

CLIENT INFORMATION

Name	_____	Date	_____
Address	_____	Home Phone	_____
City, State, Zip	_____	Work Phone	_____
DOB	_____	Cell Phone	_____
Age	_____	Marital Status	_____
Occupation	_____	Family Physician	_____
School	_____	Pediatrician	_____
Grade	_____	Referred By	_____

Members of Household	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Psychological Experience

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## REASON FOR VISIT

<b>Description of Presenting Problem(s):</b>
Briefly describe your (or your child's) reason(s) for seeking help.
How long have you (or your child) had the problem(s) and how did they begin?
Why did you decide to seek help now?
What other ways have you tried to deal with this problem?
Briefly describe any significant event(s) and/or stressors that have occurred within the last year.

<b>Stressor(s)/Recent Precipitating Events:</b>		
<input type="checkbox"/> Marital/Family	<input type="checkbox"/> Loss/Death	<input type="checkbox"/> Medical Disorder(s)
<input type="checkbox"/> Other Social/ Interpersonal	<input type="checkbox"/> Runaway behavior	<input type="checkbox"/> School Problems
<input type="checkbox"/> Vocational/ Occupational/ Financial	<input type="checkbox"/> Involvement with criminal justice system	<input type="checkbox"/> Other:

## **NOTICE OF PRIVACY**

This notice describes how mental health and medical information about you may be used and disclosed and how you may have access to this information. Please review carefully.

Our practice is dedicated to maintaining your privacy and the privacy of your personal mental health information. We attempt to follow Federal Laws in regard to the disposition of your personal health information. We will not release any information from your Personal Medical File without your written and dated consent except on the following occasions:

- 1) When there is a serious threat to your health and safety, or the health and safety of another person in the community. We will only share information with a person or organization who may be able to assist in preventing or reducing the threat.
- 2) Some lawsuits and legal or court proceedings.
- 3) If a law enforcement official requires us to do so with an authorized subpoena.
- 4) For Workers Compensation and similar benefit programs.
- 5) Required by law, such as the mandatory reporting of child abuse, neglect, or abandonment; the reporting of the abuse, neglect, or exploitation of an elderly or disabled person; or mandatory government agency audits or investigations.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- 1) You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask. If you make no special request, we will assume we may contact you at any of the numbers we have on record.
- 2) You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members or friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
- 3) You have the right to look at the health information we have about you, such as your medical and billing records. Your therapist's personal psychotherapy notes are an exception to this. You can even get a copy of these records, but we may charge you. Contact our Privacy Officer to arrange how to see your records.
- 4) If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make these changes.
- 5) You have the right to a copy of this notice. If we change our policies, we will post it in our waiting room and you can always get a copy of the new policies from the Privacy Officer.
- 6) We will maintain the privacy of your Personal History Information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.

## **Revoking a Signed Release**

If at any time you wish to revoke an authorization to release personal health information (PHI) you merely have to notify the Privacy Officer in writing and complete a Revocation of Information Form. This revocation will apply to all future releases, but is not retroactive. Signed disclosures are typically used for treatment, payment and health operations. Typical examples of how we may utilize your PHI are explained as follows:

### **1. Treatment**

We may use and disclose PHI in connection with your treatment and/ or other services provided to you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services. We may also disclose PHI to other providers (e.g., physicians, nurses, therapists and other health care facilities involved in your treatment.)

### **2. Payment**

We may use and disclose your PHI to obtain payment for services that we provide to you. For example, to request payment from your health insurer and to verify that your health insurer will pay for your health care services. If there is an outstanding balance, we may contact you and refer your outstanding account to a collection agency.

### **3. Health Care Operations**

We may use and disclose your PHI for our internal operations. These include internal administration and planning and various activities that improve the quality and cost effectiveness of our mental health services. For example, we may use your PHI to evaluate the quality, competence of our therapists and other health care workers. We may also use PHI to resolve patient problems and complaints.

### **4. Other Health Care Providers**

We may also disclose PHI to other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations. For example, to notify ambulance companies if you need to be taken to a hospital.

### **5. Business Associates**

We provide some services through contracts with business associates. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. An example of this would be any test materials which are scored by an outside agency.

### **6. Communication with Family**

You must identify those family members whom you wish to receive PHI about you.

### **7. Research**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

8. **Workers Compensation**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to the workers compensation or other similar programs established by law.

9. **Public Health**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

10. **Law Enforcement**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

11. **Health Oversight Agencies and Public Health Authorities**

If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health.

12. **The Federal Department of Health and Human Services (“DHHS”)**

Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

**Problems or Issues:**

If you have any questions, concerns, or problems, please contact the Privacy Officer (Barbara Noble, Ph.D.). If you wish to file a complaint if you feel your privacy rights have been violated, please write to the Privacy Officer. If you are not satisfied with this decision, you may appeal to Office of Civil Rights, Department of Health and Human Services. The Privacy Officer can also review the entire privacy policy with you, if you should request.

I understand the privacy policies of the practice of Barbara Noble, Ph.D. and Associates, as well as my rights as a client for the use and disclosure of my PHI. I, therefore, consent to my treatment and the use and disclosure of my PHI. I have also been given a copy of this notice.

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Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent, if minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness