

NEW CLIENT DATA SHEET

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Email: _____

Address: _____

Phone #: (Cell) _____ (Work) _____ (Other) _____

Relationship Status _____ Partners Name: _____ Age: _____

Children or others living with you (names, ages, and relationship to you):

Children not living with you (names and ages):

Referred by: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Physician: _____ Phone #: _____

Current medications: _____

Do you drink alcohol? _____ How much? _____ How often? _____

Do you smoke? _____ How much? _____ Other drugs: _____ How often? _____

Highest level of education achieved: _____ Occupation _____

Have you ever been in counseling/therapy before? _____ With whom? _____

What was most helpful? _____

What was least helpful? _____

What do you hope to accomplish in therapy now? _____

Other important information we should know: _____

Do you wish to use health insurance? If yes, name of carrier: _____

We are not on any insurance panels, but some companies will reimburse for our services as "out of network providers." We will gladly provide you with an insurance bill so that you can seek reimbursement from your provider. Please note: We are not Medicare providers, our office cannot file Medicare claims, and our insurance receipts cannot be used to file with Medicare.

In signing below I acknowledge that the information I have provided above is true to the best of my understanding, that I have read the attached Notice of Privacy Practices, and that I recognize I cannot file with Medicare for services received in this office. In signing below, I also affirm that I will not seek to involve this practice in any legal matters I am involved now nor in the future.

Signature _____

Date _____

Lynne E. Dulken, LCSW

J. Glenn Dulken, LPC

HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL & MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN RECEIVE ACCESS TO THIS INFORMATION.

I understand that your medical information is private and confidential. I am required by law to protect the confidentiality of Protected Health Information. Protected Health Information (PHI) includes, any individually identifiable information that I obtain from you or others that relates to our past, present or future physical or mental health, the treatment that you have received, or payment for that treatment. As required by law, this notice provides you with information about your rights and my legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the use and disclosures I may make of your PHI. I must comply with the provisions of this notice as currently in effect, although I reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI that I maintain. A copy of my most current privacy notice will always be posted on my office wall, and you may also ask me for a written copy.

I. Permitted Uses & Disclosures

I may use or disclose PHI for treatment, payment and health care operations. To help clarify these terms, here are some definitions.

- PHI refers to information in your health record that could identify you.
- *Treatment* means the provision, coordination or management of your health.
- *Care*, including consultations between health care providers relating to your care and referrals from one health care provider to another. For example, I may need to disclose certain information to a psychiatrist with whom you are consulting for medication.
- *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations refers to the support functions of my practice, related to treatment and payment, such as quality assurance activities, business planning, and case consultations with supervisors.
- Use refers to my use of your PHI within my practice.
- Disclosure refers to my providing your PHI to persons and entities outside of my practice.

II. Uses and Disclosures Requiring Authorization

In most cases, when I use or disclose PHI for purposes outside of treatment, payment, and health care operations, I will first obtain your authorization. In all such cases, disclosure will include the minimum necessary information to achieve its purpose. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes your therapist has made about your conversation during a private, group, joint or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Other Uses & Disclosures

In addition to using and disclosing your information for treatment, payment and health care operations, I may use your PHI in the following ways:

- I may contact you to provide appointment reminders for treatment or medical care. I will, of course, only do so with discretion as to your particular circumstances.
- I may contact you to tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- I may disclose to your family or friends, or any other individual you identify, PHI directly related to such person's involvement in your care or the payment for your care. I may use or disclose your PHI to notify, or assist in the notification of, a family member, a Personal Representative, or another person responsible for your care, of your location, general condition, or death. If you are present or otherwise available, I will give you the opportunity to object to these disclosures, and I will not make them if you object. If you are not present or otherwise available, I will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon my professional judgment.
- Subject to applicable law I may make incidental uses and disclosures of PHI. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot otherwise be reasonably prevented.
- I will also disclose PHI when required to do so by applicable law

III. Uses & Disclosures With Neither Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances :

- Child Abuse: If you give us information which leads us to suspect child abuse, neglect or death due to maltreatment, we must report such information to the county of Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, we must do so.
- Adult and Domestic Abuse: If information you give us gives us reasonable cause to believe that a disabled adult is in need of protective services, we must report this to the Director of Social Services.

- **Health Oversight:** The North Carolina licensing board(s) your therapist(s) is affiliated with has the power, when necessary, to subpoena relevant records should your therapist be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** We may disclose your confidential information avert a serious threat to the health or safety of a person or the public and such use or disclosure is made to a person or persons reasonably able to prevent or lessen the threat (including the target of threat).
- **Workers Compensation:** If you file a workers compensation claim, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.
- **Military and Veterans:** If you are a member of the Armed Forces, I may release PHI about you as required by military command authorities.
- **Note:** HIV related information, genetic information, alcohol and/or substance abuse record may enjoy certain special confidentiality protections under applicable State and Federal Laws.

IV. Client's Rights and Therapists Duties

Clients Rights

- **Rights to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of health information about you. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a therapist).
- **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record (excluding psychotherapy notes). You must submit this request in writing. I have the right to deny a request for access to PHI if:
 - A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person;
 - The PHI makes reference to another person (unless that person is a health care provider and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person);
 - The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.
- If I deny a request for access for any of the three reasons described above, then you have the right to have the denial reviewed in accordance with the requirements of applicable law.
- **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. All requests must be in writing. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to An Accounting** - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your therapist will discuss with you the details of the accounting process.
- **Right to Paper Copy** - You have the right to obtain a paper copy of the notice from your therapist upon request, even if you have agreed to receive the notice electronically.

Therapists Duties

- We are required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- We are required by law to follow the practices described in this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information maintained at that time including health information we created or received before we made the changes. A current copy of the Notice will be clearly displayed in our waiting room and/or in your therapist's office at all times. You may obtain a copy of our Notice of Privacy Practices at any time by calling your therapist and requesting one be mailed or given to at your next appointment.

V. Complaints

If you are concerned that your therapist (or one of the partners) has violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact your therapist directly to discuss your concerns. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.