

**LAUREL HEALTH SERVICES PATIENT INFORMATION**

(Please print and fill out completely)

PATIENT'S NAME \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Marital Status \_\_\_\_ Occupation \_\_\_\_\_

Employer/School \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IF PATIENT IS A MINOR, PARENTS' NAMES AND ADDRESS(ES) \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance Name, Address, and Phone Number \_\_\_\_\_

Name and Birthdate of Person Insured \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

I.D. # \_\_\_\_\_ Employer or Group No. \_\_\_\_\_

Secondary Insurance Name, Address, and Phone Number \_\_\_\_\_

Name and Birthdate of Person Insured \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

I.D. # \_\_\_\_\_ Employer or Group No. \_\_\_\_\_

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PERSONAL MEDICAL HISTORY**

Patient's physician:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Patient's therapist or psychiatrist:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



## LAUREL HEALTH SERVICES - CONSENT FOR EVALUATION AND TREATMENT

Laurel Health Services is a private psychiatric and therapy practice providing evaluation and treatment services to children, adolescents, and adults. All psychiatrists and therapists at LHS are professionals licensed by the State of Connecticut to evaluate and treat emotional, behavioral, and mental problems.

Your psychiatrist or therapist will meet with you for one to three sessions to assess your problems. He or she will then discuss the results of the evaluation and the recommended treatment plan.

While we hope to be of help to you, we cannot guarantee treatment outcome. When you have questions or concerns about your work with us, please discuss them with your psychiatrist or therapist.

You may seek a second opinion or withdraw from treatment at any time, and we will make every effort to facilitate your consultation with or transfer to another therapist. We will offer that same referral help in the event that we find it necessary to end our work with you.

If you are covered by a managed care contract, the fee schedule is set by the insurance company. You will be responsible for deductibles and co-payments, due at the time of the appointment. If co-payments or deductibles are billed, there will be a 2% charge added each month for unpaid balances. If you are not using insurance, you and your therapist will discuss and set fees. You should discuss with your therapist when payment is expected.

Please keep in mind that most insurance policies cover only treatment that the insurer defines as "medically necessary" ; therefore, therapy used for "personal growth" or "support", etc. may not be covered.

**A fee will be charged for appointments missed or cancelled without 24 hours advance notice.** Your insurance will not pay for any missed appointment charges. Repeated no-shows or cancellations may be grounds for ending treatment.

Full session \$50

Half session or medication \$25

In addition to direct services for psychotherapy or medication, it may be necessary to provide a range of **indirect case management services**. Your insurance company will not pay for such services. The charge for office-based case management services is \$110 per hour prorated. Specific case management services may include but not limited to:

1. Letters written on your behalf.
2. Written reports after the initial evaluation
3. Any phone or written contact with your insurance company beyond normal treatment reviews.
4. Travel to and attendance at any required treatment meetings or extended phone consultations with other professionals.

**Returned checks** will be charged \$20.

Treatment may be ended if you fail to pay any charges accrued. Overdue accounts may be turned over to a collection agency, and you will be responsible for all reasonable associated costs.

Please discuss the information on this statement with your psychiatrist or therapist before signing. **My signature indicates that I have read and understand this document and have been given a copy. I am voluntarily requesting evaluation and treatment services from Laurel Health Services. I agree to abide by payment and cancellation policies. I have been given a copy of the Notice of Privacy Practices for Protected Health Information.**

**Printed name** \_\_\_\_\_

**Signature and Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**I authorize the release of any medical or other information necessary to process my insurance claim.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**I authorize payment of medical benefits to the treating physician or therapist for services rendered.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Medicare or Medicaid only: I authorize my physician or therapist to release to the Health Care Financing Administration or the State of Connecticut any information necessary to determine these benefits.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Notice of Privacy Practices for Protected Health Information**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Laurel Health Services is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and healthcare operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. We are not required by federal law to obtain written authorization for these purposes. However, Connecticut state law requires written consent for disclosure of PHI. We will obtain written authorization for any disclosure. Such information may include documenting your symptoms, examination and test results, diagnosis, and treatment. It also includes bills and documents for those services. You may request restrictions on the use and disclosure of protected health information for these purposes.

### **Examples of Uses of Your Health Information that do not Require Written Authorization:**

#### **Treatment Purposes:**

- When your psychiatrist or therapist believes that you are at risk to hurt yourself or others or risk of injury to property of others.
- Obtaining a supervisory consultation with a professional colleague

#### **Payment Purposes:**

- Submitting a billing form to your insurance company
- Submitting a treatment plan requested by a managed care company
- Request for or auditing of the medical record by an insurance company
- Submitting information to the state insurance commissioner to resolve disputes with insurance companies

### **Examples of Uses of Your Health Information for Healthcare Operations:**

- Participating in a quality improvement or outcome evaluation
- Obtaining hospital privileges

### **All other Disclosures require written authorization from you or your guardian**

- All communications between your psychiatrist and therapist
- All communications with your medical doctors.
- Obtaining records from hospitals and other mental health facilities.
- Communicating with your lawyer, DCF worker, school, etc.

### Your Health Information Rights

**The health and billing records we maintain are the physical property of LHS. The information in it, however, belongs to you. You have the right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering the request to your therapist or psychiatrist. We are not required to grant this request, but we will comply with any request granted.
- Obtain a copy of the current Notice of Privacy Practices for Protected Health Information from your therapist or psychiatrist.
- Request that you be allowed to inspect and copy your medical record and billing record. There will be a reasonable charge for copying of the medical record. This request must be in writing. There are certain limited grounds under which we can deny access to records in part or all.
- Appeal a denial of access to your Protected Health Information.

- Request that your medical record be amended to correct incomplete or incorrect information. This request must be in writing. We may deny your request if you ask us to amend information that:
  1. Was not created by us
  2. Is not part of the health information kept by LHS
  3. Is not part of the information that you would be permitted to inspect
  4. Is accurate and complete
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained in the medical record.
- Request that communication of your health information be made by alternative means or at an alternative location.
- Obtain an accurate accounting of disclosures of your health information by a request in writing. An accounting will not disclose disclosures of information for treatment, payment and healthcare operations, disclosures made at your request or authorized by you.
- Revoke authorizations that you made previously to use or disclose information by delivering a written notice.

### Our Responsibilities

#### **LHS is required to:**

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information with you

We reserve the right to amend, change, or eliminate provisions in our privacy practices and to enact new provisions regarding the protected information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by a request to your therapist or psychiatrist. The revised copy of the Notice will be posted on our website (laurelhealthservices.com).

### To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact your therapist or psychiatrist. If you are not satisfied with the response, you may contact our privacy officer:

Kenneth Wenning  
295 Washington Ave  
Hamden, CT 06518  
203-287-8227

If you believe that your rights have been violated, you may file a written complaint with our privacy officer. You also have the right to an independent review of any decision we make. You may also file a complaint with the federal Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment from LHS.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

### Other Disclosure and Uses

Communication with family

- We will discuss with you your preferences about communication with your family, other relatives, close personal friends or any other person you identify concerning your health information. We will attempt to follow such preferences.
- If you are a minor, we will discuss with you and your family your preferences for private communication with your therapist or psychiatrist. However, if we feel that you are at risk, we may need to communicate to your parents without your permission. We will attempt to notify you of this communication if possible.

#### Danger to self or others

- If we feel you are at serious risk to commit suicide, we are obligated by Connecticut state law to protect you. This could include notifying your family or friends, calling the police, or sending you to the hospital without your consent.
- If we feel you are at serious risk to physically hurt someone else, we are obligated by Connecticut state law to protect that person by either notifying that person or arranging for you to be in a safe place where you cannot cause harm.

#### Abuse and neglect

- We are required by Connecticut state law to disclose to the state child abuse and neglect, abuse and neglect of the mentally retarded, and elder abuse and neglect.

#### Workers Compensation

- If you are seeking compensation through Workers Compensation or the treatment is paid by Workers Compensation, then we may disclose your protected health information to the company insuring the Workers Compensation.

#### Social Security Disability

- If you apply or receive social security disability, we may disclose protected health information to the Social Security Administration.

#### Food and Drug Administration

- We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, and medicines.

#### Public Health

- As authorized by law, we may disclose your protected health information to public health agencies charged with preventing or controlling disease, injury or disability.

#### Employers

- We may release health information about you to your employer only if we provide health care services to you at the direct request of your employer. Use of group health insurance does not usually allow disclosure of health information to your employer but you may need to check with your employer to be sure. Employee assistance programs may or may not require such release. You should ask the employee assistance program. This should be discussed at the time of your first contact with us.
- All other disclosures to employers would require a specific release of information allowing us to disclose protected health information. If you request a letter or report to be sent to your employer, we will assume you are giving us a specific authorization to disclose that information.

#### Law Enforcement

- We may disclose your protected health information for law enforcement purposes as required by state and federal law.
- We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law.

**Effective date: April 1, 2003**