

**Central Carolina Counseling Centers
Patient Forms**

PATIENT INTAKE FORM

PATIENT INFORMATION

First Name:		MI		Home Phone	
Last Name:				Work Phone	
Address:				Date of Birth	
				Soc. Sec. #	
City:		State		Zip	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

RESPONSIBLE PARTY (If other than the patient)

First Name		MI		Home Phone	
Last Name				Work Phone	
Address				Date of Birth	
				Soc. Sec. #	
City		State		Zip	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

GENERAL INFORMATION

Marital Status	Employment Status	Patient's Condition Related to:	No	Yes	If yes, Which State?
<input type="checkbox"/> Single	<input type="checkbox"/> Employed	Employment			
<input type="checkbox"/> Married	<input type="checkbox"/> Full Time Student	Auto Accident			
<input type="checkbox"/> Other	<input type="checkbox"/> Part-Time Student	Other Accident			

GENERAL INSURANCE INFORMATION (do not complete if providing insurance card at visit)

Insurance Co. Name:		Policy Holder:	First Name:		Last Name	
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip	
			Home Phone			
			Work Phone			
ID Number			Date of Birth			
Policy #			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Group #						
What is your relationship to the Insured? <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other						
Are you under your employers Health Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Employers Name:						
Insurance Plan Name:						
Is your signature on file? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Status (Champus Claim): <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Other						

***If there is another Health Benefit Plan, please complete another form and write "Secondary Insurer" on the top of the form.**

OFFICE USE:

DX:

Authorization

BACKGROUND INFORMATION

Name of Primary Physician:					
Address					
City		State	Zip		
Phone:					
List any previous counseling: Name of patient and date(s):					
List household members:					
Name	Relationship	Age	Key Words		
Have you been in a committed relationship or marriage previously?				No	Yes # Of times
Check all that apply:					
Have you ever attempted suicide?		Have you ever threatened to harm others?			
Have you ever been psychiatrically hospitalized?		Do you illicit drugs?			
Are you currently suicidal?		Do you drink alcohol?	How much each week?		
What problems bring you in for services and how long have you had them?					
What changes do you plan to make in therapy?					
List any current medications and dosages:					
Medication			Dosage		

Consent for Treatment

I, THE UNDERSIGNED, HAVE VOLUNTARILY APPLIED FOR AND AGREE TO PARTICIPATE IN COUNSELING AND OR PSYCHOLOGICAL SERVICES. I HEREBY AUTHORIZE CENTRAL CAROLINA CENTERS FOR COUNSELING AND PSYCHOLOGICAL SERVICES, PA TO RELEASE TREATMENT AND PSYCHOLOGICAL INFORMATION TO MY PRIMARY MEDICAL PHYSICIAN AND HEALTH INSURANCE CARRIER. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL FEES RELATING TO MY TREATMENT, WHICH ARE NOT COVERED BY MY INSURANCE PLAN, AND I FURTHER AGREE TO PAY MY CO-PAYMENT AT THE TIME OF EACH VISIT. IN THE EVENT I MISS AN APPOINTMENT OR CANCEL AN APPOINTMENT WITH LESS THAN 24 HOURS NOTIFICATION, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING FOR THE SESSION.

SIGNATURE: _____ DATE: _____

I choose one of the payment options listed below:			
MasterCard/Visa	Check	Cash	
Cardholder Name:			
Account #:	Exp. Date	Amount to be Charged	\$
Patient/Parent/Guardian Signature:			

OFFICE USE:

DX:

Authorization

Central Carolina Centers for Counseling, PA

223 Highway 70
Suite #130
Garner, North Carolina 27529

Telephone (919) 772-9371
Fax (919) 779-6999

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Client Name: _____ **DOB:** _____

Address: _____

Home Phone: _____

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information (PHI) to carry out treatment, payment activities and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you sign this consent. Our notice provides a description of our treatment, payment activities, and healthcare operations in which we may use or disclose your PHI, and other detailed information concerning your PHI.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If policy changes are made, a revision will be issued and made available. A copy of the Notice of Privacy Practices is available for reference in our waiting area.

Right to Revoke: You have the right to revoke this consent at any time by giving written notice, submitted to the Garner office listed above. Please understand that revocation of this consent will not affect any action already taken in reliance to this consent. Treatment may be declined or discontinued without this consent.

Signature: I, _____, have had the opportunity to read and consider the contents of this consent form and the Notice of Privacy Practices of Central Carolina Centers for Counseling and Psychological Services, PA. I give my consent for use and disclosure of my PHI to carry out treatment, payment activities, and healthcare operations.

Signature: _____ Date: _____

Witness: _____ Date: _____

If this consent is signed by a personal representative on behalf of the client:

Representative: _____ Date: _____

Relationship to client: _____

Central Carolina Centers for Counseling, PA
CLIENT INFORMATION SHEET

Appointments: If you are unable to keep your appointment please allow 2 business days advance notice to avoid being billed a late charge or missed appointment charge of \$ 50.00. Call (919) 772-9371 for scheduling appointments.

Co-Pay's /Deductibles: Are due at the time of each visit. We accept cash, checks and credit cards. If you need to make any financial arrangements please talk with Dr. Norris prior to your appointment.

Return Check Charge: There is a \$25.00 charge for all returned checks.

Insurance Information: When medical insurance coverage changes please make sure to provide us with the updated information. Charges not covered by the insurance company are the responsibility of the client.

I have read and accept the provisions stated above.

Signature:

Date:

CENTRAL CAROLINA COUNSELING CENTERS, P.A.
223 Hwy 70 East
Garner, N.C. 27529
(919) 772-9371 FAX (919) 779-6999

Client Name: _____

I certify that I have received the patient records privacy policies and procedures promulgated by Central Carolina Counseling Centers, PA.

Signature: _____

Name (printed): _____

Relationship to Client (Circle): Self Parent or Guardian

Other _____

Date: _____

CENTRAL CAROLINA COUNSELING CENTERS, P.A.
223 Hwy 70 East
Garner, N.C. 27529
(919) 772-9371 FAX (919) 779-6999
PATIENT RECORDS PRIVACY POLICIES AND
PROCEDURES

The following policies and procedures reflect the practices for Central Carolina Counseling Centers, PA.

Use and Disclosure of Protected Health Information (PHI)

Protected Health Information (PHI) may not be used or disclosed in violation of the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule (45C.F.R. parts 160 and 164) (hereinafter, the "Privacy Rule") or in violation of state law.

CCC, PA, is permitted, but not mandated, under the Privacy Rule to use and disclose PHI without patient consent or authorization in limited circumstances. However, state or federal law may supercede, limit, or prohibit these uses and disclosures.

Under the Privacy Rule, these permitted uses and disclosures include those made to the patient for treatment, payment, or health care operations purposes, or as authorized by the patient. Additional permitted uses and disclosures include those related to or made pursuant to:

- Reporting on victims of domestic violence or abuse, as required by law
- Court orders
- Worker's compensation laws
- Government oversight (including disclosures to a public health authority, coroner or medical examiner, military or veterans' affairs agencies, an agency for national security purposes, law enforcement)
- Health research
- Marketing or fundraising.

CCC, PA, does not use or disclose PHI in ways that would be in violation of the Privacy Rule or state law. We use and disclose PHI as permitted by the Privacy Rule and in accordance with state or other law. In using or disclosing PHI, we meet the Privacy Rule's "minimum necessary requirement". as appropriate.

Minimum Necessary Requirement: When using, disclosing or requesting PHI, CCC, PA, makes reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. We recognize that the requirement also applies to covered entities that request our patients' records and require that such entities meet the standard, as required by law.

The minimum necessary requirement does not apply to disclosures for treatment purposes or when we share information with a patient. The requirement does not apply for uses and disclosures when patient authorization is given. It does not apply for uses and disclosures as required by law or to uses and disclosures as required for compliance with the Privacy Rule.

Psychotherapy Notes Authorization: CCC, PA, abided by the Psychotherapy Notes authorization requirement of the Privacy Rule, unless otherwise required by law. In addition, authorization is not required in the following circumstances—

- For our use for treatment
- For uses or disclosure in supervised training programs where trainees learn to practice counseling

- To defend ourselves in a legal action brought by the patient, who is the subject of the PHI
- For purposes of HHS in determining our compliance with the Privacy Rule
- By a health oversight agency for a lawful purpose related to oversight of our practice
- To a coroner or medical examiner
- In instances of permissible disclosure related to a serious or imminent threat to the health or safety of a person or the public.

We recognize that a patient may revoke an authorization at any time in writing, except to the extent that we have, or another entity has, taken action in reliance on the authorization.

Patient Rights

Notice: As required under the Privacy Rule, and in accordance with state law, CCC, PA, provides notice to patients of the uses and disclosures that may be made regarding their PHI and our duties and patient rights with respect to notice. We make a good faith effort to obtain written acknowledgement that our patient receives this notice.

Restrictions and Confidential Communications: The Privacy Rule permits patients to request restrictions on the use and disclosure of PHI for treatment, payment, and health care operations, or to family members. While CCC, PA, is not required to agree to such restriction, we will attempt to accommodate a reasonable request. Once we have agreed to a restriction, we may not violate the restriction; however, restricted PHI may be provided to another health care provider in an emergency treatment situation.

A restriction is not effective to prevent uses and disclosures when a patient requests access to his or her records or requests an accounting of disclosures. A restriction is not effective for any uses and disclosures authorized by the patient, or for any required or permitted uses recognized by law.

The Privacy rule also permits patients to request receiving communications from us through alternative means or at alternative locations. As required by the Privacy Rule, we will accommodate all reasonable requests.

Access to and Amendment of Records: In accordance with state law, the Privacy Rule, and other federal law, patients have access to and may obtain copy of the medical and billing records that we maintain. Patients are also permitted to amend their records in accordance with such law.

Accounting of Disclosures: CCC, PA, provides our patients with an accounting of disclosures upon request, for disclosures made up to six years prior to the date of the request. While we may, we do not have to provide an accounting for disclosures made for treatment, payment, or health care operations purposes, or pursuant to patient authorization. We also do not have to provide an accounting for disclosures made for national security purposes, to correctional institutions or law enforcement officers, or that occurred prior to April 14, 2003.

Business Associate

CCC, PA, relies on certain persons or other entities, who or which are not my employees, to provide services on our behalf. These persons or entities may include accountants, lawyers, billing services, and collection agencies. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be our business associates.

We enter into a written agreement with each of our business associates to obtain satisfactory assurance that the business associate will safeguard the privacy of the PHI of our patients. We rely on our business associate to abide by the contract but will take reasonable steps to remedy any breachers of the agreement that we become aware of.

Administrative Requirements

Privacy Officer: CCC, PA, designates a privacy officer, who is responsible for the development and implementation of the policies and procedures to protect PHI, in accordance with the requirements of the

Privacy Rule. As the contact person for our practice, the privacy officer received complaints and fulfills obligations as set out in notice to patients.

Training: As required by the Privacy Rule, CCC, PA, trains all members of our staff, as necessary and appropriate to carry out their functions, on the policies and procedures to protect PHI. We have the discretion to determine the nature and method of training necessary to ensure that staff appropriately protects the privacy of my patients' records.

Safeguards: To protect the privacy of the PHI of my patients, CCC, PA, has in place appropriate administrative, technical, and physical safeguards, in accordance with the Privacy Rule.

Complaints: The privacy of our patients' PHI is critically important for our relationship with our patients and for our practice. We provide a process for my patients to make complaints concerning our adherence to the requirements of the Privacy Rule.

Sanctions: CCC, PA, has and applies appropriate sanctions against any member of our staff who fails to comply with the requirements of the Privacy Rule or our policies and procedures. We may not apply sanctions against an individual who is testifying, assisting, or participating in an investigation, compliance review, or other proceeding.

Mitigation: CCC, PA, mitigates, to the extent possible, any harmful effect that we become knowledgeable of regarding our use or disclosure or our business associate's use or disclosure, of PHI in violation of policies and procedures or the requirements of the Privacy Rule.

Retaliatory Action and Waiver of Rights: CCC, PA, believes that patients should have the right to exercise their rights under the Privacy Rule. We do not take retaliatory action against a patient for exercising his or her rights or for bringing a complaint. Of course, we will take legal action to protect ourselves, if we believe that a patient undertakes an activity in bad faith.

We will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a patient for exercising a right, filing a complaint or participating in any other allowable process under the Privacy Rule.

We will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a patient or other person for filing and HHS compliance complaint, testifying, assisting, or participating in a compliance review, proceeding, or hearing, under the Administrative Simplification provisions of HIPAA.

We will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a patient or other person for opposing any act or practice made unlawful under the Privacy Rule, provided that the patient or other person has a "good faith belief" that the practice is unlawful and the manner of opposition is reasonable and does not involve disclosure of PHI.

We will not require a patient to waive his or her rights provided by the Privacy Rule or his or her right to file and HHS compliance complaint as a condition of receiving treatment.

Policies and Procedures: To ensure the CCC, PA, is in compliance with the Privacy Rule, we have implemented policies and procedures to ensure compliance with the privacy rule.

Documentation: CCC, PA, meets applicable state laws and the Privacy Rule's requirements regarding documentation.