

**DEMOGRAPHIC INFORMATION**  
**Psychotherapy Practice of Terry M. Huff, LCSW**

Appointment Date \_\_\_\_\_

PATIENT INFORMATION			
Patient Name		SS #	
Address		DOB	Age
City, State & Zip		Sex	Marital Status
Home Phone ( )	Cell Phone ( )	Work Phone ( )	
Employer/School		Occupation	
Email		City, Zip	
Spouse's Name		Spouse's DOB	
Spouse's Employer		Spouse's SS #	
Spouse's Occupation		Spouse's Work Phone ( )	
Family Members in Household	Relationship	Birthdate	School/Grade
Who referred you?		Permission to contact? (signature)	
Person to contact in case of emergency?			Phone ( )
COMPLETE THIS SECTION IF PATIENT IS A CHILD			
Mother's Name		Mother's SS #	
Address		Mother's DOB	
Home Phone ( )	Cell Phone ( )	Work Phone ( )	
Employer		Occupation	
Father's Name		Father's SS #	
Address		Father's DOB	
Home Phone ( )	Cell Phone ( )	Work Phone ( )	
Employer		Occupation	
INSURANCE INFORMATION (please provide insurance card for photocopy)			
Name of Insurance Company		Phone ( )	
Name of Insured		DOB	
ID #	Group #	Pre-cert Obtained?	
Secondary Insurance		Phone ( )	
Name of Insured		DOB	
ID #	Group #		

## **FAMILY HISTORY**

Dates of Marriages and Divorces:

Self:

Spouse:

Please note important events and information within your history and your family's history you feel are important to therapy:

## **MEDICAL HISTORY**

Primary Care Physician:

Contact Information:

Current Medications (non-psychiatric):

What is your current health status?

Please note any pertinent medical history you believe is important for your therapist to know.

## **MENTAL HEALTH HISTORY**

Have you or your family had previous psychotherapy? With whom (optional)? List approximate dates and reason for seeking treatment.

Are you or your family members currently in psychotherapy? With whom (optional)?

Are you or your family members currently seeing a psychiatrist?

Please list current medications you are taking for psychiatric conditions and who prescribes them.

Do you or your family members have current or past addictions? Please explain.

Is there a history of addictions or mental illness in your or your partner's family? Please explain.

Are you or your family members at current risk for harm from others or from self? Please explain.

Have you ever had suicidal thoughts or attempts? Please explain.

List and date prior psychiatric hospitalizations and suicide attempts.

**TERRY HUFF, LCSW**  
215 Centerview Drive, Suite 208  
Brentwood, TN 37027  
615-627-4191

**CLIENT SIGNATURES**

**I. Psychotherapy Agreement**

I have received, read and understand the Psychotherapy Agreement provided by this office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**II. Patient Notification of Privacy Rights**

I have received, read and understand the Patient Notification of Privacy Rights that HIPAA requires be provided by this office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**III. Authorization of Release of Information for Insurance Purposes**

I authorize Terry Huff, LCSW and/or his business associate to release any information to process insurance claims on the insured's behalf, pursuant to the HIPAA guidelines concerning the right to confidentiality.

I authorize payment of insurance benefits to Terry Huff, LCSW.

Name of client for whom insurance is being filed: \_\_\_\_\_

Client (or Guardian) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TERRY HUFF, LCSW**  
**215 CENTERVIEW DR. SUITE 208**  
**BRENTWOOD, TN 37027**  
(615) 627-4191

### **PSYCHOTHERAPY AGREEMENT**

#### **Appointments**

- Appointments are 55 minutes in length, with the initial assessment being 75 minutes. I attempt to allow myself time for writing progress notes between appointments. Your thoughtfulness about time helps me to be fair and respectful of my clients' schedules.
- Appointments are made directly with the therapist.

#### **Fees and Insurance**

- The initial assessment fee is \$150; the ongoing session fee is \$120. **The missed appointment or late cancellation fee is \$60.** Since a missed appointment costs me \$120—and insurance does not cover missed appointments—my policy is to share that cost equally with you. To be fair to everyone, I try to limit exceptions to illness and emergencies.
- **A 24-hour notice of cancellation is required to avoid a charge.**
- **Payment is expected at the time of service.** Please be prepared to pay at the beginning of each session. It will help if you can have your check made out prior to the session. I want to protect your time and allow the maximum time possible for therapy and scheduling.
- I accept credit cards, debit cards, HSA cards, checks, and cash.
- My account manager works at a separate location and files insurance claims at the out-of-network rate. I'm only in-network with Tricare (Military) and Medicare. I provide the service of filing claims for my clients, but I am not responsible for whether your insurance pays, or how much they pay. The fee is ultimately the client's responsibility.

#### **Communication between sessions**

- I can be reached through my confidential voicemail. Messages are checked regularly. Non-emergency evening and weekend calls will be returned during the next working day.
- Extended communications through email is discouraged because of privacy issues.
- I will respond to communication during vacation or leave time when I return to the office.

(continued)

## **Emergencies**

- Emergencies are situations which require immediate action. Should an emergency situation be anticipated, please initiate discussion of a plan with your therapist. In an emergency requiring immediate action, call 911 or go to your nearest emergency room.
- Other options for emergency situations include:
  - Your psychiatrist
  - The Crisis Call Center 615-244-7444
  - TriStar Behavioral Health Community Assistance 615-342-1450
  - Vanderbilt Respond 615-327-7000
  - Mobile Crisis Unit – Metro Nashville area only (comes to your home) 615-726-0125
  - Police for emergencies 911
  - Metro Police for non-emergencies, but urgent situations 615-862-8600
  - Brentwood Police 615-371-0160
  - Franklin Police 615-794-2513
  - Williamson County Sheriff's Dept. 615-790-5550
- Domestic violence emergencies:
  - Metro Domestic Violence Division 615-880-3000 or 615-862-8600
  - YWCA Domestic Violence Program 615-242-1199
  - Bridges (Williamson County) 615-599-5777

## **Client Records**

- Client records are kept as documentation for third party payment and as a tool for the therapist. The record is not intended for adjudication, and efforts to use it for this purpose are highly discouraged.

## **Gifts**

- Gifts of monetary value, and the gift of friendship, are outside the ethical boundaries of the therapeutic relationship. Questions or concerns about professional boundaries are appropriate to address with the therapist.

## **Children and adolescents**

- Parents are to accompany their children and adolescents to the office unless agreed upon in advance. Legal parents have the right to be informed of their child's treatment. I usually make an effort to contact all parents of children living with separated or divorced families.

## **Grievances**

- My mission is to provide ethical and effective treatment. I encourage you to address any concerns you may have about the therapy directly with me. Please let me know if this is not possible for any reason.

# PATIENT NOTIFICATION OF PRIVACY RIGHTS

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Terry Huff, LCSW, 215 Centerview Drive, Suite 208, Brentwood, TN 37027

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ IT CAREFULLY.**

## I. Preamble

The law provides privileged communication protections for conversations between client and therapist in the context of the established professional relationship. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures.

HIPAA very clearly defines what kind of information is to be included in your “Designated Medical Record”, which is accessible to insurance companies and other third-party reviewers. Your Designated Medical Record may include: the Demographic form you completed, billing information, a summary of the first appointment, a mental status examination, an individualized, comprehensive treatment plan, a discharge summary, progress notes, reviews of your care by managed care companies, results of psychological testing, and any authorization letters or summaries of care you have authorized me to release on your behalf. Progress notes may include the following information: prescriptions and medication monitoring, session date and time, care modality, frequency of treatment, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

HIPAA permits keeping “psychotherapy notes” separate from the Designated Medical Record. Psychotherapy notes cannot be secured by insurance companies nor can they insist upon their release for payment of services. Psychotherapy notes are my notes “recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and are separate from the rest of the patient’s medical record”.

HIPAA provides privacy protections about your personal health information, called “protected health information” (PHI), which could personally identify you. PHI consists of three components: *treatment, payment, and health care operations*.

*Treatment* refers to activities in which I provide, coordinate or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session or talking to your primary care physician about your medication or overall medical condition.

*Payment* refers to obtaining reimbursement for your mental health care, which includes filing insurance on your behalf.

*Health care operations* are activities related to the performance of my practice such as quality assurance. An example is utilization review, a process in which your insurance company reviews our work together for purposes of authorization and reimbursement.

The *use* of your protected health information refers to activities I conduct with my Accounts Manager for client billing and filing insurance claims, keeping records, and other tasks *within* my practice related to your care. *Disclosures* refers to activities you authorize which occur *outside* my office, such as sending protected health information to other parties (i.e., your primary care physician).

## II. Uses and Disclosures of Protected Health Information Requiring Authorization

Tennessee requires authorization and consent for treatment, payment and health care operations. You have authorized this general consent to care and for me to conduct administrative steps associated with your care (i.e., filing insurance) by signing the Patient Information form.

Additionally, if you ever want to send any of your PHI of any sort to anyone outside my office, you will also need to sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request.

Certain payors of care, such as Medicare and Workers Compensation, require the release of both your progress notes and my psychotherapy notes in order to pay for your care. You must sign an additional authorization

directing me to release my psychotherapy notes. Most of the time, I will be able to limit reviews of your PHI to only your Designated Medical Record.

You may, in writing, revoke all authorizations to disclose PHI at any time. You cannot revoke an authorization for an activity already completed that you instructed me to do or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest the claim under the policy.

### **III. Business Associates Disclosures**

HIPAA requires that I train and monitor the conduct of those performing ancillary administrative services for my practice and refers to these people as "Business Associates". A formal contract is signed with each Business Associate which very clearly spells out the importance of protecting your mental health information as an absolute condition for employment. Business Associates are trained and regularly monitored to ensure compliance with HIPAA regulations.

### **IV. Uses and Disclosures Not Requiring Consent Nor Authorization**

By law, protected health information *may* be released without your consent or authorization if it pertains to:

- Suspected child abuse
- Suspected sexual abuse
- Suspected adult and/or domestic abuse
- Health oversight activities (i.e., licensing board)
- Judicial or administrative proceedings
- Situations posing serious threat to health or safety (i.e., "Duty to Warn" law, national security threats)
- Workers Compensation claims (If you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer.)

I never release any information of any sort for marketing purposes.

### **V. Patient's Rights and My Duties**

You have a right to the following:

- *The right to request restrictions* on certain uses and disclosures of your PHI;
- *The right to receive confidential communications by alternative means and at alternative locations;*
- *The right to inspect and copy* your PHI in the Designated Medical Record and billing records for as long as PHI is maintained in the record;
- *The right to amend* material in your PHI, although I may deny an improper request and/or respond to any amendment(s) you make to your record of care;
- *The right to an accounting of nonauthorized disclosures* of your PHI;
- *The right to a paper copy* of notices/information from me; and
- *The right to revoke your authorization* of disclosure of your PHI except to the extent that action has already been taken.

For more information on how to exercise each of these rights, do not hesitate to ask me for further assistance on these matters. I am required by law to: maintain the privacy of your PHI; provide you this notice of your rights and my privacy practices with respect to your PHI; and abide by the terms of this notice unless it is changed and you are notified in writing.

### **VI. Complaints**

If you have any concerns that your privacy rights may have been compromised, do not hesitate to speak to me immediately. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, Washington, DC.

**VII. This notice went into effect July 1, 2003 and will remain so unless new notice provisions effective for all protected health information are enacted accordingly.**