



Goodwin University Counseling Center

Behavioral Health Services

www.integratedhealthservices.org



PATIENT CONSENT FORM REGARDING TREATMENT

Dear students, we are pleased to offer counseling services at Goodwin University by licensed practicing professionals. In order to begin the process please come to your first appointment with this consent to treat form completed.

Patient's Name: _____
Last First Middle
Sex: Male _____ Female _____ Prefer not to answer _____ Gender Identity/preferred pronouns: _____
Address: _____ City: _____ Zip Code: _____
Birth Date: _____ Home Phone: _____ Cell Phone: _____
Email: _____ Referred by: _____
Race (Circle): Asian American Indian/ Alaskan Native Black/African American/ Haitian Native
Hawaiian/Pacific Islander White Other: _____
Ethnicity (Circle): Hispanic/Latino Non-Hispanic/ Non-Latino

Emergency Contact Information

Name: _____ Relationship: _____
Cell phone: _____ Home Phone: _____
Work Phone: _____ Email: _____

Behavioral Health Provider

Mental Health Provider: _____/Past History _____
Address: _____ Phone: _____
Do you want us to share details of this visit with this provider: Yes: _____ No: _____

Permission for Treatment

I hereby give my permission to Integrated Health Services Inc. (IHS) to provide assessment, diagnosis, and treatment. Services may be rendered face to face or using telehealth which may include video or phone calls.

Signature

Date



Goodwin University Counseling Program
Behavioral Health Services



It is the policy of the IHS and Goodwin Counseling Center to ONLY contact patients utilizing approved methods of communication.

Please select below your approved methods of contact

I acknowledge, understand and/or agree to the following:

_____ I give the Goodwin Counseling Center permission to contact me by telephone and leave a message

_____ I give Goodwin Counseling Center permission to contact my cell phone and leave a message

_____ I give Goodwin Counseling Center permission to contact me by text and leave a message

_____ I give Goodwin Counseling Center permission to contact me by Email and leave a message

Name: _____

Signature: _____

Date Signed: _____



HIPPA ACKNOWLEDGEMENT FORM

Integrated Health Services

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information.

Please sign this form to acknowledge that you have been made aware of this policy.

I acknowledge that I have been made aware that the Notice of Privacy Practices is available for my review.

Print your name:

Signature:

Date:

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- Patient refused to sign
- Due to an emergency situation it was not possible to obtain an acknowledgement
- We were not able to communicate with the patient
- Other (please provide specific details)

EMPLOYEE SIGNATURE

DATE

**Integrated Health Services
School Based Services**



Notice of Privacy Practices

This notice describes how medical information about patients may be used and disclosed and about obtaining access to this information

Please Review It Carefully

If you have any questions about this notice, please contact the Integrated Health Services Privacy officer/Program Director at IHS c/o Integrated Health Services, Inc., 763 Burnside Avenue, East Hartford, CT 06108.

We respect the privacy of a patient's protected health information (referred to herein simply as health information) and are committed to maintaining patients' confidentiality. This Notice describes patients' rights and our obligations regarding health information and describes the possible uses and disclosures of health information. This Notice applies to all information and records related to patient care that Integrated Health Services (herein as "IHS", "School Based Health Center" or "SBHC") has received or created. It extends to information received or created by our employees, staff, contributors and volunteers as well as by doctors and other healthcare practitioners associated with treating patients.

Our Responsibilities

We are required by law to maintain the privacy of patient health information; to provide patients this detailed Notice of our legal duties and privacy practices relating to health information; and to abide by the terms of the notice that is currently in effect.

I. HOW WE MAY USE AND DISCLOSE PATIENT HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS.

We may use and disclose patient health information for purposes of treatment, payment and health care operations as described below.

A. For Treatment

We will use and disclose patient health information in providing treatment and services and coordination patient care. Patient health information may be used by nurses, social workers, doctors, dentists, hygienists, and others involved in patient care.

B. For Payment

We may use and disclose patient health information so that we can bill and receive payment for the treatment and services received. For billing and payment purposes, we may disclose patient health information to a patient's representative, insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicaid or your health plan to confirm a patient's coverage or to request prior approval for proposed treatment of services. We may also use or disclose patient health information in an emergency situation.

C. For Health Care Operations

We may use and disclose patient health information as necessary for SBHC operations such as for management purposes and to monitor our quality of care. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services. Health information is used in evaluating our employees and in reviewing the qualifications and practices of doctors, nurses, social workers, dentists, hygienists and other practitioners at SBHC. We also may use and disclose health information for education and training purposes.

D. Medical Staff

In addition, SBHC routinely shares health information with healthcare providers working with SBHC staff to facilitate (i) treatment by the medical staff to patients of SBHC (ii) payment for services provided by the staff at SBHC; and (iii) when a provider assists SBHC with certain health care operations. SBHC and the SBHC staff have agreed to abide by the terms of this Notice while providing services at the SBHC.

II. WE ALSO MAY USE AND DISCLOSE PATIENT HEALTH INFORMATION FOR SPECIFIC PURPOSES

A. Business Associates

There are some services provided in our organization through contracts with business associates. When these services are contracted we may disclose patient health information to our business associates so that they can perform the job we have asked them to do. To protect patient health information, however, we require the business associates to appropriately safeguard patient health information.

B. Individuals Involved in a Patient's Care or Payment of a Patient's Care

Unless a patient and/or guardian objects in writing, we may disclose patient health information to a family member, a relative, a close friend or any other person identified by a patient and/or guardian, if the information relates to the person's involvement in a patient's health care, and to notify the person of a patient's location or general condition or payment related to a patient's health

care. In addition, we may disclose a patient's health information to a public or private entity authorized by law to assist in a disaster relief effort. If a patient and/or guardian is unable to agree or objects in writing to such a disclosure we may disclose such information if we determine that it is in a patient's best interest based on our professional judgment or if we reasonably infer that a patient would not object.

C. Communication Barriers

We may use or disclose patient health information as necessary when we are unable to obtain a patient's and /or guardian's consent due to communication barriers if we believe that consent is intended based on the circumstances and in a patient's best interest.

D. As Required By Law

We may disclose patient health information when required by law to do so.

E. Public Health Activities

We may disclose patient health information for public health activities. These activities may include, for example;

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting births and deaths.
- Reporting to the federal Food and Drug Administration (FDA) concerning issues such as problems with products or for recall of a product; or
- To notify a person who may have been exposed to or at risk of spreading a communicable disease, if authorized by law.

F. Reporting Victims of Abuse, Neglect or Domestic Violence.

If we believe that a patient has been a victim of abuse, neglect or domestic violence, we may use and disclose a patient's health information to notify a government authority, if authorized by law or if a patient and/or guardian agrees to the report.

G. Health Oversight Activities

We may disclose patient health information to a health oversight agency for activities authorized by law. These may include, for example, audits, investigation, inspections and licensure actions or other legal proceedings. These activities may include government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

H. Judicial and Administrative Proceedings

We may disclose patient health information in response to a court or administrative order. If permitted by law, we also may disclose information in response to a subpoena, discovery request, or other lawful process.

I. Law Enforcement

We may disclose patient health information for certain law enforcement purposes, including, for example, to comply with reporting requirements or report emergencies or suspicious deaths; or to comply with a court order, warrant, or similar legal process.

J. Research

Patient health information may be used for research purposes, but only if the privacy aspects of the research have been reviewed and approved by the institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after a patient's death, or if a patient and/or guardian authorizes the use or disclosure.

K. Coroners, Medical examiners, Funeral Directors, Organ procurement Organizations

We may release patient health information to a coroner, medical examiner, funeral director or, if a patient is an organ donor, to an organization involved in the donation of organs and tissue.

L. To Avert a Serious Threat to Health or Safety

When necessary to prevent a serious threat to a patient's health or safety or the health or safety of the public or another person, we may use and disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

M. Military and Veterans

If a patient is a member of the armed forces, we will comply with any law that requires us to use and disclose the patient's health information as requested by military command authorities or use and disclose health information about foreign military personnel as requested by the appropriate foreign military authority.

N. Worker's Compensation

We may use or disclose the patient's health information as permitted by laws relating to workers' compensation or similar programs.

O. National Security and Intelligence Activities; Protective Services for the President and Others

We will comply with any law that requires us to disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

P. Fundraising Activities

We may use certain health information, limited to contact information such as a patient's name, address and phone number and the date's patient received treatment or services to contact a patient and/or guardian in an effort to raise money for SBHC. We also may disclose contact information for fundraising purposes to a foundation related to SBHC. A description of how to opt out of receiving any further fundraising communications will be included with any fundraising material a patient and/or guardian receives from the SBHC. If a patient and/or guardian requests that a patient's information not be used or disclosed for fundraising purposes, we will make a reasonable effort to ensure that a patient and/or guardian does not receive future fundraising communications.

Q. Appointment Reminders

We may use or disclose health information to remind a patient about appointments.

R. Treatment Alternatives and Health-Related Benefits and Services

We may use or disclose patient health information to inform a patient about treatment alternatives and health-related benefits and services that may be of interest to a patient.

III. PATIENT AUTHORIZATION IS REQUIRED FOR OTHER USES OF HEALTH INFORMATION

Except as described in this Notice, we will use and disclose patient health information only with the written authorization of the patient and/or guardian or as permitted or required by law. While written acknowledgement of receipt of a our Notice of Privacy Practices allows us to use and disclose patient health information for treatment, payment and health care operations, an authorization must specify other particular uses or disclosures that a patient and/or guardian may allow. A patient and or guardian may revoke an authorization to use or disclose a patient's health information for the purposes covered by that authorization, except where we have already relied on the authorization.

IV. PATIENT RIGHTS REGARDING PATIENT HEALTH INFORMATION

A Patient has the following rights regarding his/her health information at the SBHC:

A. Right to Request Restrictions

A patient has the right to request restrictions on our use of disclosure of the patient's health information for treatment, payment or health care operations. A patient also has the right to request restrictions on the health information we disclose about the patient to a family member, friend or other person who is involved in the patient's care or the payment of the patient's care. We are not required to agree to a patient's request restriction. If we do agree to accept a patient's requested restriction, we will comply with that request except as needed to provide emergency treatment.

B. Right to Receive Confidential Communications

A patient has the right to request a reasonable accommodation regarding how the patient receives communications of health information. A patient has the right to request an alternative means of communication or an alternative location where the patient would like to receive communications. A patient must submit a request in writing to the SBHC, requesting confidential communications.

C. Right to Access, Inspect and Copy Your Protected Health Information

A patient has the right to access, inspect and obtain a copy of the patient's health information that is used to make decisions about the patient's care for as long as the health information is maintained by the SBHC. To access, inspect and copy the patient's health information that may be used to make decisions about the patient, a request must be submitted in writing to SBHC. If a patient requests a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with the request to access, inspect and copy the patient's health information under certain limited circumstances. If we deny the request, we will provide the patient with a written explanation of the reason for the denial. The patient may have the right to have this denial reviewed by an independent healthcare professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny the request. The patient may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorney's fees associated with a review of denial by a court are the patient's responsibility. The patient should seek legal advice if he/she is interested in pursuing his/her rights through a court.

D. Right to Amend your Protected Health Information

A patient has the right to request amendment of his/her health information maintained by SBHC for as long as the information is kept by or for SBHC. The request must be made in writing and must state the reason for the requested amendment. We may deny the request for amendment if the information (a) was not created by SBHC, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for SBHC; (c) is not part of the information to which the patient has a right of access; or (d) is already accurate and complete, as determined by the SBHC. If we deny the request for amendment, we will provide a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

E. Right to an Accounting of Disclosures

A patient has the right to request an accounting of certain disclosures of his/her health information. This is a listing of disclosures made by SBHC or by others on our behalf, but does not include disclosures for treatment, payment and health care operations. To request an accounting of disclosures, submit a request in writing, stating a time period beginning after April 14, 2003, that is within six years from the request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure or a copy of the request, or certain summary information concerning multiple disclosures. The first accounting provided with a 12-month period will be free; for further requests, we may charge you a reasonable cost based fee.

F. Right to a Paper Copy of This Notice

A patient has the right to obtain a paper copy of this Notice, even if the patient has agreed to receive this Notice electronically. A patient may request a copy of this Notice at any time.

V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE, HIV-RELATED AND MINOR INFORMATION

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless a patient and/or guardian signs an authorization or a court orders the disclosure.

- Psychiatric Information: If needed for a patient's diagnosis or treatment in a mental health program, psychiatric information may be disclosed based on the patient's and/or guardian's general consent, and limited information may be disclosed without the patient's or guardian's authorization, except as specifically permitted under state law.
- HIV-related Information: HIV-related information may be disclosed based on a patient's and/or guardian's general consent for purposes of treatment or payment, but the patient's and/or guardian's authorization will be necessary for other disclosures, except as permitted under state law.
- Substance abuse treatment: If a patient is treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, we may not say to a person outside the program that the patient attend the program, or disclose any information identifying the patient as an alcohol or drug abuser, unless:
 1. The patient's and/or guardian's consents in writing
 2. The disclosure is allowed by a court order: or

3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of these Federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about crime committed by a patient either at the substance abuse program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

- Minors: We will comply with Connecticut law when using or disclosing health information of minors. For example, if a patient is a non-emancipated minor consenting to a healthcare service related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment or alcohol/drug dependence, and the patient has not requested that another person be treated as a personal representative; the patient may have the authority to consent to the use and disclosure of his/her health information.

VI. COMPLAINTS

If a patient and/or guardian believe that the patient's privacy rights have been violated, the patient and/or guardian may file a complaint in writing with the Medical Center or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with the SBHC, contact: Integrated Health Services, Inc

c/o Integrated Health Services, Inc.
763 Burnside Avenue
East Hartford, CT 06108

We will not retaliate against you if you file a complaint.

VII. CHANGES TO THIS NOTICE

We will promptly revise this Notice whenever there is a material change to the uses or disclosures of health information, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the SBHC as well as for all health information we receive in the future. You will not automatically receive a revised Notice. We will post a copy of the current Notice in the SBHC. You may also request a copy of the revised Notice at your next appointment.

VIII. EFFECTIVE DATE

This Notice went into effect on July 1, 2007

IX. FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Integrated Health Services Privacy Officer at the address above.