

(Applicable for all clients)

SCC is committed to the goals of promoting the welfare and dignity of all people who are consumers of our services. We will strive to deliver services in a respectful, responsive, and efficient manner. It is our goal to assist people of all ages who are experiencing difficulties in and around addictions and mental illness, better manage their illness by achieving their goals and be able to function in their daily lives at work and in the community. If any questions, comments or concerns please speak with the office manager for clarification.

Our office hours are Monday thru Thursday, 9:00A.M. to 4:00P.M. We have an answering machine. Messages can be left 24/7. Please leave a detailed message with client name and clinician with a telephone number. We will not always be available to respond, which in the event it is an emergency or threat of self harm please go directly to the local emergency room. **Initials:** _____

If at any point your case becomes a legal issue requiring court attendance in/on your behalf and/or conferences outside of office setting; all travel, any preparations, i.e. phone calls, reports, recommendation writings, probation and etc. any clinical involvement is charged at a rate of \$300.00 P.HR. **Initials:** _____

Minimum \$400.00 deposit for Lawrence County and outside Lawrence County a \$500.00 deposit is required. Amount of deposit will be determined at the time of subpoena and payable to clinician two weeks prior to set date and time. When request and/or subpoena is less than two weeks, payable immediately. Additional cost incurred on day of court will be billed in 10-minute increments and invoiced due upon receipt and payable to clinician. In the event of court being postponed or cancelled less than 48 hour notice there will be no court retainer deposit refund. If more than 48 hour postponed or cancellations half the court retainer deposit will be returned. Additional please be advised that the clinician and Stone City Counseling, Inc will adhere to the law and confidentiality standards and are compliant with HIPAA as well as Indiana state law and Federal law. Abiding by codes and set practice designed for each specific population and mental health records. Further information is presented in this intake regarding specific HIPAA requirements as well as the practice for minors and those who are seeking addictions treatment. **Please be advised that Stone City Counseling, Inc does not wish to participate in custody suits and or making clinical recommendations.**

These above fees are subject to cases outside standard practice. **Initials:** _____

Additional request that requires clinicians participation prompted by client including but not limited to phone calls/emails/conferences/that occur outside your scheduled appointment time is at the rate of \$100.00 P/HR including any preparation time needed for school conferences/court subpoena preparation. **Initials:** _____

Professional Records: When records are requested it must be in writing, please note that they are protected and certain exclusions may apply. There will be no fee for your primary physician or most health care providers to request in writing or by fax when accompanied by your signature to release for continuation and continuity of services/health record exchange. There is a fee for all other requests including client/client attorney or other authorized exchanges. \$35.00 for records and 25 cents for any records containing over 20 pages including intake packet and other documents such as progress notes and releases of information. Stone City Counseling, Inc reserves the right to allow for 14 days properly reviewing and releasing determined records. **Initials:** _____

FMLA Paperwork or reports requested for other than judge-signed court orders or to medical entities, requires a \$40.00 fee paid in advance, and a minimum 10 days to complete. Expedited requests (sooner than 10 days) is \$60.00. **Initials:** _____

Confidentiality/records: The clinic offers a secured office when calls come in there is a glass window that divides office from lobby. Each clinician has sound proof doors with seals at the bottom. The paperwork that is completed by the client is secured in a file, in a locked file cabinet, in a locked closet that is maintained inside the front business office (a lock is on the business office door). The online records are maintained and secured by the security and features of therapy appointments.com. The fax line is secured in the business office as well and is not subject to view from the lobby. Additional all clinicians are instructed to have proper placement of computer screens and each electronic charting/scheduling feature requires dual passwords and times out in the event of disruption. **Initials:** _____

Each client is referred to by first name basis only. Each client is greeted individually at the front window. Client seen in public areas outside of Stone City Counseling, Inc (by staff), will not be approached/acknowledged by staff. Staff adheres to strict standards of confidentiality and requires all conversations meritorious to clinical information or demographic information to be held only in quarters of secure/sound proof offices/areas. **Initials:** _____

I understand that all professional services rendered are to be charged to me. All Charges are due at the time of serve unless other arrangements have been made in advance. If any balance is not paid, when due, I understand that I will be responsible for the balance, plus interest accrued at the rate of 5 % per month 18% annual on the balance due. I agree to pay all collection cost including collection agency fees, reasonable attorney fee and court costs related to the recovery of money due for services by SCC. **I understand that is my responsibility to inform Stone City Counseling, Inc of any changes in insurance and to supply any documentation or information necessary to process the claim.** **Initials:** _____

Prohibition on redisclosure: Stone City Counseling, Inc will maintain all incoming records in the same area for which all other records are held. Stone City Counseling does not redistribute nor transmit in any format records they have received from other agencies/mental health providers or health care physicians of any sort. Each fax machine and email account have attached a clause on prohibition of re-disclosure under the federal guidelines. Additionally, Stone City Counseling, INC informs recipient not intended to receive such materials but do so in error how to contact sender of such an event. In an incident of accidental redisclosure the event will be documented and proper outline for further security in prevention included in documentation. **Initials:** _____

Client Printed Name: _____

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____

STONE CITY COUNSELING, Inc.

2325 Q Street
Bedford, IN 47421
Phone (812) 279-HOPE (4673)
Fax (812) 279-4672

Consent to Use and Disclose Protected Health Information (PHI)

HIPAA Privacy Practices disclosure:

This notice is required by federal law, the health insurance privacy and portability act (HIPAA). This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Receptionist will have an extended copy of this form if you wish to speak to her about it. We will also aid you in seeing this via [www. cms.hhs.gov/](http://www.cms.hhs.gov/)

1. **Uses and disclosure for treatment, payment and health care operations**

Stone City Counseling, Inc. must have your written authorization to use or disclose your protected health information (PHI) for any reason (with some exceptions discussed in section III) including for treatment, payment and health care operations purposes

2. **Other uses and disclosure requiring authorization**

Stone City Counseling, Inc. may use or disclose PHI for purposes outside of treatment, payment or health care operations when you give permission by signing an authorization also described as "release of information"; You may revoke authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that Stone City Counseling, Inc. has relied on that authorization or 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

3. **Uses and disclosure without authorization**

Stone City Counseling, Inc may use or disclose PHI without your consent or authorization in the following circumstances : child abuse, adult and domestic abuse, judicial and administrative proceedings, and serious threat to health or safety (IF you would like a description of these circumstances please speak to a clinician or schedule time to speak with Sharon Adams, LCSW and CEO)

4. **Stone City Counseling Duties**

Stone City Counseling, Inc is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI; Stone City Counseling, Inc reserves the right to change the privacy policies and practices described in this notice. Unless you are notified by Stone City Counseling, Inc by such changes we will abide by the terms currently in effect.

5. **Complaints**

If you are concerned that SCC has violated your privacy rights or you disagree with a decision that has been made you may contact the US department of health and human services for Indiana.

This form is an agreement between you the client and Stone City Counseling, Inc.

When a staff of Stone City Counseling, Inc examines, diagnoses, treats or refers you will be collecting what the law calls Protected Health Information (PHI) about you. WE need to use this information here to decide on what treatment is best for you and to provide treatment to you. We may share this information with your insurance authorization department/case management department or delegated representative to receive authorization for treatment. We may also require a billing department/clearinghouse and or other business and or government entity to ensure payment.

I hereby authorize Stone City Counseling, Inc. to release any information on behalf of Stone City Counseling, Inc. including my mental health record, which may include information pertaining to drug or alcohol matters, acquired in the course of examination or treatments to the managed care organizations(s), insurance company(s), and primary healthcare provider. The purpose for this authorization and release is to secure payment for services rendered to me, a designated dependant under my healthcare policy, or to the person specified herein and for whom I am the court appointed guardian or as the healthcare representative under a properly executed and existing healthcare power of attorney designation. I understand this release is subject to revocation in writing at any time except to the extent that Stone City Counseling, Inc has already taken action in reliance thereon, including providing services. This authorization will terminate upon the conclusion of the course of examination or treatment with SCC and the settlement of my account with our billing department.

By signing this section you fully understand and agree with the above content and purposes for sharing PHI under such provisions and that you have been orally explained by a delegated staff of Stone City Counseling, Inc. the above content of Consent to use and disclose your health information.

Client Print Name: _____

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____