

SUMMIT COUNSELING CENTER

Insurance Information

Please provide the information regarding insurance(s) and/or health plan(s) to be utilized:

Primary Insurance Company: _____	
Primary Policy Holder: _____	D.O.B. _____
Insured's ID #: _____	Insured's Group #: _____

I authorize Summit Counseling Center, LLC to release information to the insurance companies provided on this form in order to submit insurance claims on my behalf. This authorization extends to the extent necessary to obtain payment for the services provided to me, and includes authorization to release information about mental health, substance use, or diagnoses as required. In consideration of the services provided to me, I assign all benefits to Summit Counseling Center, LLC if accepted, and authorize my insurance companies, Medicare, or other third-party payers to make payments directly to Summit Counseling Center, LLC and its affiliates. **I UNDERSTAND THAT I REMAIN RESPONSIBLE FOR ALL AMOUNTS DUE BY ME,** including (but not limited to) copays, coinsurance, deductible amounts, and all services not covered by my insurance plan (including those for which I fail to obtain prior authorization), and mutually agreed-upon services or fees that are deemed not medically necessary.

I hereby authorize my insurance benefits to be paid directly to the Summit Counseling Center for the services rendered. I understand and accept full financial responsibility for all non-covered charges or services.

Signature of Patient (or parent/legal guardian of patient less than 18 years of age) Date

Signature of Financially Responsible Party (if other than patient) Date

SUMMIT COUNSELING CENTER**Notice of Privacy Practices**

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.

Summit Counseling Center (the "Practice") is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

• You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.

• The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say "yes" to all reasonable requests.

To limit what is used or shared.

• You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.

• If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.

- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

• You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice using the following information:

Summit Counseling Center
6400 Lee Hwy, Suite 106
Chattanooga, TN 37421
Attn: Practice Manager
423-855-0402

• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- The Practice will not retaliate against you for filing a complaint.

To opt out of receiving fundraising communications.

- The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.

OUR USES AND DISCLOSURES**1. Routine Uses and Disclosures of PHI**

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

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2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

- Serious threat to health or safety: To prevent a serious and imminent threat.

- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.

- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.

- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.

- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.

- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.

- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.

- Organ Donation: For organ donation or transplantation.

- Research: For research that has been approved by an institutional review board.

- Inmates: The Practice created or received your PHI in the course of providing care.

- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:

To your family, friends, or others if PHI directly relates to that person's involvement in your care.

If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

Marketing, sale of PHI, and psychotherapy notes.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.

- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.

- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website www.summit-cc.org.

- The Practice will inform you if PHI is compromised in a breach.

This Notice is effective on 1/1/2022.

Signature of Patient (or parent/legal guardian of patient less than 18 years of age)

Date

SUMMIT COUNSELING CENTER**Client History**

Why are you seeking help now? - *What is happening or is different? What stressors do you have? What do you hope will be different by seeking help?*

Please give more details about the issue you named above: - *When did it start? How often does it happen? How does it affect your life? How have you dealt with it so far?*

Have you ever experienced similar or other mental health symptoms before? - *Please describe any previous mental health issues or concerns, and whether you have had any previous mental health services.*

Has anyone in your family ever experienced mental health or substance use issues? - *If so, who was it? Did they seek help or get a diagnosis?*

Do you have any current or prior medical issues? - *If so, please list.*

Are you currently prescribed any medications? - *If so, please list the name, dosage, how often you take it, and the prescriber for each medication.*

Do you now, or have you ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed? - *If so, which? When did you start, how often did/do you use, and how long did this occur? Please list each substance separately.*

Who is in your family? What is your relationship with them like? - *Please list family members: spouse/partner, children, parents, siblings, etc.*

What social activities and relationships do you engage in? - *What is your current level of satisfaction with your friends/social support? Do you belong to any social clubs or organizations? Any hobbies?*

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What spiritual practices and cultural influences are important to you? - *Do you have any religious affiliation? If so, what is your frequency of involvement?*

What was life like as you were growing up, both at home and in school? - *Please describe any home- or school-related positive experiences or challenges you experienced while growing up.*

What significant educational and work/volunteer experiences have you had? - *What is the highest level of education you have completed? Are you currently employed? If so, where and for how long?*

Do you have any current or prior legal issues? - *Were you ever arrested or charged with a crime or misdemeanor? Do you have any involvement with the civil courts, such as a lawsuit or family law matter (child custody, etc.)? If so, please describe them.*

How were you referred to us? May we thank them? Anything else important to know about you? - *Let us know how you found us/who referred you, and if we may thank them! Also list anything else you think would be helpful (strengths/abilities, coping skills, etc).*