

# NEW HOPE

## COUNSELING CENTER

*A Ministry of Christ The King Lutheran Church*  
11220 Oakhurst Road, Largo, FL 33774  
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Email: russ@ctklc.org

### INTAKE

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

Sex: M F DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (H) \_\_\_\_\_

(C) \_\_\_\_\_

MARITAL STATUS: S M D W EDUCATION LEVEL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

REASON FOR REFERRAL:  
\_\_\_\_\_  
\_\_\_\_\_

#### FAMILY MEMBERS

#### MEDICAL HEALTH ISSUES

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

#### INSURANCE INFORMATION:

INSURANCE CO. \_\_\_\_\_ PHONE: \_\_\_\_\_

POLICY ID#: \_\_\_\_\_ GROUP #: \_\_\_\_\_

PRE-AUTHORIZATION # (IF APPLICABLE) \_\_\_\_\_



## ***Health Insurance Portability and Accountability Act (HIPAA)***

### ***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET A COPY OF THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

If you have any questions or if you do not understand any part of this Privacy Notice, please discuss with your counselor.

This notice is to help you to understand private health information (PHI), how it may be used or shared, and what your rights are to permit, review, obtain, amend, restrict, or revoke release of your PHI. We are required by law (Health Insurance Portability and Accountability Act - HIPAA Privacy Rule) to give you this notice. This notice will describe for you examples of how your information may be used or shared.

PHI includes identifying information (name, date of birth, social security number, address, diagnosis, lab results, medications prescribed, services billed, paid for, or denied) that we have received from you directly, which was created in the course of your care with New Hope Counseling Center, received from other healthcare providers, or provided by your healthcare insurance provider. The Health Insurance Portability and Accountability Act (HIPAA Privacy Rule) permits New Hope Counseling Center (NHCC) to exchange your PHI for treatment, payment, and behavioral healthcare operations.

By law NHCC is required to:

- Keep your PHI information protected and private;
- Provide you with a notice of NHCC duties and policies concerning your personal data;
- Comply with federal, state, and NHCC policies protecting your personal data;
- Notify you of any unauthorized acquisition, access, use or disclosure of PHI not permitted under HIPAA Privacy Rule unless there is a low probability the PHI has been compromised based on a risk assessment.

**NHCC does not need your permission to release your PHI:**

- to receive payment for your treatment;
- to conduct organizational operations including the review of client care and areas to improve;
- to provide, coordinate, or manage your behavioral health care and any related services within NHCC, or with an entity with whom NHCC has a properly executed Business Agreement, and includes sharing information with a third party that has already obtained your permission to have access to your PHI;
- to use and share your information in an emergency treatment situation;
- to comply as required by federal, state or local law;
- to lessen or prevent a serious threat to health or safety;
- to comply with Public Health Activities, NHCC may share information about you as necessary in the report of death, abuse, neglect, or domestic violence as required by law, or report to public health authorities to control or prevent disease, injury, or disability;
- to comply with civil rights laws;
- to comply with law enforcement officials for specific purposes such as by a court order or similar legal process requires us to do so, protective services for Government Officials, National Security and Intelligence Activities;

### **NHCC does need your written permission:**

NHCC will seek your written permission for the following types of PHI disclosures:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes;
- Disclosures that constitute a sale of protected health information;
- Other uses and disclosures not described in this Notice.

Uses of information which need your written permission, called an “**authorization**”, are described above. You have the right to change or deny your written authorization at any time. To “**revoke**” (deny) your authorization, contact your New Hope Counseling Center care professional to discuss your situation and how it will affect your treatment. Please be advised that we are unable to retrieve any information NHCC was previously authorized by you to release.

### **Your Rights Regarding Your Health Information:**

- You have the right to ask to inspect or request your health information that has been created in electronic, digital, or paper form. Under some circumstances we may deny your request to inspect or copy your information.
- You have the right to **amend or change** any health information used to make decisions about your care. Be advised, we may deny your request for amendment if you ask us to amend information that:
  - Was not created by NHCC;
  - Was created by someone no longer available to make the amendment;
  - Is not part of the information which you would be permitted to inspect or copy, or;
  - Is accurate and complete.

You have the right to **request information release restrictions**. You may request that NHCC restricts uses or disclosures of PHI about your care for treatment, payment, or health care operations, but the HIPAA Privacy rule states that NHCC is not required to agree to a restriction, except when you do not want your health care insurance provider to be notified, and you have paid in full with your own resources for services you received. We are not required to agree to a restriction that is needed to provide you with emergency care. We may also deny a restriction if it is not in writing or does not include a reason to support the request.

You have the right to request an “**Accounting of Disclosures**”. Be advised that we cannot account for any time periods that are beyond six years from the date of request. Note that by law we are not required to account for disclosures regarding treatment, payment, or healthcare operations, or information which you have given NHCC written authorization to release.

You have the right to request that NHCC contact you in a confidential manner in regards your care such as appointment reminders, or mail notifications.

You have the right to receive a paper copy of this Privacy Notice at any time.