SOCIAL HISTORY/PALMETTO FAMILY ENRICHMENT CENTER

SSN_____

DATE_____ REFERRED BY:_____

NAME_____ SEX: MALE_____ FEMALE_____

ADDRESS_____ CITY_____ZIP_____

DATE OF BIRTH_____ AGE_____ PHONE NO._____

WHERE WERE YOU BORN?_____

WHERE WERE YOU RAISED?_____

ARE YOU ADOPTED?_____ BY WHOM WERE YOU RAISED?_____

FATHER'S OCCUPATION_____ MOTHER'S OCCUPATION_____

HOW MANY BROTHERS?_____ HOW MANY SISTERS?_____ WHAT NUMBER WERE YOU?_____

HOW MANY HALF-BROTHERS?_____ STEP-BROTHERS?_____

HOW MANY HALF-SISTERS?_____ STEP-SISTERS?_____

FAMILY HISTORY (CHECK ONE) HAVE YOUR RELATIVES HAD?

Emotional Problems _____Yes _____No_____

Drug or Alcohol Problems _____Yes _____No_____

Medical Problems _____Yes _____No_____

Describe what your family situation was like when you were growing up. (Examples: Stable Happy, Secure, Abusive).

How did the family get along? _____

_____

_____

EDUCATIONAL HISTORY: Highest Grade ***Completed*** in School _____

How did you do in school?_____

If you repeated any Grade(s), which one(s)?_____

Any Special Classes?_____

CURRENT MARITAL STATUS: (Check One) Married____ Single____ Divorced ____ Separated____ Widowed___

How many times have you been married? _____ If married now, how long?_____

How is your marriage now?_____

_____

Number of Children: Boys_____ Girls_____ (Deceased_____)

Prior marital history:_____

_____

(OVER)

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PRESENT PHYSICAL HEALTH:

Excellent_____ Good_____ Fair_____ Poor_____

Please explain any current health problems you have:_____

_____

_____

Any history of head injury or loss of consciousness?_____

_____

WORK HISTORY:

Present Occupation_____

Place of Employment _____ How long at present job?_____

Present Spouse's (Partner's) Occupation_____

Spouse's (Partner's) Place of Employment_____

What was your previous job and employer?_____How long?_____

When was the last time you worked?_____

What other jobs have you had?_____

_____

_____

Which is the longest job you have had and how long did you keep it?_____

_____

How would you describe your overall work activity?_____

_____

How would you describe your problems? _____

_____

_____

Have you had any past treatment for psychological problems? _____

_____

_____

_____

MEMORY RESOURCE CENTER

1330 Boiling Springs Road, Suite 2800
Spartanburg, SC 29303
(864) 573-6908

FINANCIAL POLICY

FEES:

Fees for memory assessment are based on current Medicare rates. Charges for total basic memory assessment including initial session, testing, and report are $303.64. Medicare will pay for approximately 80% of this charge (after your deductible has been met for the year). Most supplements will pay for the remaining charge. WE ARE NOT IN THE BLUE CROSS BLUE SHIELD STATE HEALTH PLAN (APS) NETWORK AND THEY WILL NOT PAY FOR ANY CHARGES INCURRED IN OUR OFFICE. If you do not have a supplemental policy, your portion of the basic memory assessment will be $65.58 and payment is due at the initial appointment. ***If your referring physician or Dr. Diehl feel that a more extensive evaluation is necessary these charges would increase.***

PAYMENT:

Patients who have Medicare only are responsible for the Medicare co-payment described above at the time of service. If you have supplemental coverage your co-payment will be filed with that company (except Blue Cross Blue Shield State Health Plan or APS). Our office will bill you for any unpaid balance after Medicare and your supplement have responded.

CANCELLATIONS:

All clients are required to give a **24 HOUR NOTICE** if a cancellation is necessary. A 50% fee will be charged for NO SHOW or SAME DAY CANCELLATION. Please be reminded that there is no insurance coverage for missed appointments.

I understand that I am responsible for payment of charges not covered by my insurance companies and agree to the terms stated above.

_____ _____

Signature ***Date***

(OVER)

PATIENT INFORMATION FORM

NAME:_____ HOME PHONE:_____

HOME ADDRESS:_____CITY:_____

ZIP CODE:_____WORK PHONE:_____

AGE:_____DATE OF BIRTH:_____

PARENT'S (If Minor)
or SPOUSE'S NAME:_____WORK PHONE:_____

PHYSICIAN:_____PHONE:_____

WHOM MAY WE THANK FOR REFERRING YOU?_____

WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?_____

RESPONSIBLE PARTY SOCIAL SECURITY #:_____

I WILL BE PAYING TODAY BY CASH____CHECK___CREDIT CARD___

I understand and agree that, (regardless of my insurance status), ***I am ultimately responsible for the balance of my account for any professional services rendered.*** *I have read all the information on both sides of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.*

_____ _____

Signature Date

Palmetto Family Enrichment Center, P.C.

Luther A. Diehl, Ph.D.
Clinical Psychology

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Patient Name _____ Patient ID No. _____

Patient date of birth _____

Person or Organization Disclosing the Information:

Luther A. Diehl, Ph.D.

Person or Organization Receiving the Information:

Specific Description of the Information to be Disclosed:

Evaluation results

The purpose of this request is:

Treatment

This authorization will expire on: Date: _____ OR when the following occurs: _____

I hereby authorize the use or disclosure of my protected health information as specified above. I understand that this authorization is voluntary and that I may refuse to sign it. I understand that I may revoke this authorization at any time by giving written notification to my provider or any member of the office staff. A revocation will not affect any action taken in reliance on the authorization prior to the revocation. Other limitations on my right to revoke this authorization may be found in my provider's Notice of Privacy Practices. I understand that, if the recipient is not a health care provider or a health plan, the information disclosed under this authorization may no longer be protected by federal privacy regulations and may be re-disclosed by the recipient. I understand that I should receive a copy of this authorization, even if I do not ask for it.

I understand that treatment may not be denied if I refuse to sign this authorization, except: (1) If the authorization is the very reason for seeking the health care (e.g., a pre-employment physical), that health care may be denied; or (2) If the authorization is for disclosure to a research study, I may be denied the treatment that is part of the study. In addition, the following consequences might occur if I refuse to sign this authorization: (1) If the authorization is to demonstrate to a health plan that a service should be paid for, the health plan may refuse to pay for it; and (2) If the authorization is sought by an insurer because I am seeking enrollment or eligibility, the insurer may deny me the coverage I am seeking. I understand that a health plan may not refuse payment or benefits if I refuse to authorize disclosure of certain psychotherapy notes.

_____ _____

Signature of Patient or Personal Representative Date

Relationship of Personal Representative to the Patient: _____

North Grove Medical Park
1330 Boiling Springs Road, Suite 2800
Spartanburg, SC 29303
Phone: (864) 573-6908 • Fax: (864) 585-8808

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ acknowledge that I have received a copy of Palmetto Family Enrichment Center, P.C.'s Notice of Privacy Practices. This Notice describes how Palmetto Family Enrichment Center, P.C. may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

_____

(Signature of Patient, or Personal Representative) (Date)

_____

(Relationship to Patient)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PALMETTO FAMILY ENRICHMENT CENTER, P.C. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Palmetto Family Enrichment Center, P.C. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Palmetto Family Enrichment Center, P.C. or received by Palmetto Family Enrichment Center, P.C. from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Palmetto Family Enrichment Center, P.C. will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information. (1)

Palmetto Family Enrichment Center, P.C. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

Palmetto Family Enrichment Center, P.C. may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Palmetto Family Enrichment Center, P.C. may determine that you require the services of a specialist. In referring you to another doctor, Palmetto Family Enrichment Center, P.C. may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by Palmetto Family Enrichment Center, P.C. to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Palmetto Family Enrichment, P.C. will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, Palmetto Family Enrichment, P.C. may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

Palmetto Family Enrichment, P.C. may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Palmetto Family Enrichment Center, P.C. is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
  In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of of reporting an apparent crime on our premises.

- For public health activities.
  We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.

(1) This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520

We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who test positive for [illegible]. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.

- For health oversight activities.
  We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.

- Judicial and Administrative Proceedings.
  Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.

- For activities related to death.
  We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.

- For research.
  Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

- To avoid a serious threat to health or safety.
  We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

- For workers' compensation.
  We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Palmetto Family Enrichment Center, P.C. will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Palmetto Family Enrichment, P.C. has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Palmetto Family Enrichment Center, P.C. to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Palmetto Family Enrichment Center, P.C. may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Palmetto Family Enrichment Center, P.C. send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Palmetto Family Enrichment Center, P.C. not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that Palmetto Family Enrichment Center, P.C. amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Palmetto Family Enrichment Center, P.C. for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. we are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Any person or patient may file a complaint with Palmetto Family Enrichment Center, P.C. and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Palmetto Family Enrichment, P.C., please contact the Privacy Officer at the following:

Privacy Officer
Palmetto Family Enrichment Center, P.C. & Memory Resource Center
1330 Boiling Springs Rd., Suite 2800
Spartanburg, South Carolina 29303
(864) 573-6908

It is the policy of Palmetto Family Enrichment Center, P.C. that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective April 14, 2003.