



Pastoral Institute, Inc.
2022 15th Avenue, Columbus, GA 31901
A SAMARITAN CENTER

For Office Use Only
Date of Visit: _____
Patient#: _____
Clinician: _____
Payment Type: _____

Counseling Center Adult Client Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: _____ Social Security #: _____ Race: _____ Ethnicity: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Preferred method of contact: _____ Cell or _____ Home; _____ Voice _____ Text _____ Email

Employer/School: _____ Religion: _____ Church: _____

Marital Status: _____ Single _____ Live-in _____ Married _____ Divorced _____ Widowed

Military status: _____ Active _____ Veteran _____ Disabled _____ Retired _____ Dependent

Spouse (if applicable):

Name: _____ Date of Birth: _____ Age: _____

Social Security #: _____ Employer: _____

Emergency Contact Name: _____ Relation: _____

Home/Cell Phone: _____ Work Phone: _____

Address: _____

Financial and Insurance Information

Primary Insurance: _____ Policy/Member ID #: _____

Policy Holder's Name: _____ Policy Holder's Social Security #: _____

Policy Holder's Date of Birth: _____ Policy Holder's Employer: _____

Secondary Insurance: _____ Policy/Member ID #: _____

Policy Holder's Name: _____ Policy Holder's Social Security #: _____

Policy Holder's Date of Birth: _____ Policy Holder's Employer: _____

In order to file your insurance, we must have a copy of your insurance card(s).

Mental Health Information:

What has happened to cause you to seek counseling? *(continue on back if needed)*

Have you received previous mental health care? _____ Yes _____ No

If so, what dates did you receive treatment?

General Health Information:

Are you presently under the care of a physician? _____ Yes _____ No

Name of physician/psychiatrist: _____

Physician's telephone number: _____

Types and dates of surgeries: _____

Do you drink alcohol? _____ Yes _____ No If yes, how many drinks daily? _____

List medication(s) taken regularly

Client Signature

Date

SOCIAL MEDIA POLICY

Pastoral Institute staff will not accept friend requests or contact requests from current or former clients on any social networking site; i.e., Facebook, LinkedIn, etc. Adding clients and/or family members as friends or contacts on these sites can compromise a client's confidentiality and our mutual privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions, please do not hesitate to discuss the issue with your clinician.

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby authorize the Pastoral Institute or any member of its staff, to release to my insurance company or companies any information acquired in the course of my examination or treatment necessary for payment of insurance claim. The insurance company is hereby authorized to pay the Pastoral Institute, Inc., basic benefits and/or major medical benefits for medical and/or treatment expenses, or to include their name on the check payable to patient for medical and/or expenses.

For Tricare Beneficiaries: I consent to the Pastoral Institute, as a Military Treatment Facility (MTF) to send a copy of my Protected Health Information (PHI) to referring MTFs for continuity of care.

Client Name (Printed)

Date

Client Signature

Pastoral Institute Witness – Initial/Date

FINANCIAL POLICY AND AGREEMENT

For those with health insurance, the Pastoral Institute will assist in filing claims and seeking reimbursement. The Pastoral Institute cannot guarantee insurance reimbursement. It is the responsibility of the patient to follow up with the insurance company to make sure they pay the claims correctly. If the insurance company does not pay within 90 days, the unpaid balance is due from the Guarantor. Some insurance coverage for mental health services requires pre-authorization. The patient must call for authorization. The insurance company will not pay for services that have not been authorized. All fees charged are the direct responsibility of the client. Payment of any and all services rendered will be expected from the guardian that escorts the patient to his or her appointments. It is the policy of the Pastoral Institute to bill for any appointment cancelled without a 24-hour notice.

Payment for co-pay or deductible is due at the time service is rendered. Accounts that become more than ninety (90) days past due may be forwarded to a collection agency. All returned checks are forwarded to Check Care for collection. Check Care adds an additional fee for collection.

Financial Agreement:

I understand the above financial arrangements. I also understand I will receive a statement each month if there is a balance due from me. I agree that the statements are correct unless questioned within thirty (30) days in writing or by telephone contact with the Pastoral Institute Business Office.

Client Name (Printed)

Date

Client Signature

Pastoral Institute Witness – Initial/Date

PASTORAL INSTITUTE BROKEN APPOINTMENT POLICY

Your appointment time has been reserved just for you. If you find it impossible to keep your appointment time, please call us at least 24 hours in advance. Failure to call our office and cancel your appointment 24 hours in advance will result in a charge of \$60.00. We offer appointment reminder phone calls and/or texts 48 hours prior to your appointment. However, this is a courtesy and you are still responsible for cancelling your appointment at least 24 hours in advance.

Client Signature

Date

COUNSELING, CONFIDENTIALITY, PRIVACY PRACTICE AND NON-RECORDING AGREEMENT

I am aware that the practice of counseling is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of treatment by the Pastoral Institute’s (PI) staff members. I agree to collaborate with my therapist and other appropriate professional staff members of the PI for the purpose of assessment and evaluation of my current situation to work together to identify appropriate goals and methods of achieving them.

I understand that over the course of therapy, whatever assessments, tests or other clinical care that is recommended will be fully explained to me and that I have the option to accept or reject such care. I understand that the PI is committed to quality care. I may contact the Clinical Director regarding any questions about my therapist or concerns about quality of care. I understand that the PI may call my home or other designated location and leave a message on voice mail or in person to assist the practice in carrying out health care operations, such as appointment reminders, insurance concerns, and any call pertaining to my clinical care. I have read the above and give my consent to the counseling process of the PI. I have also read and understand the Pastoral Institute’s statement regarding the limits of confidentiality. In addition I have had an opportunity to review the Pastoral Institute’s Notice of Privacy Practices and have had an opportunity to obtain a copy and ask questions to seek clarification I needed about these important materials.

Recording may only take place with the knowledge and explicit consent of ALL (not just one) clients, therapists, and other persons present during a session or other interaction, whether face-to-face or taking place by live textual, audio, or video link.

Consent for each recording must take the form of dated written signatures from all persons on a paper form available for that purpose, with a copy to each person recorded. Additionally the recording itself must include the live consent of all persons present, with such consent stated at the start of the recording or when they join a session or interaction already in progress.

Client Name (Printed)

Date

Client Signature

Pastoral Institute Witness – Initial/Date

E-MAIL CONFIDENTIALITY RELEASE AGREEMENT

E-mail Address

I understand that confidentiality of e-mail communications with my therapist cannot be guaranteed. I further agree that I will not attempt to extend therapy via e-mails, but only use it to conduct business of information sharing such as cancelling or confirming an appointment. Any therapeutic issues I will handle either during the therapeutic face-to-face meeting or as appropriate, by telephone in emergencies. E-mail is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular e-mail will be read and responded to within a particular period of time.

Possible e-mail-related concerns can include, but are not limited to the following:

- E-mails go through several intermediate stations before reaching their destination. Someone at any point along the line could access the e-mail and even store the message contained in it.
- E-mails may remain stored in various places of a computer system and could surface at a later time.
- Computers, particularly those on DSL lines, are vulnerable to electronic eavesdropping.

Knowing the above information and considering other possibilities not yet known that could further jeopardize confidentiality, I give my permission to my therapist to respond to my e-mails according to his/her professional judgment.

Client Name (Printed)

Date

Client Signature

Pastoral Institute Witness – Initial/Date



Pastoral Institute, Inc.
2022 15th Avenue, Columbus, GA 31901
A SAMARITAN CENTER

NOTICE OF THE PASTORAL INSTITUTE'S PRIVACY PRACTICES

For Your Records – Client Copy

This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others and how you can get access to the same information

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the State of Georgia to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This updated notice takes effect on September 1, 2017, and will be in effect until we replace it. We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at the Pastoral Institute, Inc. These changes could also affect how we protect the privacy of any of your health information we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice.

When you are finished reading this notice, you may request a copy of it at no charge to you. If you request a copy of this notice at any time in the future, we will give you a copy at no charge to you. If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

Here are some examples of how we use and disclose information about your health information.

We may use or disclose your health information...

1. To your physician or other healthcare provider who is also treating you with your written authorization.
2. To Pastoral Institute staff involved in your treatment program.
3. To any person required by federal, state or local laws to have lawful access to your treatment program.
4. To receive payment from a third-party payer for services we provide for you.
5. To our own staff in connection with our Center's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards and in connection with licensing, credentialing or certification activities.
6. To anyone you give us written authorization to have your health information for any reason you want. You may revoke this authorization in writing any time you want. When you revoke an authorization it will only affect your health information from this point on.
7. To a family member, a person responsible for your care or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

8. To appropriate authorities under Georgia Law in the following circumstances: Imminent Danger to you or others, Child Abuse, Elder Abuse, Disabled Adult Abuse or under Court Order.
9. To help us carry out health care operations such as appointment reminders, insurance items and calls pertaining to your clinical care.

We will not use or disclose your health information, including psychotherapy notes, without your written authorization except in instances such as 1-9 above.

We will notify you in the event your unsecured protected health information is breached, unless a four-part risk assessment shows there is a low probability that protected health information was compromised.

We will not use your health information in any of our Center's marketing, development, public relations or related activities, nor will we sell your health information, without your written authorization.

We cannot use your health information that may be considered genetic information for underwriting purposes.

We cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

We will not release your Protected Health Information (PHI) to your health plan if you have paid the full fee for services rendered and have requested to restrict certain disclosures of your PHI.

As a client of the Pastoral Institute, Inc., you have these important rights:

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
- B. You can ask us for photocopies of the information in part "A" above.
- C. We will charge you \$0.25 per page for making these photocopies.
- D. You have a right to a copy of this notice at no charge.
- E. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken at this Center, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
- F. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those that, in our professional judgment, constitute an emergency.
- G. You can make a written request that we amend the information in part "A" above.
- H. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.
- I. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- J. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment or our Center's operations. This can go back as far as six years, but not before April 14, 2003.
- K. If you request the accounting in "J" above more than once in a 12-month period, we may charge you a fee based on our actual costs of tabulating these disclosures.
- L. If you believe we have violated any of your privacy rights or you disagree with a decision we have made about any of your rights in this notice you may complain to us in writing to the following person: HIPAA Compliance Officer, Pastoral Institute, 2022 15th Avenue, Columbus, GA 31901. Phone (706) 649-6500; Fax (706) 649-6521.

- M. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon written request.
- N. You are entitled to receive a notice from us if your protected health information is released in any way that is not authorized.

PASTORAL INSTITUTE CONFIDENTIALITY STATEMENT

We are glad you have chosen the Pastoral Institute. Below is some information written for you to clarify confidentiality in the counseling process.

CONFIDENTIALITY

We commit to keep confidential what you say in the counseling process. The following are the only exceptions:

1. **Supervision/Case consultation** – A part of our commitment to providing quality care for you is to regularly consult with other professionals on staff. Your identity is kept confidential during these consultations. From time to time, we may also audio or video tape your sessions, but only after receiving your written permission. The taping would be used for our professional consultations and in counselor training.
2. **Requirements by law** – The records from your counseling are confidential and cannot be released to anyone without your written consent except under the following conditions provided by the law:
 - a. **Imminent Danger** – The law states that if we judge you to be a danger to yourself or others, we are required to take action to prevent harm from occurring to you or others.
 - b. **Child Abuse** – We are required by law to report all cases of actual or suspected physical, emotional or sexual abuse or neglect of children to the Department of Family and Children Services.
 - c. **Disabled Adult Abuse** – We are required by law to report all cases of actual or suspected physical, emotional or sexual abuse or neglect of disabled adults to the Department of Family and Children Services.
 - d. **Elder Abuse** – We are required by law to report all cases of suspected physical, emotional, financial, sexual abuse, neglect, self-neglect or financial exploitation of older persons (65+) who do not reside in long-term care facilities to the Department of Family and Children Services.

We hope this information is helpful to you. Please feel free to ask questions.

The Pastoral Institute
2022 15th Avenue
Columbus, GA 31901
(706)649-6500