

8300 Health Park
Suite 201
Raleigh, NC 27615
www.CarolinaPerformance.net
919-676-9699



New Client Intake Form

Name: _____

Date: _____

Mailing Address:

Physical Address (if different):

May I send mail to the above address? Y / N

Telephone Numbers (Please provide only numbers at which you give me permission to call you):

Home: _____

May leave a detailed message? ___yes ___*no

Work: _____

May leave a detailed message? ___yes ___*no

Cell: _____

May leave a detailed message? ___yes ___*no

Date of Birth/Age: _____

Relationship Status: _____

Student status/Occupation: _____

Have you ever engaged in therapy before? Y / N

Worked with a psychiatrist? Y / N

Contact Person in case of emergency: _____

Telephone #: _____

Primary Care Physician: _____ Telephone#: _____

Medical History:

- List any medical problems:

- Current Medications:

- Allergies: _____

- Hospitalizations (Medical, Psychiatric, Substance abuse- give place and year):

- Family history of: mental illness? _____Yes _____No
- Substance abuse? _____Yes _____No
- Suicide? _____Yes _____No Violent behavior? _____Yes _____No

• How often do you?

Smoke _____never _____monthly _____weekly _____daily

Drink alcohol _____never _____monthly _____weekly _____daily

Use drugs _____never _____monthly _____weekly _____daily

Primary Insurance:

Insurance Plan Name: _____

Insured Name: _____ Insured ID# _____

Insured's social security # _____

Copayment: _____

How did you hear about our services? _____

What would you like to gain from working with Carolina Performance? What are your goals?

CONSENT FOR TREATMENT:

Your signature below indicates that you have read the Carolina Performance-Client Service Agreement and agree to its terms and also serves as an acknowledgement that you have received the HIPAA notice form.

Signature of Client (or Guardian if under 18)

Date

Printed Name

Provider Signature

RECORD RELEASE AUTHORIZATION:

I hereby authorize my Carolina Performance provider to furnish information to insurance carriers concerning my illness/treatment.

Signature of Client (or Guardian if under 18)

Date

CREDIT CARD PAYMENT FOR PROFESSIONAL SERVICES

___ VISA ___ Mastercard

Name on Account (exactly as it appears on credit card)

Address (if different from the 1st page)

City

ZIP Code

Credit Card Number

Exp. Date

3 Digit Security Code
(on the back of the card)

I authorize my Carolina Performance Provider to bill the above credit card for professional services.

Signature of Card Holder

Date

PAYMENT FOR LATE CANCELLATION OR NO-SHOW

I authorize my Carolina Performance provider to bill the above credit card when I do not give advanced notice for a late cancellation or no-show, as per the ‘‘Carolina Performance – Client Agreement.’’ I understand that if I do not wish my credit card billed for this purpose, I am still responsible for paying these fees.

Signature of Card Holder

Date

CAROLINA PERFORMANCE—CLIENT SERVICES AGREEMENT

Welcome to Carolina Performance (CP). This document (the Agreement) contains important information about our professional services and business policies. **Although Carolina Performance providers work together with teams and businesses, we have separate, individual private practices in our offices at AIHF.** It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between you and your provider. You may revoke this Agreement in writing at any time. That revocation will be binding on CP unless we have taken action in reliance on it; if there are obligations imposed on your CP provider by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL/PSYCHIATRIC SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist/psychiatrist and the patient, and the particular concerns you are experiencing. There are many different methods CP may use to deal with the concerns that you hope to address. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with CP. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about CP procedures, we should discuss them whenever they arise. If your doubts persist, we would be happy to help you set up a meeting with another mental health professional for a second opinion.

Psychiatric medication management is often a component of the treatment a patient receives. Because of the importance of proper and safe management of medications, it is important that patient's provide all clinical information related to medical history (including relevant family history) and physical symptoms. That information allows for the current psychiatric presentation to be evaluated for a physical component or cause and for the selection of the most tolerable and safest medications in treating your condition. It is extremely important that your primary care doctor and all other clinicians providing you medical care are aware of the diagnoses and treatments that you have been given by each member of your total treatment team (both physical and mental health care providers). It is extremely important that you keep an

open dialogue with your doctors regarding how you are tolerating the medications so that appropriate interventions if needed can occur in a timely fashion. That underscores the necessity of your keeping all scheduled appointments with your psychiatrist and taking medications as they are prescribed. Your psychiatrist may not provide medication management to anyone who repeatedly does not take medications as agreed upon and prescribed.

MEETINGS

CP normally conducts an evaluation that lasts from 1 to 4 sessions. During this time, we can both decide if CP is best suited to provide the services you need in order to meet your treatment goals. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation** (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

PROFESSIONAL FEES

CP fees are available on the Pricing page of our website, www.CarolinaPerformance.net. In addition to appointments, CP charges this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of CP. If you become involved in legal proceedings that require your CP provider's participation, you will be expected to pay for all of his/her professional time, including preparation and transportation costs, even if your provider is called to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

LATE ARRIVALS

Patients are seen by appointment. If you arrive late, the appointment must end as scheduled and you will be charged for the full amount of your scheduled visit. This will allow us to see each patient when they are scheduled.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Your CP provider may help you fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, CP will provide you with whatever information we can based on our experience and will be happy to help you in understanding information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Manage Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to

short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. (Some managed care plans will not allow us to provide services to you once your benefits end. If this is the case, CP will do our best to find another provider who will help you continue your psychotherapy.)

You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. CP is required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your CP provider can provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier. Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above (unless prohibited by contract).

CONTACTING CAROLINA PERFORMANCE

Due to our work and travel schedules, we are often not immediately available by telephone. While we are usually available between 9AM and 8PM, we will not answer the phone when we are with a patient. When we are unavailable, our telephones are answered by a voicemail that we monitor frequently. You may call our voicemails 24 hours a day and leave a message. CP will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform CP of some times when you will be available. Do not leave phone numbers for CP to return your call if you would not want CP to identify ourselves to someone who answered the phone (family member, roommate, etc.) If you are unable to reach us and feel that you can't wait for CP to return your call, you may: contact another treating CP provider if you have one, contact your family physician, call the Hopeline at (919) 231-4525, call Holly Hill Hospital Respond Line at (919) 250-7000, or go to the nearest emergency room and ask for the psychologist/psychiatrist on call. In the event of a life-threatening emergency call 911.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist/psychiatrist. In most situations, your CP provider can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

CP providers may occasionally find it helpful to consult each other and other health professionals about a case. During a consultation, CP makes every effort to avoid revealing the identity of our patients. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called "PHI" in our Notice of Carolina Performance's Policies and Practices to Protect the Privacy of Your Health Information).

Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

If we believe that a patient presents an imminent danger to his/her health or safety, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where your CP provider is permitted or required to disclose information without either your consent or authorization:

If you are involved in a court proceeding and a request is made for information concerning the professional services that you have been provided, such information is protected by the psychologist-patient privilege law. Your provider cannot release any information without your written authorization, or a court order. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your provider to disclose information.

If a government agency is requesting the information for health oversight activities, your provider may be required to provide it for them.

If a patient files a complaint or lawsuit against CP, CP may disclose relevant information regarding that patient in order to defend CP. If a patient files a complaint or lawsuit against a CP provider, that provider may disclose relevant information regarding that patient in order to defend his or herself.

If a patient files a worker's compensation claim, and a CP provider's services are being compensated through workers compensation benefits, the CP provider must, upon appropriate request, provide a copy of the patient's record to the patient's employer or the North Carolina Industrial Commission.

There are some situations in which CP providers are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment. These situations are unusual in our practice.

If a CP provider has cause to suspect that a child under 18 is abused or neglected, or if we have reasonable cause to believe that a disabled adult is in need of protective services, the law requires that we file a report with the County Director of Social Services. Once such a report is filed, your CP provider may be required to provide additional information.

If we believe that a patient presents an imminent danger to the health and safety of another, we may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If such a situation arises, your CP provider will make every effort to fully discuss it with you before taking any action and your CP provider will limit the disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of our professions require that we keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and we believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of \$.25 per page (and for certain other expenses).

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and our privacy policies and procedures. Your CP provider is happy to discuss any of these rights with you.

TERMINATION

Clients are under no obligation to continue services should they decide to terminate at any time. However, we strongly urge that the CP provider be notified in person so that it can be discussed openly.

COMPLAINTS

Your CP provider will take reasonable precautions to minimize risks, insure your safety, and provide you with a positive experience. If at any time you believe that your CP provider has not been diligent in performing services, or you believe that your privacy rights have been violated by your CP provider, please bring it to our attention so we can address the matter. If there are concerns that we are not able to resolve to your satisfaction, the North Carolina Psychology Board can be contacted at (828) 262-2258 to review and evaluate any concerns that you may have. Alternatively, you may complain to the North Carolina Board of Licensed Professional Counselors, P.O. Box 1369 Garner, NC 27529 or the Secretary of U.S. Department of Health and Human Services. For CP psychiatrists, you have the option of contacting the North Carolina Medical Board. You have specific rights under the Privacy Rule. Your CP provider will not retaliate against you for filing a complaint.