



MAIN OFFICE:
LE MARS

P.O. Box 70 • Le Mars, Iowa 51031-0070
712-546-4624 • 1-800-325-1192
FAX 712-546-9395
www.plainsareamentalhealth.org

Welcome to Plains Area Mental Health Center

Date:

Dear _____

Congratulations on taking this first step toward better mental health. We thank you for choosing Plains Area Mental Health Center as your mental health provider.

Attached is the *Personal Intake History* (therapy clients only) needed for your first appointment on _____ with _____, located at: _____ . Please complete this form before your first appointment and give to your therapist to assist them. Also, please complete the enclosed *CHI* or *CHI-C* form prior to the first appointment as well.

When you come for your first appointment you will be asked to sign the following forms electronically. If you would like to review these forms prior to your appointment, they are located on our website, www.plainsareamentalhealth.org, look under the Patient Information section for the New Client Info. If you prefer, you may receive a copy of these forms when you come in.

Informed Consent for Services: This contains information on our services, consent to treat, your rights and responsibilities, treatment of children, payment information, confidentiality and the appeals process.

The “*Notice of Privacy Practices*” outlines our privacy practices as required by HIPAA.

Release/Exchange of Information: Some situations may require your Plains Area provider(s) to communicate with your primary care physician (family physician). In these cases an authorization will need to be completed. You may also want to give permission for your Plains Area provider(s) to communicate with another person(s) such as a family member, school, employer, etc. A *Release/Exchange of Information* would need to be signed in each of these cases as well to protect your confidentiality.

If you have any questions regarding these forms, please feel free to call or ask for assistance. ***Remember, the most important factor in achieving success with your mental health is persisting until you have met your goals.***

Updated 03/01/12

SATELLITE OFFICES:

CHEROKEE

P.O. Box 972 • Cherokee, IA 51012-0972
712-225-2575

IDA GROVE:

P.O. Box 168 • Ida Grove, IA 51445-0168
712-364-3500

ORANGE CITY

P.O. Box 70 • Le Mars, IA 51031-0070
800-325-1192

STORM LAKE

P.O. Box 150 • Storm Lake, IA 50588-0150
712-213-8402