



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 are intake papers for your first appointment on \_\_\_\_\_ with \_\_\_\_\_. Please sign or initial where highlighted and **bring with you to your appointment.**

**Informed Consent for Services:** Please review, initial on bottom of each page and sign where indicated. This contains information on our services, consent to treat, your rights and responsibilities, treatment of children, payment information, confidentiality and the appeals process.

**Letter to Physician:** Sometimes in therapy there may be a need for communication with your primary care physician. If you wish to allow communication with your physician, please complete the authorization where highlighted. If you choose no communication with your physician, please write “decline” and initial on the letter.

The “Notice of Privacy Practices” outlines our privacy practices as required by HIPAA and is yours to keep. Just sign and return the **“Acknowledgement of receipt of Notice of Privacy Practices”** form.

**Personal Intake History** – Please complete for your initial appointment and give to your therapist. This will assist the therapist at your first appointment.

If you have any questions in completing 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.**

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

SATTELITE OFFICES:  
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