

Life Style Consultant Services

Consent for Services

Client Name _____ MR# _____

I, _____ give consent to Life Style Consultant Services to provide services to the above named client. I have been informed of the scope and purpose of the service/s, and understand that I may withdraw my consent at any time. In addition, I understand I may refuse any services offered at any time.

Signature

Date

Relationship to client (Self) _____ (Parent) _____ (Other) _____

Witness

Date

FINANCIAL RELEASE/ FEE ASSESSMENT AND COLLECTION

I further understand that Life Style may use confidential information about me to bill and be paid for services. I hereby consent for Life Style Consultant Services to release Information to the funding source (list referring area program): _____ and for (referring area program): _____ to release information to the Life Style for this purpose.

If client cannot pay the established fees, Life Style will negotiate a set fee with the client subject to the approval by the Management.

Client Insurance: _____ Policy #: _____

Card Witnessed _____ Yes _____ No Initial: _____

Client Signature

Date

Guardian or Witness (if Guardian not self)

Date

Life Style Consultant Services

SCREENING/ REFERRAL FORM

Date: _____

Client Name: _____ Client: MR #: _____

DOB: _____ AGE: _____ Gender: _____ SS#: _____

Client Address: _____ Phone# _____

Parent/Guardian Name: _____

Referral Source Name/Agency: _____

Referral Source Phone #: _____

Insurance Co. _____ Policy #: _____

****Presenting Problem: (include clinical justification for medical necessity for BHO services, i.e. suicidal/homicidal ideation, SA issues, current or past treatment/providers/ meds, behavioral problems, abuse or neglect issues, other symptoms):**

Consumer made specific request for:

_____ **Assessment Services**

_____ **Testing**

_____ **Outpatient Services**

_____ **Counseling**

9204 Falls of the Neuse Rd
Ste 104
Raleigh, NC 27615

Life Style Consultant Services

NOTICE OF PRIVACY PRACTICES

This Notice is Effective March 1, 2006

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Life Style Consultant Services is required by law to protect the privacy of your medical records and other individually identifiable medical and personal information. This information may include information about the care and service LSCS provides to you, information about how Life Style Consultant Services is paid for the care and services provided to you, and information about any past, present, or future medical condition you may have. This information is referred to as PROTECTED HEALTH INFORMATION or PHI.

LSCS is also required by law to provide you with this Notice of Privacy practices explaining our legal duties and privacy practices with respect to protected health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose protected health information in the manner that we have described in this Notice.

We may change the terms of this notice in the future. We reserve the right to make changes and to make the new Notice effective for all PHI that we maintain. If this Notice is changed, we will:

- Post the new Notice in the waiting area of the Life Style Consultant Services office in Raleigh North Carolina 27615

Have copies of the new Notice available upon request.

Life Style Consultant Services

Purposes of this Notice

The purposes of this Notice are to:

- Discuss how we may use and disclose protected health information about you;
- Explain your rights with respect to protected health information about you; and
- Describe how and where you may file a privacy-related complaint.

Contact Person

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact Management by mail at:

LifeStyle Consultant Services
9204 Falls of the Neuse Rd Ste 104
Raleigh, NC 27615

Use and Disclosure of Protected Health Information

This section of the Notice explains how LCS may use and disclose PHI about you. Protected Health Information may be used in certain ways without your authorization, as Summarized below.

Treatment Payment and Health Care Operations

The law allows LSCS to use and disclose PHI for treatment, payment, and health care operations without your prior permission or authorization. In other words, we may use or disclose PHI about you to provide, manage, or coordinate your care and services. This may include communicating with other service providers regarding your care and treatment, and coordinating your care and services with other health care organizations, institutions, agencies, and practitioners.

LSCS may also use and disclose PHI about you to obtain payment for care and services that you receive. For example, we may use or disclose portions of your PHI to bill Medicaid, other state or federal programs, and private insurers to get paid for the care and services LSCS has provided to you.

LSCS may use PHI about you in other aspects of health care operations as well. For example, LSCS may use PHI to conduct internal quality assurance studies, evaluations,

LSCS Notice of Privacy Practices

Life Style Consultant Services

Persons Involved in Your Care

If you are an unemancipated minor, LSCS may disclose PHI to your parent(s), guardian, or other legally responsible person.

LSCS will disclose PHI to an advocate, relative, or friend if authorized to do so by you or your legally responsible person if you are a minor.

Other Disclosures

LSCS may also disclose your PHI without your authorization under the following circumstances:

- **When required by law:** We may disclose PHI when a law requires we report information about suspected child abuse, neglect, or exploitation; domestic violence; suspected criminal activity; or in response to a court order.
- **For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
- **For health oversight activities:** We may disclose PHI to our corporate office, or any federal or state advocacy office or regulatory agency that has legal authority to receive this information.
- **To avert threat to health and safety:** To avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- **For research purposes:** In certain circumstances, as approved by LCSC and its corporate office, and under supervision of a privacy board, we may disclose PHI to assist medical and psychiatric research.
- **For specific government functions:** We may disclose information relating to eligibility and enrollment in certain government programs, to correctional facilities under certain circumstances, and for national security reasons, such as protection of the President.

**ANY OTHER USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION
REQUIRES A WRITTEN AUTHORIZATION SIGNED BY YOU OR BY YOUR
PERSONAL REPRESENTATIVE**

(Parent, Guardian, or Individual with Health Care Power of Attorney)

Life Style Consultant Services

You're Rights Regarding Protected Health Information

You have the following rights relating to your protected health information:

Right to a copy of this Notice: You have the right to have a paper copy of LSCS Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in the waiting area of each regional office. If you would like to have a copy of our Notice, ask the receptionist, or contact LSCS Management at the telephone number or address provided on page 2 of this Notice.

To request restrictions on the uses and disclosures of your PHI: You have the right to request that LSCS limit how we use or disclose your PHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on the use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses and disclosures that are required by law.

To choose how we contact you: You have the right to request that LSCS send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy you're PHI: Unless your access to your record, or portions of your record, is restricted for clear and documented treatment reasons, you have the right to see your PHI. Your request to inspect your PHI must be in writing. LSCS will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain your right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, but may be waived depending on your circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe there is a mistake or that relevant information is missing in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 30 days of receiving your request. LSCS may deny your request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement or response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To an accounting of disclosures: You have the right to receive an accounting of disclosures that we have made for the previous six years. Your request for an accounting of disclosures must be in writing. We will respond to your request within 30 days. The accounting will not include disclosures made before April 14, 2003; disclosures for treatment, payment, and health care operations; disclosures made to law enforcement officers; and disclosures made for national security purposes.

Life Style Consultant Services

Complaints about the LSCS Counseling Services Privacy Practices

If you think LSCS may have violated your privacy rights or if you disagree with a decision we made about access to your PHI. You may file a complaint with us and/or the federal government.

To file a written complaint with LSCS, you may or you may mail it to the following address

Life Style Consultant Services
9204 Falls of the Neuse Rd
Ste 104
Raleigh, NC 27615

To file a complaint with the federal government, you may send your complaint to the following address:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, D.C. 20201

Telephone: 1-800-368-1019

LSCS will not take any retaliatory action against you, or change the care and treatment you are receiving in any way if you file a complaint.