

Patient Intake Form

Name: _____

Date: _____

Mailing Address:

Physical Address (if different):

Do you provide consent to receive mail at the mailing address (circle one)? Yes No

Email (ONLY if you want automated appointment reminders): _____

Telephone Numbers (Provide only numbers at which you provide permission to receive calls):

Home: _____

May leave a detailed message? Yes No

Mobile: _____

May leave a detailed message? Yes No

Date of Birth: _____ **Age:** _____ **Relationship Status:** _____

Student status/Occupation: _____

Contact Person (in case of Emergency):

Name: _____ **Relation:** _____ **Phone:** _____

Primary Care Physician: _____ **Phone:** _____

History:

> **Medical Problems:** _____

> **Current Medications:** _____

> **Allergies:** _____

> **Hospitalizations (Medical, Psychiatric, Substance Abuse) (include place and year):** _____

> Have you ever engaged in therapy before (circle one)?	Yes	No		
> Worked with a psychiatrist before (circle one)?	Yes	No		
> Family history of mental illness (circle one)?	Yes	No		
> Family history of substance abuse (circle one)?	Yes	No		
> Family history of suicide attempts (circle one)?	Yes	No		
> Personal history of suicide attempts (circle one)?	Yes	No		
> Personal history of violent behavior/assault/domestic violence (circle one)?	Yes	No		
> How often do you smoke (circle one)?	never	monthly	weekly	daily
> How often do you drink alcohol (circle one)?	never	monthly	weekly	daily
> How often do you use drugs (circle one)?	never	monthly	weekly	daily

Goals:

What would you like to gain from working with Dr. Green at Healthier Life PLLC? What are your goals?

Insurance (optional):

**** Dr Green at Healthier Life PLLC does not accept insurance. ****

**** You may wish to leave on file for lab-work and for medication prior authorization ****

Plan Name: _____ Group: _____
 Insured Name: _____ Insured ID: _____

RECORD RELEASE AUTHORIZATION:

I hereby authorize Healthier Life PLLC to furnish information to insurance carriers concerning my illness/treatment, including for medication prior authorization requests.

 Signature of Client (or Guardian if under 18) Date

CONSENT FOR TREATMENT:

Your signature below indicates that you have read the Healthier Life PLLC - Patient Services Agreement, agree to its terms and as an acknowledgement that you have received the HIPAA notice form.

 Signature of Client (or Guardian if under 18) Date

 Printed Name Signature of Provider

Patient Services Agreement

Welcome to Dr. Green's Healthier Life PLLC practice at Carolina Performance (CP). This document, the "Patient Services Agreement" (the Agreement) contains important information about Healthier Life PLLC (the Provider) and its professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that Healthier Life PLLC provides you with a notice of privacy practices for use and disclosure of PHI for treatment, payment, and health care operations. This notice explains HIPAA and its application to your personal health information in greater detail. The law requires that the Provider obtain your signature acknowledging that you were provided with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. The Provider can discuss any questions you have about the Provider's procedures. When you sign this document, it will also represent an agreement between you and Healthier Life PLLC (the Provider). You may revoke this Agreement in writing at any time. That revocation will be binding on the Provider unless the Provider has taken action in reliance on it; if there are obligations imposed on the 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.

ABOUT CAROLINA PERFORMANCE

Carolina Performance is a group of independently operating psychiatrists, psychologists, counselors, and therapists that offer integrated mental health services. We work together as a group for the purpose of sharing office space and necessary support and equipment to facilitate our ability to practice our professions independently. **We each have separate, individual private practices in our offices at AIHF.** At times, we may consult with one another for the purpose of treatment coordination and routine peer supervision. We operate under a single name ("Carolina Performance") at AIHF for ease or recognition. However, we are not otherwise bound to one another (e.g., no shared malpractice insurance).

PSYCHOLOGICAL/PSYCHIATRIC SERVICES

Psychotherapy/counseling 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 the Provider 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/psychiatric services 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.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, the Provider will be able to offer you some first impressions and treatment recommendations, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with the Provider. Therapy involves a commitment of time, money, and energy, so you should be very careful about the psychiatrist and/or therapist you select. If you have questions about the Provider's procedures, you should discuss them with the Provider whenever they arise. If your doubts persist, the Provider would be happy to provide you with contact information for 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 patients 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

The Provider normally conducts an evaluation that lasts from 1 to 2 sessions. During this time, we can both decide if the Provider 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 business 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

Fees are available on the Pricing page of the website, www.HealthierLife.biz. In addition to appointments, the Provider charges this amount for any other professional services you may need, though the hourly cost will be pro-rated if the Provider works 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 the Provider. If you become involved in legal proceedings that require the Provider's participation, you will be expected to pay for all of the Provider's professional time, including preparation and transportation costs, even if the Provider is called to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for each session in full at the time it is held.

LATE ARRIVALS

Patients are seen by appointment only. 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 the Provider to see each patient when they are scheduled.

INSURANCE REIMBURSEMENT

In order 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. The Provider may help you fill out forms and provide you with whatever assistance she can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your policy covers. The Provider is not in-network with any insurance company at her Carolina Performance private practice. You will need to file the Provider's billing receipt with your insurance company using your out-of-network benefits.

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, the Provider will provide you with whatever information she can based on her experience and will be happy to help you in understanding information you receive from your insurance company. If it is necessary to clear confusion, the Provider will be willing to call the company on your behalf, if you are assigned a case manager and can provide the Provider with a name and extension for your insurance case manager during your appointment and with your input.

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.

You should also be aware that your contract with your health insurance company may require that the Provider furnish it with information relevant to the services that she provides to you. The Provider may be required to provide a clinical diagnosis. Sometimes she may be required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, she 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. The Provider can discuss with you any report she submits, if you request it. If you decide not to sign a release for your insurance company, The Provider will not communicate with your insurance company. It is important to remember that you always have the right to pay for the Provider's services yourself without filing for out-of-network reimbursement to avoid the problems described above.

CONTACTING THE PROVIDER

Due to work and travel schedules, the Provider is often not immediately available by telephone. The Provider will not answer the phone when she is with a patient. The Provider's telephone is answered by a voicemail that is monitored daily. You may call the Provider's voicemail 24 hours a day and leave a message at 919-676-9699 ext. 8. The Provider will make every effort to return your call

during normal business hours on the same day you make it, with the exception of weekends and holidays. Be aware that the Provider's call may come through as a private caller when she is not at the Carolina Performance offices. If you request a return call, make sure your phone is set up to receive calls from a private caller. If you are difficult to reach, please inform the Provider of sometimes when you will be available. Do not leave phone numbers for the Provider to return your call to if you would not want the Provider to identify herself to someone who answered the phone (family member, roommate, etc.). Be aware that the Provider generally does not use email for patient related communications due to potential privacy concerns. You must call the Provider by telephone if you need to communicate outside of scheduled sessions. If you are unable to reach Dr. Provider and feel that you can't wait for the Provider to return your call, you may: contact another treating counselor/therapist 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. Additionally, Wake and Durham county residents may call Alliance Behavioral Health at 800-510-9132 which is available 24 hours daily, including for crises. 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 psychiatrist. In most situations, the 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 and 42CFR. 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, the Provider makes every effort to avoid revealing the identity of her 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 the Provider believes that a patient presents an imminent danger to his/her health or safety, she may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

The Provider reserves the right to look up any of her patients on the North Carolina (and surrounding states) Physician Monitoring Program to determine if there are controlled substance prescriptions provided by other doctors/dentists/etc. If the Provider feels there are drug-drug interactions that put her patient in imminent danger of overdose or death, the Provider reserves the right to contact the prescribing physicians or pharmacists in the system. The Provider will do her best to discuss this with the patient should it arise. Privacy of active felonious activity (i.e., doctor shopping for controlled substances) is not protected under HIPAA or 42CFR.

There are some situations where the 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 doctor-patient privilege law. The Provider cannot release any information without your written authorization unless

there is 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, the Provider may be required to provide it for them.

If a patient files a complaint or lawsuit against the Provider, she may disclose relevant information regarding that patient in order to defend herself.

There are some situations in which the Provider is legally obligated to take actions, which she believes are necessary to attempt to protect others from harm and she may have to reveal some information about a patient's treatment. These situations are unusual in Dr. Green's Healthier Life PLLC practice:

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

If the Provider believes that a patient presents an imminent danger to the health and safety of another, she 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, the Provider will make every effort to fully discuss it with you before taking any action and 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 the Provider is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of her profession require that the Provider 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 the Provider believes that access is reasonably likely to cause substantial harm to such other person, you may examine 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, the Provider recommends that you initially review them in her presence, or have them forwarded to another mental health professional so you can discuss the contents.

PATIENT RIGHTS

HIPAA provides you with expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that the Provider 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 the Provider's 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. The Provider is happy to discuss any of these rights with you.

TERMINATION

Patients are under no obligation to continue services should they decide to terminate at any time. However, it is strongly urged that the Provider be notified in person so that it can be discussed openly.

COMPLAINTS

The Provider will take reasonable precautions to minimize risks, ensure your safety, and provide you with a positive experience. If at any time you believe that the Provider has not been diligent in performing services, or you believe that your privacy rights have been violated by the Provider, please bring it to her attention so we can address the matter. If there are concerns that we are not able to resolve to your satisfaction, the North Carolina Psychiatric Association can be contacted to review and evaluate any concerns you may have. Alternatively, you may complain to the Secretary of U.S. Department of Health and Human Services or the North Carolina Medical Board. You have specific rights under the privacy rule. The Provider will not retaliate against you for filing a complaint.

Credit Card Authorization Form

Patient Name: _____ **Date of Birth:** _____

**** Please complete all fields.

**** You may cancel this authorization at any time by providing written notice to Healthier Life PLLC.

**** This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type (circle one):	MasterCard	VISA	AMEX	Other _____
Cardholder Name (as shown on card):	_____			
Card Number:	_____			
Expiration Date (mm/yyyy):	_____			
Cardholder Billing ZIP Code:	_____			

I, _____ (cardholder), authorize Healthier Life PLLC to charge my credit card above for professional services rendered to _____ (patient). I understand that my information will be saved to file for future transactions on my account.

Signature of Card Holder _____ Date

Payment for Late Cancellation or No-Show

I authorize Healthier Life PLLC to bill my above credit card the full appointment fee when _____ (patient) does not give full 24 business hours advanced notice for cancelling an appointment or if there is a no show for a scheduled appointment. I understand that full payment is required for each missed appointment, or late cancellation, prior to rescheduling further appointments.

Signature of Card Holder _____ Date