



Kelley Lucy, **MAC, LPC**
Professional Counselor

Client Information

DATE: / /

NAME: BIRTH DATE: / /

ADDRESS: CITY:

STATE: ZIP: E-MAIL:

HOME PHONE: CELL PHONE:

CHURCH AFFILIATION (if applicable): ACTIVE MODERATE INACTIVE

EMPLOYER: OCCUPATION:

EMERGENCY CONTACT NAME: EMERGENCY CONTACT PHONE:

REFERRED BY: *May they be contacted to acknowledge your arrival?*

Family Information

MARITAL STATUS:

SINGLE IN A RELATIONSHIP ENGAGED MARRIED WIDOWED SEPARATED DIVORCED

PARTNER'S NAME: PHONE:

CHILDREN'S NAME: AGE:

CHILDREN'S NAME: AGE:

CHILDREN'S NAME: AGE:



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Health Information

RATE YOUR CURRENT HEALTH:

VERY GOOD GOOD AVERAGE DECLINING

LIST CURRENT MEDICAL PROBLEMS/DIAGNOSIS(S)/MEDICATIONS:

PHYSICIAN *(if on medication):*

PHONE:

HAVE YOU PREVIOUSLY SOUGHT COUNSELING?

YES

NO

THERAPIST:

DATES:

HOW WAS YOUR EXPERIENCE?



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Consent for Treatment

I give permission to Kelley Lucy, LPC, to provide counseling to me/us.

CLIENT NAME: _____ **DATE OF BIRTH:** / /

CLIENT NAME: _____ **DATE OF BIRTH:** / /

As a client, it is your right to have the content of your therapy sessions held in confidence with these exceptions in which your therapist is mandated to report: 1) if you sign a release form to divulge any or all information, 2) if you intend suicide, 3) if you intend homicide, 4) in the case of child, elder or handicapped abuse.

In some cases, the Missouri courts have held that if an individual intends to take harmful or dangerous action against another individual, it is the counselor’s duty to warn the person and/or the family of the person who is likely to suffer the results of harmful behavior.

Every effort will be made to resolve these issues before such a violation of confidentiality takes place. Every effort will be made to prevent an attempted suicide or a dangerous action against another person.

SIGNATURE OF CLIENT: _____ **DATE:** _____

SIGNATURE OF CLIENT: _____ **DATE:** _____

SIGNATURE OF COUNSELOR: _____ **DATE:** _____

Receipt of Privacy Practices Written Acknowledgement

I have received a copy of the Notice of Privacy Practices (the HIPPA laws are the final 3 sheets and are for you to keep. Please read them as they outline the conditions for confidentiality. Any questions or concerns should be brought to the attention of Kelley Lucy, LPC).

SIGNATURE OF CLIENT: _____ **DATE:** _____

SIGNATURE OF CLIENT: _____ **DATE:** _____



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Payment Information

The standard hourly fee for Kelley Lucy, LPC is \$75. Counseling services usually run 50 minutes; additional time is billed to the quarter hour. Payment is expected at the beginning of the session.

If I need to cancel an appointment, I will provide 24-hour notice to avoid the fee. Insurance does not cover missed appointments.

If a discount has been agreed upon, note of altered fee: \$

SIGNATURE OF CLIENT:

DATE:

SIGNATURE OF CLIENT:

DATE:

SIGNATURE OF COUNSELOR:

DATE:

Consent to Email Communications

I recognize email is not a secure means to transmit data. I voluntarily wave my rights provided by the Federal and State Laws regarding confidentiality in order to send or receive communications from Kelley Lucy, LPC via e-mail.

I voluntarily give my permission and will not hold Kelley Lucy, LPC legally responsible for the transmission of this data.

SIGNATURE OF CLIENT:

DATE:

SIGNATURE OF CLIENT:

DATE:

SIGNATURE OF COUNSELOR:

DATE:



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HIPAA Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Protecting your confidential health information is important to us.

As mandated by Federal and State legal requirements, your protected health information must be protected. As part of these regulations we are required to ensure you are aware of our privacy policies and legal duties and your rights to your protected health information. This notice of privacy policies, outlined below, will be in effect for the duration of our operation and must be followed by our office. This notice will be in effect until it is replaced; it became effective 01/01/06.

This Notice describes your rights as our client or your child's rights as our client and our obligations regarding the use and disclosure of your Protected Health Information (PHI) and your child's PHI. We reserve the right to modify our privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all PHI that we maintain, including PHI we created or received before the changes were made. Changing this notice will precede all significant modifications. Copies of this notice are available at your request. We will post a copy of the current notice in the waiting area.

Each time you visit Kelley Lucy, LPC, a record of your visit is made. This record typically contains information regarding symptoms, observations, assessments (including test results and diagnoses), plans for future treatment, and billing information.

We will use and communicate your PHI for the following purposes only:

I. Protected Health Information Uses and Disclosures for Treatment, Payment, and Health Care Operations

Information regarding your protected health information (PHI) may be used and disclosed for the purpose of treatment, payment, and other health care options. Examples cited below further explain the use and disclosure process.

Treatment: We may use and disclose your PHI or your child's PHI to provide you with the best treatment and services possible. This may include administrative and clinical office procedures within our office and in coordination with other service providers, such as in clinical supervision or in case consultation with law enforcement and child protective services.

Obtaining Payment: We may use and disclose your PHI or your child's PHI so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company, or another party.

Health Care Operations: We may use and disclose your protected healthcare information in relations with our health care process. These processes include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management, supervision and care coordination. We may use your PHI to assist you with appointment reminders in the form of voicemail messages or letters.



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HIPAA Notice of Privacy Practices *Continued*

II. Uses and Disclosures Requiring Authorization

At any time you may provide in writing, your authorization for use and disclosure of your protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be in writing. If you revoke your written authorization it will not affect any use or disclosure prior to the revocation. You may not revoke an authorization to the extent that (1) Kelley Lucy, LPC, has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Each of the uses and disclosures listed immediately below requires your *written* permission.

a. Payment. We will ask for your *written* permission to use and disclose information regarding the services provided to you in order to bill and collect payment from you. For example, if your account becomes delinquent, we may need to report your account information to our collection agency for them to pursue payment.

b. Other Uses and Disclosures. In addition to the above, we will require your *written* permission for us to use or disclose your medical information:

- + If Kelley Lucy, LPC, refers you to another health care provider (such as a physician). We will ask you to authorize our sending your health information to them so that they have the information needed to diagnose or treat you.
- + If you ask Kelley Lucy, LPC, to disclose your health information to anyone, including other health care or educational professionals.
- + To friends or family members who are involved in your care. If your written permission is not obtained and you are not present and able to agree or object, such communications shall be made only by authorized healthcare providers when, in their professional judgment, such disclosure is in your best interest.

Any uses or disclosures of your medical information that are not specifically covered by this Notice of Privacy Practices or by the laws that apply to us will be made only with your *written* permission. Your protected health care information may be used and disclosed to you, as described in the patient rights section of this notice.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

Kelley Lucy, LPC, may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse – If Kelley Lucy, LPC, has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if Kelley Lucy, LPC, observes a child being subjected to conditions that would reasonably result in abuse or neglect, Kelley Lucy, LPC must immediately report such information to the Missouri Children's Division. Kelley Lucy, LPC, must also report suspected sexual abuse or molestation of a child under 18 years of age to the Children's Division. Kelley Lucy, LPC, may also report child abuse or neglect to a law enforcement agency or juvenile office.



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HIPAA Notice of Privacy Practices *Continued*

Adult and Domestic Abuse – If Kelley Lucy, LPC, has reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, Kelley Lucy, LPC, must report such information to the Missouri Department of Social Services. “Eligible adult” means any person 60 years of age or older, or an adult with a handicap (substantially limiting mental or physical impairment) between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.

Health Oversight Activities – The Missouri Attorney General’s Office may subpoena records from Kelley Lucy, LPC, relevant to disciplinary proceedings and investigations conducted by the Missouri State Committee of Psychologists.

Law Enforcement – We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and Kelley Lucy, LPC, will not release information without written authorization from you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. Kelley Lucy, LPC, will make all reasonable efforts to inform you in advance if this is the case.

Serious Threat to Health or Safety – When Kelley Lucy, LPC, judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted to you or your child or by you or your child on yourself or another person, Kelley Lucy, LPC, must disclose your relevant confidential information to the appropriate professional workers, public authorities, the potential victim, his or her family, or your family.

Workers’ Compensation – If you file a worker’s compensation claim, Kelley Lucy, LPC, must permit your record to be copied by the Missouri Labor and Industrial Commission or the Division of Worker’s Compensation of the Missouri Department of Labor and Industrial Relations, your employer, you and any other party to the proceedings.

Your Authorization – Other than as stated above or where Federal, State or Local law requires us, we will not disclose your PHI other than with your written authorization. You may revoke this authorization in writing at any time.

IV. Your rights regarding your PHI or your child’s PHI

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Kelley Lucy, LPC, is not required to agree to a restriction you request.



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HIPAA Notice of Privacy Practices *Continued*

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen by Kelley Lucy, LPC. On your request, we will send your bills to another address.). You have the right to ask Kelley Lucy, LPC, to communicate with you in a certain way or at certain locations. We will accommodate all reasonable requests. Unless we are otherwise instructed, phone calls to you from Kelley Lucy, LPC, for purposes of scheduling or canceling sessions and mailings to you for purposes of billing will be directed to the home phone number(s) and home address that you provide us. Requests for alternative modes or locations of communication must be submitted in writing.

Right to Inspect and Copy – You have the right to read, review and copy your PHI such as treatment and billing records that we keep and use to make decisions about your care for as long as the PHI is maintained in the record. You must submit a written request to Kelley Lucy, LPC, in order to inspect and/or copy records of your PHI. We may deny your access to PHI under certain limited circumstances, but in some cases, you may have this decision reviewed. On your request, Kelley Lucy, LPC, will discuss with you the details of the request and denial process. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

Right to Amend – If you believe the PHI we have about you or your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To make this amendment you must submit your request in writing to Kelley Lucy, LPC. You must also provide a reason for the request. We may deny your request in certain cases.

Right to an Accounting of Disclosures – You have the right to receive an accounting of disclosures of PHI. This is a list of the disclosures we made of medical information about you to others except for purposes of treatment, payment and operations identified above, and a limited number of special circumstances involving national security, correctional institutions, and law enforcement. To obtain this list, you must submit your request in writing to Kelley Lucy, LPC. It must state a time period, which may not be longer than ten years and may not include dates before January 1, 2006. Your request should indicate in what form you want the list. The first list you request in a 12-month period will be free, but we may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Paper Copy of This Notice – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you or your child as well as any information we receive in the future. We will post the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision Kelley Lucy, LPC, makes about access to your records, or have other concerns about your privacy rights, you may contact the Missouri Department of Health, Bureau of Health Facility Regulation at 1-573-6302 and/or the State Attorney Generals Office, Consumer Hotline, 1-800-392-8222 for additional assistance. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Kelley Lucy, LPC, will not retaliate against you for exercising your right to file a complaint.