

Dx Codes: _____, _____, _____ (Provider Only)

_____ (Initials provider only)

CLIENT INFORMATION

Client Name: _____ Gender: _____ Date of Birth: _____

Social Security #: _____ Marital Status: S / M / D / W Student: Y / N

Home Address: _____

Email Address: _____

Home Phone: _____ Work #: _____ Cell #: _____

Employer: _____ Occupation: _____

Work Address: _____

Person Responsible for Payment: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____

Address (if different): _____

Home Phone: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work #: _____ Cell #: _____

Referred by: _____

Primary Care Physician: _____ Phone #: _____

Address: _____

→ → To file insurance I must have the following information:

Primary Insurance

Insurance Company Name _____ Phone: _____

Name of Insured: _____ Employer: _____

Social Security #: _____ Date of Birth: _____

Policy #: _____ Group #: _____ Effective Date: _____

Secondary Insurance

Insurance Company Name _____ Phone: _____

Name of Insured: _____ Employer: _____

Social Security #: _____ Date of Birth: _____

Policy #: _____ Group #: _____ Effective Date: _____

→ → PLEASE READ & COMPLETE THE BACK OF THIS SHEET

PAYMENT/INSURANCE AGREEMENT & AUTHORIZATION TO SEND REIMBURSEMENT INFORMATION

Agreement to Pay. I agree to pay fees/co-payments for service at the time of each visit. I understand that I am personally responsible for payment of all charges. If the patient has coverage under a managed health plan (HMO, PPO etc.) to which I subscribe and in which the therapist is a participating provider, I am responsible for the co-payment as determined by the insurance plan. I understand that the therapist will file insurance as a courtesy; however this does not release me of my responsibility for payment of the charges for services. I am responsible for payment even if a divorce settlement dictates that medical bills are to be paid by a former spouse. Appropriate documentation will be provided with which reimbursement may be sought from the ex-spouse. I understand that delinquent balances are subject to collection procedures and I am responsible for any collection agency or court fees. If the therapist must utilize a collection agency to collect on a delinquent account, such action could require that the therapist release to the collection agency, attorneys and/or the court information including but not limited to the identities of the parties involved, the dates and nature of the charges, and any other information contained on any claim filed.

Fee Schedule. The usual and customary fee for psychotherapy is \$110/initial intake and \$110/clinical hour. In addition to weekly appointments, there may be a charge for other services such as report writing, telephone conversations which last longer than 15 minutes, requested attendance at meetings/consultations with other professionals, or preparation of treatment summaries. These are charged on a prorated basis. Some of these costs are not covered by insurance.

Missed appointments. I understand that once I have made an appointment, the time is reserved just for me. Therefore, I understand and agree that I may be charged for and required to pay for missed appointments not cancelled 24 hours in advance. Insurance does not reimburse for broken appointments and I will be fully responsible for this fee.

Legal Services. If I am here for that purpose, I will discuss this with the doctor ahead of time and discuss fees for such services. Insurance also does not typically cover services performed for legal purposes, such as custody evaluation etc. I understand that I will be expected to pay for professional time required even if the therapist is compelled to testify by another party. If I am here as a result of a court order I understand that this is an agreement between me and the courts, not the therapist, and I am responsible for payment of all charges. Because of the complexity and difficulty of legal involvement, the fee is \$110/hour for preparation for and attendance at any legal proceeding.

Insurance Reimbursement. I understand that I am responsible for knowing exactly what mental health services my insurance plan covers and securing any pre-certification that my insurance may require for reimbursement. Payment for any charges denied or not covered by my insurance company becomes my responsibility and I agree to pay these charges. "Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. I understand that securing benefits under health insurance or other health plans will require that the therapist provide the plan management with confidential patient information including diagnosis and the dates and type of service rendered. Further, I understand that for utilization review, quality assurance, and other claims review purposes, it may sometimes be necessary for the therapist to provide the plan management with additional information concerning case history, presenting problems, treatment plans, prognosis, and other case information. I fully and freely consent to the release of any and all such patient information as is necessary for the processing and review of health care claims made by or on behalf of the patient. I also understand that I have the right to pay for services myself and avoid the complexities of filing insurance all together. This consent shall remain in effect until all claims have been fully processed and all review procedures completed.

Insurance to be filed by ☐ A/R Management & Billing Service ☐ Client ☐ Neither

By signing below I authorize A/R Management & Billing Service on behalf of Tom Neilson, Psy.D. to file insurance claims for me. I also, authorize direct payment of medical benefits to Tom Neilson, Psy.D. by my insurance company.

Signature of patient, parent or legal guardian

Date

By signing below I acknowledge that I have read and understand the above information.

Signature of patient, parent or legal guardian

Date

Please describe the problem(s) you are seeking treatment for _____

Please circle any of the problems which pertain to you:

Depression	Anxiety	Alcohol problem	Marital problem
Loss of appetite	Panic attacks	Drug problem	Divorce
Lack of energy	Phobia	Anger	Stress
Weight change	Nervousness	Binging or purging	Loneliness
Insomnia	Excess sleep	Headaches	Memory problems
Suicidal thoughts	Shyness	Health problems	Parenting problems
Concentration	Stomach problems	Bowel problems	Sexual problems
Thoughts of hurting others		Medical problems	Self-control
Making decisions	Fearfulness	Feeling suspicious	Domestic violence
Childhood sexual abuse		Rape	

Do you have a personal physician? Y N

If yes, please give name of address of physician _____

Are you currently seeing a psychiatrist? Y N

If yes, please give name and address of psychiatrist _____

Have you previously seen a therapist? Y N

If yes, please give name of therapist(s) and approximate period of treatment _____

Are you taking medication at present? Y N

If yes, please list below:

<u>Medication name</u>	<u>Dose</u>	<u>Frequency</u>	<u>Approx. start date</u>	<u>Prescribed by</u>
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Do you believe you have a problem with alcohol abuse or addiction? Y N

What alcoholic beverages do you drink, how much do you drink and how often do you drink? _____

Do you use unprescribed drugs? Y N

If yes, please list below:

<u>Drug</u>	<u>Amount used</u>	<u>Frequency of use</u>	<u>First used</u>
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Do you attend Alcoholics Anonymous, Narcotics Anonymous, or any other 12 step program? Y N

If yes, which one(s) _____

Please list family members with whom you live:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Education</u>	<u>Occupation</u>
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Patient Agreement with Policies and Procedures

Tom Neilson, Psy.D.

Welcome to my practice!

The following information is provided to my patients to assist you in understanding policies and procedures at my office. I strive to provide you care which is both comfortable and of the highest quality. Please do not hesitate to ask questions of me, or my billing staff, at any time about these matters. My name is Tom Neilson, my degree is a Psy.D. or Doctor of Psychology in clinical psychology, and I am a licensed Psychologist (Health Service Provider) in Tennessee.

Attached to this Patient Agreement Form is the **Notification of Patient Rights** document required by the passage of the federal "medical records privacy law" known as **HIPAA** (Health Insurance Portability and Accountability Act). I am required by law to give you a copy of this document and to secure your signature indicating you have received a copy of it. Laws such as these are important, but also complex and in my **Notification of Patient Rights** document I have tried to inform you about your rights in plain, simple language. Please read the contract and do not hesitate to ask me about any questions you might have about these matters.

Appointments

I typically schedule my own appointments for my patients. Since patients are seen by appointment only (unless an **emergency** situation dictates otherwise), the appointment time given is reserved for you. Please give at least twenty-hour (24) hours notice if you must cancel your reserved time. You will be charged a \$75 cancelation fee (which is one half of my full fee) for appointments that are not cancelled 24 hours in advance. Please understand that insurance companies cannot be charged for missed appointments and you are fully responsible for any charge due to a missed appointment.

Emergencies and Telephone Calls

While you will be seen at a reserved time which fits your schedule demands, there may arise occasions where you need to talk to me between appointments. Should you need to talk to me between appointments and you call my office at **615-828-1054** during normal office hours, I will return your call as promptly as I can. If your call is an **emergency** and occurs during normal office hours, you should indicate that your call is an emergency and I will respond as quickly as I can. **My practice is not designed to handle emergency situations outside of office hours. If you think you will need this type of service, please ask me about a referral to practitioners who may provide this.**

In an emergency outside regular office hours:

- Call the Tennessee Crisis Support Line at 855-274-7471. If it is an immediate life threatening emergency, please call 911, or go to a nearby emergency room.
- Please call my office number at 615-828-1054 and leave a message reporting what happened.

The easiest ways to make a new appointment or cancel or change an appointment is to text or call my office phone at 615-828-1054. I use text messaging for setting up, canceling, and changing appointments only. I do not use text messaging for therapeutic communications. Communication related to the content and process of therapy should be saved for therapy appointments and not attempted via text message.

Fees and Payments

My fee is \$150 for a 50 minute appointment. We will file third party insurance forms for you, if you so desire. Generally speaking, copayments and deductibles are due at the time services are rendered. Special fee structures for certain specified tasks such as psychological testing and consulting will be discussed with

you and agreed upon before any actions are taken. I do not do forensic psychological work. In the rare instance that I am called to testify professionally in court, my fee is \$250 per hour.

Clinical Consultation

I may seek professional consultation with a colleague should I determine that a client's situation warrants such support or should I believe that it will strengthen the quality of my services to the client. The client's signature below gives permission for this communication.

Insurance Usage and Issues of Confidentiality and Privileged Communications

Many patients elect to file third party insurance coverage, including Medicare, for services rendered. We will file insurance for you, provided you authorize us to do so and provide us with the necessary information for filing such claims. As you know, the world of health care has experienced tremendous change in the manner in which insurance companies reimburse for third party payment. Many plans require an initial precertification of care before you can use your insurance benefits. It is your responsibility to make sure such precertification requirements are met by you if you elect to use your insurance benefits (i.e., referral from your primary care medical doctor, employee assistance program, other "gatekeeping" mechanisms such as calling an 800 number for approval).

In filing your insurance claim for you, it is understood that you are granting me permission to reveal confidential information, such as the dates you are seen, the length of the appointment, and your diagnosis. This type of information is required by your carrier if you want insurance to pay your claim. Additionally, many companies now require further utilization review and participation with outcome and quality measures. Unless your care is brief, it is likely that I will be forced to submit a more extensive report documenting the clinical and medical necessity for your care, as well as revealing some details of your care to date, if further sessions are to be authorized by your carrier. Some carriers may require auditing/review of your records for every visit here. Nearly all companies require participation in outcome and quality care studies such as patient satisfaction surveys. If your carrier requires such activities in order for you to use your insurance, I will comply with those requirements if you want me to. **My responsibility is to inform you about the compromising of your confidentiality and privacy when complying with such requirements.** The compromising of your confidentiality is standard in today's marketplace whenever one elects to use third party insurance coverage for services rendered. Fortunately, HIPAA regulations do provide you an increased degree of privacy and confidentiality regarding your protected health information. Payers of care can no longer make full release of all of your entire mental health record a condition for payment of your claims. Instead, I will be able to limit release of your mental health record to only your designated mental health record set and not my psychotherapy notes of our sessions together. As explained in my Notification of Patient Rights Document given to you, the designated mental health record is limited to the following information: billing information, paperwork you completed today, a summary of your initial visit today, your mental status examination, our comprehensive treatment plan, progress notes, any reports or clinical summaries, any correspondence with outside parties you authorized me to release, and any utilization review reports which have occurred regarding your care. Psychologists have a strong privileged communication law in our state which carries the same legal status as that of attorney-client. *What you talk about in our established relationship with me is protected by privileged communication laws and confidentiality principles, with the exception of certain specific actions (i.e. clear and imminent danger to self and/or others, suspected child abuse, elder abuse, worker's compensation related cases, if your psychiatric or psychological health becomes an issue in a lawsuit, whatever information is shared in utilization review reports for authorization of care, compliance with chart audits by your insurance carrier).* With these exceptions, unless you specifically sign a release of information authorizing me to talk to someone, all communications here are kept private, confidential, and privileged (i.e., if someone calls here asking for you, I and my staff will not acknowledge even knowing you unless you tell us otherwise). **I strive to maintain the sacredness and privacy of your confidential communication with me.**

Your informed consent to care

I have provided this information to you in the hope of fully informing you about the policies of my office and some of the parameters of care you will receive here, such as the importance of confidentiality.

Psychiatric and psychological care, like other things in life, offer no absolute guarantee of success and there are limitations to any form of care offered a patient. Since such limitations are always a function of the particular problem in question, I invite you to discuss your treatment plan with me. After we have met to discuss your concerns, I will construct an individualized treatment plan and share it with you so that you and I have our plan for what problems we are going to solve and how.

Please feel free to discuss any of these matters with me in more detail. By signing below, you acknowledge having read, understood, and agreeing to these policies and procedures. Your signature acknowledges your informed consent for care.

Signature of adult patient or parent/legal guardian of
patient less than 18 years of age

Date

Tom Neilson, Psy.D.

**Tom Neilson, Psy.D.
Clinical Psychology
1410 17th Avenue South
Nashville, TN. 37212**

PATIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law”, HIPAA provides patient protections related to the electronic transmission of data (Transaction Rules), the keeping and use of patient records (Privacy Rules), and storage and access to health care records (Security Rules). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients with a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don't have formal legal training. My Patient Notification of Privacy Rights is my attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find I will do all I can do to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask me for further clarification.

By law, I am required to secure your signature indicating you have received this Patient Notification of Privacy Rights Document. Thank you for your thoughtful consideration of these matters.

Tom Neilson, Psy.D.
Clinical Psychologist

I, _____ understand and have been provided a copy of Dr. Neilson's Patient Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand that I have the right to review this document before signing this acknowledgment form.

Patient Signature, or parent if Minor or Legal Charge

Date

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.**

I. Preamble

The Psychology Licensing Law provides extremely strong privileged communication protections for conversations between your psychologist and you in the context of your established professional relationship with your psychologist. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very carefully defines what kind of information is to be included in your "Designated Medical Record" as well as some material, known as "Psychotherapy Notes" which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the patient him/her self.

HIPAA provides privacy protections about your personal health information, which is called "Protected Health Information" [PHI], which could personally identify you. PHI consists of three components: *treatment, payment, and health care operations.*

Treatment refers to activities in which I provide, coordinate, or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition.

Payment is when I obtain reimbursement for your mental health care. The clearest example of this parameter is filing insurance on your behalf to help pay for some of the costs of the mental health services provided to you.

Health Care Operations are activities related to the performance of my practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is "really medically necessary."

The *use* of your protected health information refers to activities my office conducts for filing your claims, scheduling appointments, keeping records and other tasks *within* my office related to your care. *Disclosures* refers to activities you authorize which occur *outside* my office such as sending your protected health information to other parties (e.g. your primary care physician, the school your child attends)

II. Uses and Disclosures Of Protected Health Information Requiring Authorization

Tennessee requires authorization and consent for treatment, payment, and health care operations. HIPAA does nothing to change this requirement by law in Tennessee. I may disclose PHI for the purposes of treatment, payment, and health care operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing me to provide treatment and to conduct the administrative steps associated with your care (i.e. file insurance for you).

Additionally, if you ever want me to send any of your protected health information of any sort to anyone outside my office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization is available upon request. The requirement of you signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be your request that I talk to your

psychiatrist or general practitioner about your psychological treatment for coordination of care. Before I talk to that counselor, you will have first signed the proper authorization for me to do so.

There is a third, special authorization provision potentially relevant to the privacy of your records: my psychotherapy notes. In recognition of the importance of the confidentiality of conversations between psychologist-patient in treatment settings, HIPAA permits keeping separate "psychotherapy notes" separate from the overall "designated medical record". "Psychotherapy notes" cannot be secured by insurance companies nor can they insist upon their release for payment of services as has unfortunately occurred over the last two decades of managed mental health care. "Psychotherapy notes" are my notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group, or joint family counseling session and that are separated from the rest of the individual's medical record." "Psychotherapy notes" are necessarily more private and contain much more personal information about you, hence the need for increased security of the notes. "Psychotherapy notes" are not the same as your "progress notes" which provide the following information about your care each time you have an appointment at my office: medication prescriptions and monitoring, assessment/treatment start and stop times, the modality of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

Certain payers of care, such as Medicare and Workers Compensation, require the release of both your progress notes and my psychotherapy notes in order to pay for your care. If I am forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign an additional authorization directing me to release my psychotherapy notes. Most of the time I will be able to limit reviews of your protected health information to only your "designated record set" which includes the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of our first appointment, your mental status examination, your individualized treatment plan, your discharge summary, progress notes, reviews of your care by managed care companies, results of psychological testing, and any authorization letters or summaries of care you have authorized me to release on your behalf. Please note that the actual test questions or raw data of psychological tests which are protected by copyright laws and the need to protect patients from unintended, potentially harmful use are not part of your "designated mental health record."

You may, in writing, revoke all authorizations to disclosure of protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed me to do or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest the claim under the policy.

III. Business Associates Disclosures

HIPAA requires that I train and monitor the conduct of those performing ancillary administrative services for my practice and refers to these people as "Business Associates." In my practice, "business associates" include the billing service I use, which provides services such as verifying insurance information and preparing and mailing claim forms and monthly statements – all activities which bring them into some measure of contact with your protected health information. ONLY I have access to your full designated mental health records as I have purposefully separated your administrative and clinical records in an attempt to further enhance your privacy. The only other "business associates" in my office are the cleaning crews. In compliance with HIPAA, I have signed a formal contract with my business associates which very clearly spells out to them the importance of their protecting your mental health information as an absolute condition for employment. I train them in my privacy practices, monitor their compliance, and correct any errors, if they should occur.

IV. Uses and Disclosures Not Requiring Consent nor Authorization

By law, protected health information may be released without your consent or authorization in the following cases:

- Suspected child abuse, physical or sexual

- Elder and domestic abuse
- Health Oversight Activities (i.e. licensing board for psychology in TN)
- Judicial or administrative proceedings (e.g. if you are ordered here by the court)
- Serious threat to Health or Safety (e.g. threat of suicide, “duty to warn” law, national security threats)
- Workers Compensation Claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s)).

I never release any information of any sort for marketing purposes.

V. Patient’s Rights and My Duties

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information which I may or may not agree to, but if I do, such restrictions shall apply unless our agreement is changed in writing;
- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so I will send them to another location of your choosing;
- The right to inspect and have a copy of your protected health information in my designated mental health record set and any billing records for as long as protected health information is maintained in the record;
- The right to amend material in your protected health information, although I may deny an improper request and/or respond to any amendment(s) you make to your record of care;
- The right to an accounting of non-authorized disclosures of your protected health information;
- The right to a paper copy of notices/information from me, even if you have previously requested electronic transmission of notices/information; and
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask me for further assistance on these matters. I am required by law to maintain the privacy of your protected health information and to provide you with a notice of your privacy rights and my duties regarding your PHI. I reserve the right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of my policies when you come for your future appointments. My duties as a psychologist on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights and privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of my internal policies for executing privacy practices, please let me know and I will get you a copy of these documents I keep on file for auditing purposes.

VI. Complaints

I am the appointed “privacy officer” for my practice per HIPAA regulations. If you have any concerns of any sort that my office may have somehow compromised your privacy rights, please do not hesitate to speak to me immediately about this matter. You will always find me willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the secretary of the U.S. Department of Health and Human Services.

VII. This notice shall go into effect 4/14/2003 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.