

Today's Date:		Date of birth:					
Last name:		First:		MI:			
Address:							
City:		State:		Zip:			
Phone:							
May we leave a message? ____ Yes ____ No							
Emergency Contact with phone number:			E-mail address:				
Please state your reason for seeing counselor today:							
Please check the appropriate response for each of the following:							
	Always	Sometimes	Never		Always	Sometimes	Never
Depressed mood				Trouble concentrating, distractible			
Diminished interest in most activities				Recurrent thoughts of death			
Fatigue				Racing thoughts			
Changes in appetite				Agitated			
Changes in sleep				Mood swings			
Feelings of worthlessness or guilt				Anxious			
Please indicate if you have or are:							
		Y	N			Y	N
Worked with a counselor before				Thoughts of harming yourself or others			
Currently seeing a therapist				Been subjected to physical/sexual abuse			
A history of suicide attempt				Been hospitalized for mental health concerns			
Currently suicidal				Received treatment for drugs/alcohol			
Concerns regarding drugs/alcohol				Family history of mental health concerns			
Please list any medications you are taking and any medical conditions that I should be aware of:							

Daniel L. Stober, MA, LPC
821 West 11th Street
Austin, Texas 78701
(512) 636-4858

HIPAA Notice of Privacy Practices

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: January 1, 2006

Protected Health Information (PHI) refers to personal information that may identify you in relation to past, current, and future mental health and/or physical condition(s) and associated health care services. This Notice of Privacy Practices outlines how I may use and/or disclose your PHI in accordance with state and federal law, the American Counseling Association Code of Ethics, and the Texas State Board of Examiners of Professional Counselors Board Rules.

I. How your health information may be used and disclosed

For treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other treatment providers with your authorization.

For payment: PHI may be used and disclosed in order to verify insurance coverage, and/or benefits, utilization review processes required by your insurance carrier, and to process claims and/or collect fees.

For health care operations: I may use or disclose, as needed, your PHI in order to support business activities including, but not limited to quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., booking or claims payment) provided that I have a written contract with the business that requires it to safeguard the privacy of your PHI. I may use your PHI to remind you of appointments or to follow up with you regarding your treatment and to assess the quality of services you receive.

Other uses and disclosures without your consent: Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. These include situations required by law, such as the mandatory reporting of suspected child abuse or neglect, and the abuse or neglect of the elderly or disabled. I may also use and/or disclose PHI if I believe it necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or persons. I may also disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal and in certain permissible conditions in response to a subpoena, discovery request or other lawful process.

II. Your rights include the following:

Right to request where I contact you. You have the right to request the means in which I communicate with you as indicated on the initial intake form.

Right to release your PHI with written authorization to release records to others (excluding psychotherapy notes). You have the right to revoke the release in writing. Revocation is not valid to the extent that you have acted in reliance on such previous authorization.

Right to inspect and copy your record (excluding psychotherapy notes). I have the right to deny this right in those situations where there is compelling evidence that access would cause harm to you. I may charge a fee for copying, mailing, etc.

Right to add information or amend your medical record. You may request, in writing, that I amend your record. I maintain 10 business days to decide whether to honor that request. If I deny your request, you have the right to file a disagreement statement that will be filed in your record, along with my response.

Right to accounting of disclosures. You have the right to receive an accounting of certain disclosures that I have made of your PHI for a six year period beginning with the date I came in to compliance. Exceptions include disclosure for treatment, payment or healthcare operations, disclosures pursuant to a signed release, disclosure made to you, or disclosure for national security or law enforcement.

Right to request restrictions. You have the right to request restrictions on uses and disclosures of your healthcare information. This request must be made in writing, however, I am not obligated to honor your request.

Right to complain. If you feel that your privacy has been violated, you have the right to file a complaint, in writing, to me at: Daniel Stober, MA, LPC, Privacy Officer, PO Box 355, Buda, TX, 78610. If you are not satisfied you may then contact the Secretary of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C., 20201, or at (202) 619-0257. There is no retaliation against you for filing a complaint.

Right to receive changes in policy. You may receive a copy of this policy and be notified of any future changes. Please submit your request, in writing, to the Privacy Officer (see above).

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