or discharge from the practice.

Signature of Patient/Guardian: _____ Date: _____