Harborlight Behavioral Health, PLLC
440 Harbor Street, Suite 310, Cedar Point, ST 58111
Front desk 555-0410 · Clinical after-hours 555-0411 · Fax 555-0412
harborlightbh.example · Mon–Thu 8:00a–6:00p · Fri 8:00a–3:00p

PATIENT PACKET

Document
First-visit intake packet
Owner
Clinical Operations / Privacy Officer
Version
6.1 · Approved 02/12/2027
Next review
February 2028

Before Your First Therapy Visit

What to complete, what is optional, what to bring, and how the first appointment is structured

THIS PACKET IS A PRIVATE FOLDER, NOT A DIAGNOSIS

Completing a form does not assign a condition, start a treatment plan, or decide whether you will continue here. Items marked Optional may be left blank. Items marked Required are needed to open a chart and keep the visit on time.

APPOINTMENT TYPE	FORMS DUE	PORTAL	QUESTIONS
Initial evaluation, 50 minutes	**By 5:00p two business days before the visit**	**portal.harborlightbh.example**	**Front desk 555-0410**

HOW TO TREAT THIS PACKET

Think of this packet as a folder you close when you are done. Share it only through the portal or a sealed envelope at the front desk. Do not email completed forms, photograph them into a group chat, or leave them in a shared printer.

- Complete forms in a private space. A parked car is fine; a workplace break room is not.
- Use your legal name and date of birth exactly as they appear on your identification.
- If a question does not apply, write **N/A** rather than leaving a required box empty.
- If a question is optional and you prefer not to answer, leave it blank. Staff will not press you at check-in.
- You may ask a trusted person to help you complete forms. That person is not automatically authorized to receive information later.

FORM INVENTORY — REQUIRED VERSUS OPTIONAL

FORM	STATUS	WHERE TO COMPLETE	WHY IT IS COLLECTED	IF IT IS MISSING
Registration and demographics	**Required**	Portal → Forms, or paper at the desk	Opens your chart, contact list, and emergency contact	Arrive 30 minutes early; visit may be shortened
Insurance and self-pay worksheet	**Required** if using insurance or requesting a self-pay estimate	Portal → Billing, or paper	Lets billing staff answer cost questions before you are seen	Payment questions move to the end of the visit
Notice of Privacy Practices acknowledgment	**Required**	Portal → Documents	Confirms you received the privacy notice	Signed at check-in
Consent for behavioral health services	**Required** before the clinician begins	Portal → Documents, or paper	Records that you received the confidentiality guide	Reviewed with you in the room; visit cannot start without it
Authorization to request prior records	*Optional*	Portal → Forms	Lets us request notes from a previous clinician you name	First visit proceeds; records arrive later if you sign
Emergency contact and safety plan preferences	**Required** contact; *optional* extra names	Portal → Forms	Gives us one person to call if we cannot reach you in an urgent situation	Must be completed before you leave the first visit
Communication preferences	*Optional*	Portal → Preferences	Portal, voicemail, text reminders, and mail are separate choices	Defaults: portal messages and appointment reminders by phone
Check-In A, B, and C questionnaires	*Optional for the first visit*	Portal → Check-ins, or paper in a private alcove	Gives your clinician a starting snapshot; scores are not diagnoses	You may complete them in the waiting alcove or decline

Optional does not mean unimportant. It means the visit can start without it, and you control whether you provide it.

PAYMENT QUESTIONS YOU CAN ASK BEFORE YOU SIT DOWN

Front desk staff can answer process questions. They cannot promise what your plan will pay.

- What is the self-pay rate for an initial evaluation if I am not using insurance today?
- When is the copay collected, and which cards do you accept?
- If my plan requires a referral or authorization, who starts that request?
- How do I receive a superbill if I am filing myself?
- What is the cancellation window, and is there a fee after the second late cancel in a year?

> **Coverage boundary:** A scheduled visit is not a coverage determination. Eligibility, copay, deductible, and session limits are decided by your plan, not by this office.

WHAT TO BRING OR HAVE AVAILABLE

- ☐ Photo identification
- ☐ Insurance card, front and back, if you intend to use a plan
- ☐ A form of payment for any amount due at check-in
- ☐ Names of current medicines and who prescribes them — bottles if you have them
- ☐ Names of other clinicians you want us to coordinate with *(optional)*
- ☐ A written list of what you hope this first visit covers, most important first
- ☐ Prior records you already possess, in a sealed envelope *(optional)*
- ☐ Interpreter request already on file, or arrive 20 minutes early to request one

ARRIVAL OPTIONS

OPTION	WHEN TO CHOOSE IT	WHAT HAPPENS	TIMING
Lobby check-in	You completed forms online	Show identification, confirm contact fields, wait in the quiet seating area	Arrive 10 minutes early
Paper-form alcove	You could not use the portal	A staff member hands you a clipboard and seats you in a screened alcove, not the open lobby	Arrive 30 minutes early
Telehealth first visit	Your clinician confirmed it is allowed for this appointment type	Follow the telehealth preparation guide. Location confirmation still occurs at the start	Join 5 minutes early
Supported arrival	You want a family member or peer specialist present for check-in only	They may wait in the lobby unless you have signed a communication authorization	Tell the front desk when you book

FIRST-VISIT FLOW — WHAT THE 50 MINUTES USUALLY COVER

1. Identity, location (if video), and consent are confirmed. This is a safety and licensing step, not a formality.
2. You set the agenda: the one or two things you most want help with today.
3. The clinician reviews history you already provided and asks clarifying questions. You may decline any question that is not required for safety.
4. Together you discuss what continuing here could look like, including session length, cadence, and whether another type of clinician may be a better fit.
5. You leave with: a follow-up plan or a referral path, a written list of contacts, and a clear statement of what was *not* decided today.

> **Do not infer:** This visit does not produce a diagnosis for you to take home unless your clinician explicitly documents one and explains it. Intake answers, check-in scores, and insurance codes are not the same thing as a diagnosis explained to you.

RECORD REQUESTS, IF YOU CHOOSE THEM

STEP	OWNER	TYPICAL TIMING
You name the prior clinician and sign an authorization	You	Before or at visit 1
We send the request by fax or secure channel	Health information staff	2 business days
Records arrive and are attached to your chart	Prior office	Varies; often 7–14 days
Your clinician reviews them before a later visit	Your clinician	Next scheduled session after arrival

You may revoke an authorization in writing. Revocation does not pull back copies already released.

VERSION AND APPROVAL

ITEM	VALUE
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