

Warner Family Counseling Kaylene Warner LCSW ADD/ADHD Evaluation

The charge for this service is **\$175.00**. Payment is expected at time services are rendered. The evaluation process begins with a written and verbal assessment. At the conclusion of this process Ms. Warner will score the written assessment and complete a written summary. Contact will then be made with your physician by Ms. Warner. She will provide the findings from this assessment, recommendations for medications and further treatment if warranted and fax a copy of the summary for your medical record. Please allow **7-10 business days** for case management to be completed. At this time, please contact your physician to discuss a treatment plan.

Name _____ Date of Birth: _____
Address: _____ SSN: ____/____/____
City: _____ State: _____ Zip Code: _____
Employer: _____ Occupation: _____
Best Phone Number to Reach You? _____
Is it okay to leave a message at these numbers? Yes or No
Email Address: _____

Family Information:

<u>Child Name</u>	<u>Sex</u>	<u>Age</u>	<u>With whom does child live?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other individuals living in the home?

Is there any family history of mental illness or substance abuse? Please explain.

Presenting Problem

Please list the reasons that bring you here today. This may include certain problems, issues, significant losses or changes that are causing you stress.

1. _____
2. _____
3. _____
4. _____

Medical History & Information

Are you being treated by a physician for any medical treatments? Please describe.

Are you currently taking any medications? List medication and dosage.

Have you ever been treated for ADD/ADHD in the past? Yes or No

IF Yes, Date of Treatment _____ / _____ / _____

Please Explain Type of Treatment?

Who is your primary Physician? _____

Date of Your Last Office Visit? _____ Next Follow Up Date? _____

Referral Source

How did you learn about Warner Counseling? _____

Release of Information

I, _____ whose date of birth is _____ / _____ / _____
authorize Kaylene Warner LCSW to disclose and and/or obtain to/from Dr. _____

Whose Phone Number is _____ - _____ - _____

Regarding:

- | | |
|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Treatment Plan or Summary | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Progress in treatment | <input type="checkbox"/> Other. |

Please specify: _____

Expiration:

Unless sooner revoked, this consent expires one year from date of signature.

Client Signature

Date

Parent or Guardian Signature

Date

NOTICE OF PRIVACY PRACTICES

Warner Family Counseling, PLLC

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Warner Family Counseling PLLC is required by law to abide by the terms of this Notice Of Privacy Practices, allow you to review this Notice prior to granting consent, and notify you of changes/revisions to this Notice. If you believe your privacy rights have been violated, you may submit a written complaint to Warner Family Counseling, PLLC. or to the Secretary of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. Warner Family Counseling, PLLC. will not retaliate against you in any way for filing a complaint with him, or with the Secretary.

YOUR PRIVATE HEALTH INFORMATION (PHI)

Each time you have contact with a healthcare provider for delivery of healthcare, a record of your contact/visit is prepared. This record, maintained in written, oral, or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment, and future care. Your healthcare record is the physical property of Warner Family Counseling, PLLC, but you have certain rights to restrict some of the uses or disclosures of the information contained in your healthcare record Warner Family Counseling, PLLC.; however, has the right to use and disclose the information contained in your healthcare record in the process of providing treatment, receiving payment and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes*
- Communicating with other healthcare providers who may be involved in your case*
- Educating health care professionals*
- Evaluating and improving the care you receive and the outcomes achieved*
- Billing and verification of services provided to you*

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of Warner Family Counseling, PLLC is required by law to maintain privacy and confidentiality of your health information, provide you with this Notice of Privacy Practices, notify you of your rights to restrict use of this information, notify you Warner Family Counseling, PLLC. is unable to agree to a requested restriction and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice. Examples of disclosure of your PHI and your rights concerning PHI are continued below.

EXAMPLES OF DISCLOSURE OF YOUR PHI

Healthcare delivery and treatment: Information obtained from you by Warner Family Counseling, PLLC is documented in your record and used for the assessment, evaluation, diagnosis, and treatment of your health conditions). This information is provided to other healthcare professionals, such as other physicians, specialists, hospital-based providers and/or other healthcare providers following your treatment by Warner Family Counseling, PLLC. This information would only be provided to these individuals by your expressed consent.

Billing and Payment: Your PHI is utilized to justify the level of care delivered to you and the charged incurred for the services. This information generally accompanies the bill and is sent to our payers.

Other healthcare operations: Warner Family Counseling, PLLC, may disclose your PHI to other individuals and businesses in order for him to perform his day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management. These individuals are held to the same standard of privacy and confidentiality as Warner Family Counseling, PLLC.

Reminders and Treatment: Warner Family Counseling, PLLC may contact you to provide you with information she feels is useful or helpful to you, based on your PHI. For example, she may contact you to schedule an appointment or as an appointment reminder, to suggest alternative treatments, or to provide you with information on treatments you are already receiving.

Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that Warner Family Counseling, PLLC has already acted in reliance on your prior authorization. The only exception to this would be under circumstances that are life-threatening or an emergency, such as an individual being acutely suicidal or in some other way in extreme danger. Not all information provided by you to Warner Family Counseling, PLLC will be recorded in a healthcare record, only that information considered by her to be critical to providing for your care. Other information regarding personal matters in your private life and affairs will not be made part of a healthcare record document.

YOUR RIGHTS CONCERNING PHI - Except as otherwise provided by law, you have a right to:

- receive a paper copy of this Notice of Privacy Practices if you have agreed to receive it electronically;*
- receive a confidential communications of PHI if a request is submitted to Warner Family Counseling, PLLC. in writing.*
- inspect and copy PHI or records about you in a designated record set as long as the PHI is maintained in the record set;*
- ask Warner Family Counseling, PLLC. to amend PHI or records about you in a designated record set as long as the PHI or record is maintained in the record set (Warner Family Counseling, PLLC. is not required to change the information if she deems it to be accurate);*
- receive an accounting of disclosures of PHI (a list of the disclosures made by Tiffany Smith Counseling, Inc. about you for reasons other than treatment, payment, or healthcare operations); and*
- request that Warner Family Counseling, PLLC. restrict uses or disclosures of your PHI. Though Warner Family Counseling, PLLC. is not required to agree to a restriction, to the extent that it does agree with your request, Warner Family Counseling, PLLC. may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment or is otherwise permitted or required by law.*

Consent to Treatment

You do hereby seek and consent to take part in the confidential treatment by this provider. This includes a written and verbal assessment for ADD/ADHD. This information will be provided to your treating physician upon the release of information. All information is confidential.

I, _____ have been given the HIPPA Notice. P p

Print Name _____ Date _____

Client Signature _____ Date _____

Print Name _____ Date _____

p/
Client Signature _____ Date _____

Client Signature, Parent/Guardian _____ Date _____
(If under 18 years of age)

Therapist Signature _____