## **Client Information**

Name	Today's Date					
Address			email			
City	State Zip					
Home phone	Work phone			Cell phone		
In case of emergency, notify				Phone		
Referral source						
Age Birth Date						
Occupation: Job title						
Name of compar	ıy					
				Nationality		
How many siblings?	_ Your r	ank in birth ord	ler			
Number of brothers: Older _		Younger	Number of s	sisters: Older	Youn	ger
Marital status: (Circle one)	Single	Married	Divorced	Separated	Widowed	
Spouse or partner	Marriage or beginning			inning date _		
Age Birth Date		Time _	Ci	ty & state		
Occupation: Job title						
Name of company						
Current religion						
Previous marriages or long-te	erm relat	tionships:				
Name			Date	began	Ended _	
Name			Date	Date began		
Name			Date	Date began		
Children:						
Name			Age _	Grade	_ Birth Date	
Name			Age _	Grade	_ Birth Date	
Name			Age _	Grade	_ Birth Date	
Name			Age _	Grade	_ Birth Date	
Others in household:						
Name			Relation	nship		Age _
Psychotherapy History: (use	the bacl	k, if necessary)				
With whom?	For how long?					
What were you treated for? _						
Medical problems						
Current medication						

Name Da	e

## **Identify Your Most Common Symptoms Of Distress**

Most people know when they are experiencing excessive levels of Stress arousal. The manner in which we are alerted to such a condition of distress may be through the development of symptoms of excessive stress. Listed below are numerous potentially stress-related symptoms that people experience. Read through the list and check your most common symptoms of distress putting a check in the column indicating how often you experience each of these at this time.

Symptom	Never	Seldom	Sometimes	Often
headache				
vertigo (Objects, though stationary, appear to move in various				
directions. Difficult to maintain an erect posture)				
dizziness or feeling faint				
irregular heart beat, palpitations				
ringing in ears				
high blood pressure				
low blood pressure				
fatigue				
difficulty concentrating				
feeling overwhelmed				
anger, irritability				
difficulty falling asleep or staying asleep (circle appropriate)				
increased appetite				
decreased appetite				
skin problems (e.g. rashes, itching, hives)				
sadness, depression				
feelings of helplessness or hopelessness				
apathy				
cynicism, negativism				
numbness				
visual symptoms (e.g. blurred or double vision)				
nausea				
teeth grinding				
gastrointestinal problems				
constipation or loose stools (circle appropriate)				
discomfort with urination (e.g., pressure, burning)				
abdominal or stomach discomfort (e.g. pressure, burning,				
cramping not related to menstruation)				
muscle spasms				
aching muscles, joints, or back (circle appropriate)				
discomfort in limbs (e.g. burning, aching)				
excessive sweating				
chest pains (e.g. burning, pressure, tightness)				
coughing, wheezing				
shortness of breath or trouble breathing				
frequent trouble with menstrual cramps				
burning sensations in sexual organs, mouth or rectum				
difficulty swallowing or lump in throat that stayed with you for				
more than one hour				
unable to remember what you had been doing for hours or days,				
when not under the influence of alcohol or drugs				
frequent vomiting				
frequent pain in fingers or toes				

Thoughts	Never	Seldom	Sometimes	Often
awfulizing (taking things to their worst possible outcome)				
blaming myself				
blaming others				
difficulty concentrating				
holding grudges				
thinking and rethinking the same situation				
wishing I could "turn my mind off"				
constantly criticizing other people or situations				
worrying				
thinking something is wrong with my mind				
needing to be right				
feeling out of control				
Emotions	Never	Seldom	Sometimes	Often
afraid of specific places or circumstances				
feeling like a victim				
feeling anxious				
feeling blue				
feeling lonely				
feeling irritable				
wanting to throw things or hit people				
feeling guilty				
feeling unfriendly				
feeling uptight				
feeling hopeless about the future				
wanting to pull the covers over my head				
feeling that other people don't like me				
feeling upset over criticism				
Behaviors	Never	Seldom	Sometimes	Often
nail or cuticle biting				
increased use of alcohol and/or tobacco				
taking tranquilizers or "street" drugs to change mood				
chewing gum or sucking candies				
talking a lot				
crying a lot				
trouble communicating				
avoiding responsibilities				
too much caffeine				

What are your goals for our time together?

## **REVIEW OF SYSTEMS**

Please circle if you are currently experiencing any of the following or write a  $\bf P$  if you experienced it in the past.

<u>General symptoms</u>	Eyes, Ears, Nose, Inroat	Cardiovascular			
Headache	Dental decay	Low blood pressure			
Head injury	Gum trouble	High blood pressure			
Fever	Frequent colds	Previous heart stroke			
Chills	Enlarged thyroid	Hardening of the arteries			
Sweats	Tonsillitis	Swelling of the ankles			
Dizziness	Sore throat	Poor circulation			
Fainting	Hoarseness	Paralytic stroke			
Loss of sleep	Enlarged glands	Irregular heart beat			
Fatigue	Glaucoma	Shortness of breath			
Nervousness	Failing vision	Chest pain			
Loss of weight	Cataracts	Chest pain			
Numbness or pain in arms/legs/hands	Eye pain	Gastrointestinal			
Allergy	Ear discharge	Excessive thirst			
Convulsions	Deafness				
Convuisions		Excessive hunger			
Claim	Ear ache	Belching			
Skin	Nasal drainage	Gas (flatulence)			
Hives or allergy	Nose bleeds	Nausea			
Acne or skin eruptions	Nasal obstruction	Vomiting			
Itching	Sinus infection	Vomiting of blood			
Bruises easily	Hay fever	Abdominal cramps			
Dryness	Mercury tooth fillings	Constipation			
Boils		Diarrhea			
Varicose veins		Colon trouble			
Sensitive skin	Muscle & Joint	Hemorrhoids (piles)			
Change in mole	Stiff neck	Intestinal worms			
	Back pain	Liver problems			
Kidneys & Reproduction	Muscle weakness	Gallbladder problems			
Inability to control urine	Swollen joints	Jaundice			
Frequent urination	Painful tailbone	Colitis			
Painful urination	Foot trouble				
Blood in urine	Pain in shoulders	Respiratory			
Pus in urine	Hernia	Asthma			
Kidney infection	Spinal curvature	Chronic cough			
Kidney stones	Faulty posture	Spitting up phlegm			
Prostate trouble	Arthritis	Spitting up blood			
Sores on genitals	Fracture/dislocation	Difficult breathing			
What are your treatment goals and expe	ectations?				
Is there anything else that you feel has i	not been covered?				
Is there anything else that you feel has not been covered?					
		· · · · · · · · · · · · · · · · · · ·			

# **Open Heart Institute's Notice of Privacy Policy Practices**

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

The HIPAA privacy rule governs access to and use of "protected health information" in patient records. The parties, known as "covered entities," directly affected by the rule include health care providers, health plans, and health information clearinghouses. The privacy rule accommodates a number of interests in balancing the needs of individual patients against the interests of others such as health insurers, public health authorities, and law enforcement officials.

Clearly the privacy rule gives patients some important protections. Health consumers benefit from the HIPAA rule in several ways, including:

#### **Greater Patient Access to and Information About Their Records**

Under HIPAA, patients will now have greater access to their records and greater knowledge of how their records will be used than ever before. Specifically, patients are entitled to:

- Receive notice of use and disclosures of their PHI. Psychologists are obligated to inform patients about potential uses and disclosures of their protected health information and patients' right to limit those uses and disclosures.
- Consent to use and disclosures of their PHI. Practitioners must agree to "reasonable requests" by patients for restrictions on the use and disclosures of PHI for treatment, payment and health care operations purposes. However, psychologists are not required to accept disclosure restrictions that would compromise their professional judgment or treatment.
- Access their records for inspection and amendment. Patients are allowed to inspect and obtain a copy of PHI in medical and billing records that a provider uses to make decisions about the patient. However, there are exceptions to this access. For one thing, patients do not have the right to inspect or obtain a copy of psychotherapy notes. And though the privacy rule enables an individual to request a change to their PHI if they believe the information is incorrect, a psychologist can deny requests for record amendments if he or she is not the originator or if the psychologist believes the information is accurate and complete. When an amendment to the record is made, the amendment does not replace any information in the record but simply adds to the record.
- Get an accounting of how PHI was used and shared. The privacy rule stipulates terms under which a patient may receive a listing
  of all disclosures of his or her PHI. The rule also spells out exceptions to an individual's ability to obtain such an accounting of
  disclosures.

#### What Is "Protected Health Information"?

The HIPAA privacy rule applies to protected health information (PHI), which means individually identifiable patient information. This is information that relates to the past, present or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or could reasonably be used to identify the individual.

The rule will apply to all individually identifiable patient information transmitted or maintained by a covered entity regardless of its form.

Health information that does not identify an individual and provides no reasonable basis to believe that the information can be used to identify a person is not considered PHI.

Additional information about what "triggers" the application of the privacy rule is found in the primer, "Getting Ready for HIPAA: What You Need to Know Now," mailed to all APA members who pay the APA Practice Organization special assessment.

#### **Heightened Protection for Psychotherapy Notes**

Of particular interest to the psychology community, the HIPAA privacy rule recognizes as a matter of federal policy the unique and particularly sensitive nature of the provider-patient relationship in mental health services delivery. The rule creates special requirements for the use and disclosure of psychotherapy information, and patients benefit from enhanced protection of psychotherapy notes. These notes are considered a special category of protected health information that must be kept separate from the basic record and that requires special patient authorization beyond general consent for disclosure.

Psychologists will need to make sure that any entity requesting psychotherapy notes has provided a valid authorization before the practitioner releases these notes. Alternatively, psychologists will have to secure authorization from the patient before providing notes in response to requests. Perhaps more importantly, unlike other protected health information, insurance companies, ERISA-certified employee benefit plans, and managed care companies that administer benefits will not be able to require patients to release this information from psychotherapy notes as a condition of coverage or payment.

### What Are "Psychotherapy Notes"?

The HIPAA privacy rule defines psychotherapy notes as:

Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

As a practical matter, the definition of "psychotherapy notes" coincides with what the field has historically considered to be "process notes." These are records that "capture the therapist's impressions about the patient, contain details of the psychotherapy conversation considered to be inappropriate for the medical record, and are used by the provider for future sessions."

Parts of the record that are NOT considered psychotherapy notes for purposes of the privacy rule — and thus do not require separate authorization — are:

Medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

#### Safeguarding of State Laws That Are More Protective of Privacy

The federal privacy rule establishes a minimum set of requirements, or "floor," for the protection of PHI. As a result, state laws are not pre-empted to the extent that they are stricter in protecting an individual's PHI. A state law is considered more stringent if it provides greater privacy protection for patients or permits greater access by patients to review and/or amend information in their health records. Further, there is nothing in HIPAA that prevents states from passing laws more protective than the federal privacy rule. For more details about state law preemption, see the article on page 6.

Adapted from: "Getting Ready for HIPAA: What You Need to Know Now," by the APA Practice Organization and the APA Insurance Trust. This primer was mailed in March 2002 to all APA members who pay the APA Practice Organization special assessment.

### What Does Separate "Patient Authorization" Require

Under the HIPAA privacy rule, a "covered entity" such as a practicing psychologist or an insurance or managed care company must obtain from the patient for each intended use or disclosure of psychotherapy notes an authorization in plain language that includes

- 1. A specific description of the notes to be used or disclosed
- 2. The identity, name or class of persons to whom the notes will be disclosed
- 3. The defined purpose of the disclosure
- 4. An expiration date or event that relates to the purpose
- 5. A statement that the individual has the right to revoke the authorization in writing and a description of how it may be revoked
- 6. A statement that the notes may be subject to redisclosure and may no longer be protected
- 7. The signature of the individual or personal representative and date, with a copy provided to the individual
- 8. A statement that the individual may refuse to sign the authorization

I have read or been given or offered a copy of my pa	itient rights.	
Print Patient Name	Patient Signature	Date