

New Horizon Counseling Center

Date: _____

(PLEASE COMPLETE THIS FORM CAREFULLY)

Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ SSN: _____ Sex: _____ Race: _____

Address: _____

I am currently: Single Cohabiting Engaged Married Divorced Separated Widowed

Education (last year completed): _____ School: _____

Employer: _____ Occupation: _____

Home# _____ Cell# _____

Work # _____ Email: _____

Which number may we leave a confidential message? Home Work Cell Other: _____

Would you like to receive appointment reminders? Yes No

Emergency Contact's Name, Number, & Relation to You: _____

Person/ Organization who referred you: _____

Insurance Information

Name of Insured: _____ Insured's Birth Date: _____

Insured's relationship to Client (please circle one): Self / Spouse / Child / Parent / Other: _____

Insured Address: _____
Street City State Zip

Insured Employer: _____ Insurance Company: _____

Insured Home#: _____ Insured Cell#: _____

I hereby authorize the release of any and all protected health information NHCC may need to process payment for services received. I also hereby authorize any insurance company payments to be made directly to New Horizon Counseling Center. NHCC will only communicate patient's protected health information according to the terms of our Privacy Rule.

Client Signature: _____ Date: _____

Marriage and Family

Spouse's Name: _____ Date of Birth: _____

Present Employer: _____ Home# _____ Cell# _____ Work# _____

Years Married _____ Previous Marriages: _____ How did the marriage(s) end? _____

Children's Names	Age	Sex (M/F)	Living? (Y/N)	Birth Parent? (Y/N)

Briefly describe your childhood: _____

Number of siblings: _____ Number of siblings living: _____ Mother: Living Deceased Father: Living Deceased

Your Birth Order: Only Child Oldest Middle Youngest Other _____

New Horizon Counseling Center

Consent to Treatment

New Horizon Counseling offers psychotherapeutic services. The therapy relationship is both professional and confidential. What is revealed in this setting is protected by legal, professional and ethical standards, such that, with a few important exceptions; all material is confidential and not released without your written consent. Regarding ethical and legal issues, if there is a reasonable possibility of your harming others or yourself, the therapist is responsible to inform others in order to protect them and/or you. If there is a reasonable possibility of child abuse, or evidence of elder abuse, this must be reported immediately to the proper protective service. There is no statute of limitations for abuse cases so, conceivably a report on past abuse might be required in order to assure a child or elder's protection. Depending on the circumstances, a report could result in an investigation by authorities to determine if legal action is warranted. New Horizon Therapeutic team (counseling center only) meet weekly for the supervision where cases are discussed to assure that the client is receiving the best counsel that we can provide. We are committed to protecting the privacy of the client.

I have read the above and understand that the therapy relationship is a private and confidential one with the exceptions noted above. I also agree to meet my financial obligation for each session.

Client Signature: _____ Date: _____

Financial Policy

New Horizon Counseling Center (NHCC) accepts many different insurance plans including EAP (Employee Assistance Program). EAP sessions are covered at 100% by participating employers for an authorized number of sessions. Some health insurance carriers require the client to pay a co-pay, co-insurance, or deductible, depending on the client's plan. NHCC may give an estimate of what your out-of-pocket expense might be, but it is the client's responsibility to know their plan benefits. There is no guarantee that services will be covered by your insurance.

First time visits (evaluations/assessments) are \$100. The fee is \$90 per 50-60 minute session. Sessions longer than 60 minutes will be billed an additional \$15 per 15 minutes. Payments are to be made directly to New Horizon Counseling Center and are required at time of appointment. A sliding scale fee/reduced fee is offered upon request depending on your financial situation. NHCC accepts cash, checks, credit cards, and HSA (Health Savings Account) cards.

There is a returned check fee of \$15 per bounced/canceled check, and a late fee of \$5 per month on account balances that are not paid (unless other arrangements have been made with our billing department).

If a conflict arises and an appointment must be cancelled or rescheduled, 24 hours' notice is required to avoid being billed for the cancelled appointment in the amount of \$50.00. Fee may be waived in the event of an emergency or illness.

Financial Agreement

If I am currently uninsured, or my insurance does not cover and/or pay for these services, I understand that I have sole responsibility, and agree to pay, for all services received. I also understand I am responsible for any collection of payment amounts incurred, including third-party collection efforts and attorney fees.

I understand the Financial Policy of New Horizon Counseling Center and agree to them.

Client Signature: _____ Date: _____

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HIPAA/Privacy Rule Notice

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule was instituted by the Department of Health and Human Services (hereafter, DHHS) in order to protect consumers of healthcare, providers of healthcare and healthcare networks. This law requires that healthcare providers comply with certain procedures regarding the health information of a client. In short, the HIPAA privacy rule regulates the circumstances and conditions under which a “covered entity” may use or disclose “protected health information” (PHI). (45 C.F.R. Parts 160, 164)

Protected Health Information (PHI) is any information which identifies a person and discloses information about his physical or mental health, healthcare provided to him or payment for said healthcare.

A **Covered Entity** is defined as a health plan, a health care provider who bills insurance carriers for services rendered, or a health care clearing house that processes health insurance claim forms for payment to providers.

New Horizon Counseling Center follows the Code of Ethics published by the National Association of Social Workers (A copy of this document is available for review from the Privacy Officer) which states that we shall maintain client confidentiality to the fullest extent allowed by law. Therefore, New Horizon Counseling demonstrates a good faith effort toward following HIPAA regulations.

Under the Privacy Rule, the permitted uses and disclosures are:

- To the client
- For treatment
- As authorized

Additional uses and disclosures include those related to:

- Reporting on victims of domestic violence or abuse, as required by law
- Court orders
- Workers' compensation laws
- Serious threats to health or safety
- Government oversight

The therapist will abide by the Privacy Rule as well as state and federal laws governing PHI. In addition, the therapist will meet the “minimum necessary requirement”.

Minimum Necessary Requirement

When disclosing information, the therapist will make a reasonable effort to limit PHI to only that information which is necessary to fulfill the purpose of the use, request, or disclosure.

The minimum necessary requirement does NOT apply to the following situations:

- Disclosures for treatment purposes
- Information sharing between therapists and client
- Disclosures when client authorization is given
- Disclosures required by law or for compliance with Privacy Rule

In order to ensure compliance with the minimum necessary requirement, an authorization to release information must be signed by the client. The therapist will provide the authorization form. A copy of the release form will be kept in the client record and a copy is available at the client's request. In addition, the therapist will go over any information to be released prior to the actual release. The therapist will not use an entire clinical record except when justified to accomplish the purpose of the use, request, or disclosure. New Horizon Counseling Center makes every effort to ensure that PHI is kept safely and securely, with a minimal number of staff having access to that information. In our offices, the client's PHI will be available to the client's therapist, our secretarial staff, and to the supervising therapist.

I have been given an opportunity to read and ask questions about this document. I know that I may be given a copy upon request.

Client Signature _____ Date _____

Witness Signature _____ Date _____