

Live Oak Counseling Center

Please Print:

Name: _____ Date: _____

Address: _____
Street City State Zip Code

Phone: Home _____ Work/Cell _____

Email Address: _____

Date of Birth: _____ Age: _____

Occupation: _____ Employer: _____

Religious Affiliation/Church: _____

Marital Status: Single Married Divorced Widowed Separated

If married, number of years married: _____

Previous marriage(s)? _____ If so Dates of marriage(s) _____

Name of Spouse: _____

Children Names and Ages: _____

My present Physical Health is: Excellent Good Fair Poor

Date of last Physical: _____

Present medication, if any: _____

Prescribing Physician: _____

Any previous counseling experience? _____ Dates: _____

Name of Counselor: _____

Person to be contacted in case of an emergency:

Name: _____ Relationship to Client: _____

Address: _____ Phone No: _____

How did you find out about our practice? (please be as specific as possible)

Former client Current client Healthcare Professional Word of Mouth Pastor Internet Other

Who referred you: _____ May I thank them? Yes No

Signature: _____

Recent Changes in Your Life

Any Medical Conditions

Alcohol/Drug use: _____drinks per day or _____drinks per week _____I don't drink alcohol
(One drink is: 5 oz. of wine, 12 oz of beer, or 1.5 oz of hard liquor [mixed drink])

Do you use drugs other than prescribed medication? Yes No

Please Circle All That Apply To You At This Time

Feelings:

Helplessness	Anxious
Depressed	Out of Control
Shameful	Afraid
Angry	Numb
Guilty	Relaxed
Hopeless	Happy
Lonely	Excited
Sad	Hopeful

Thoughts:

Confused	Racing
Unintelligent	Obsessive
Worthless	Distracted
Unmotivated	Disorganized
Unlovable	Paranoid
Confident	Suicidal
Worthwhile	Sensitive
Unattractive	Honest

Behaviors:

Eating less	Acting out sexually
Procrastinating	Acting Aggressively
Attempting suicide	Disorganization
Poor concentration	Impulsivity
Crying	Recklessness
Withdrawing socially	Irritability
Skiping classes	Passivity
Binge drinking	Using drugs
Injuring self	Exercising Regularly
Overeating	Self-Care
Compulsivity	Socializing

Physical Symptoms:

Insomnia
Fatigue
Weight loss or Weight gain
Pain
Headaches
Tightness in Chest
Dizziness
Numbness or Tingling
Nausea or vomiting
Rapid Heart Beat
Dry Mouth

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Professional Information Statement and Consent for Treatment

The majority of this document is mandated by both South Carolina law (Ch. 75, Title 40 of the 1976 Code) and Public Law 104-191 (the Health Insurance Portability and Accountability Act of 1996, e.g. HIPPA). If you have any questions regarding any information you have received, please feel free to discuss them with your counselor.

Contact Information: Live Oak Counseling Center is located at 600 King Street, Columbia, SC 29205. This is also our mailing address. Our office hours are generally 9:00 a.m. to 5:00 p.m., Monday through Thursday with some evening appointments available. Our clients are seen by appointment only. Our telephone number is 803-256-1033. (The voicemail is confidential.) The Director of the Center is Nancy Smith, MSW, LISW-CP.

Fees: The hourly fee for counseling is \$100. Sessions generally last 50 minutes unless other arrangements have been made in advance. It is customary to pay for professional services at the time they are rendered. Payment may be made by check, cash or credit card. If finances are a hardship, a reduced fee may be negotiated for a 6-month period. In the event you are unable to keep an appointment, you are asked to notify your counselor at least 24 hours in advance, so that the appointment time may be offered to another client. You will be charged for late cancellations and missed appointments.

Emergencies: Telephone messages are checked periodically during the hours of 8:30 a.m. - 5:30 p.m., Monday through Friday. If you have an urgent need during these hours, please leave a message stating the nature of your call, and we will call you as soon as possible. If you have an emergency or need to speak to someone immediately, please call your medical doctor, your psychiatrist, 911, the emergency room at one of the local hospitals or Columbia Area Mental Health Center at (898-1555). We do *not* have 24-hour emergency coverage.

Confidentiality: The information you share in counseling sessions is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order (signed only by a judge), but is considered privileged in the federal court system.

Our counselors are mandated by state and federal regulations- through "duties to warn" - to breach confidentiality if they discover any of the following:

- 1) you are threatening self-harm or suicide
- 2) you are threatening homicide or to harm another
- 3) a child has been or is being abused or neglected
- 4) a vulnerable adult has been or is being abused or neglected
- 5) you have broken or intend to break a law or laws.

If you wish your protected health information to be released to someone else (e.g., a physician, another mental health agency, an attorney, etc.) you *must* sign a specific Release of Information form.

Ethics: Our counselors follow the National Association of Social Workers Code of Ethics; The American Psychological Association Code of Ethics; South Carolina Code of Laws, Chapter 63 and South Carolina Regulations, Chapter 110.

Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

If you have any questions or complaints about the policies or practices of Live Oak Counseling Center, or if you have any concerns about your rights under the HIPAA regulations, please feel free to contact Nancy Smith at 256-1033.

I acknowledge that I have received and read the Live Oak Counseling Center Professional Disclosure Statement and Consent for Treatment (version 10/23) and HIPAA Client Rights (version 8/23). I further acknowledge that I seek and consent to treatment with Live Oak Counseling Center. My signature below confirms that I understand and accept all the information contained therein and consent to treatment by Live Oak Counseling Center.

Signature of Client

Date

Signature of Client

Date

Live Oak Counseling Center

Acknowledgement of receipt of the No Surprises Act information

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance or filing their own insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises. This notice was published and becomes effective on January 1, 2022.

The LOCC Good Faith Estimate is the self-pay and uninsured rate of \$100 or the agreed upon rate of \$_____ per 60 minutes therapy session for individual, couples, and family counseling. Each time you schedule a therapy session up to 60 minutes in length with LOCC, expect to pay this rate.

If you schedule an extended therapy session, greater than 60 minutes, expect to pay an additional pro-rated amount as follows:

**30 minutes or less, add hourly rate x .5
over 30 minutes, add full hourly rate**

Signature of Client

Date

Signature of Client

Date

Live Oak Counseling Center

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you in a counseling or therapy session and most information placed in your therapy file (all medical records or other individually identifiable health information or disclosed in any form {electronic, paper, or oral}) is considered "protected health information" by HIPAA. As such, your protected health information ***cannot be distributed to anyone else without your express informed involuntary written consent for authorization***. The exceptions to those are defined immediately below. Additional information regarding your rights as a client can be found in your therapist/counselor's Professional Disclosure Statement and Consent for Treatment.

Use or disclosure of the following protected health information does not require your consent or authorization.

1. Uses and disclosures required by law - like files court-ordered by a Judge.
2. Uses and disclosures about victims of abuse, neglect, or domestic violence-*like the duties to warn explained in your therapist/counselor's Disclosure Statement*.
3. Uses and disclosures for health oversight activities - *like correcting records or correcting records already disclosed*.
4. Uses and disclosures for judicial and administrative proceedings - *like a case where you are claiming malpractice or breach of ethics*.
5. Uses and disclosures for law enforcement purposes - *like if you intend to harm someone else see duties to warn and your therapist/counselor's disclosure statement*.
6. Uses and disclosures for research purposes - *like using client information and research; always maintaining client confidentiality*.
7. Uses and disclosures to avert a serious threat to health or safety - *like calling probate court for a commitment hearing*
8. Uses and disclosures for Worker's Compensation - *like the basic information obtained in therapy/counseling as a result of your Worker's Compensation claim*.

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Your Rights as a Counseling/Therapy Client under HIPAA

As a client, you have the right to see your counseling/therapy file. *Psychotherapy notes are afforded special privacy under the HIPAA regulations and are excluded from this right.*

As a client you have the right to receive a copy of your counseling/therapy file. *Psychotherapy notes are afforded special privacy under HIPAA regulations and are excluded from this right.* You will be required to pay any copying fees at \$.20 cents a page.

As a client, you have the right to request amendments to your counseling/therapy file.

As a client you have the right to receive a history of all disclosures of protected health information. You will be required to pay any copying fees at \$.20 cents a page.

As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed.

As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained have been violated.

Prior to your counseling or therapy, you will receive 1) an exact duplicate of these two pages and 2.) your therapist's/ counselor's Professional Disclosure Statement and Consent for Treatment- both for your personal records. It will be necessary for you to sign a form indicating that you have received and read, and understand both documents. This form will be placed in your counseling/therapy file. Please do not sign the form if you do not understand any part of the HIPAA Client's Rights or the Professional Disclosure Statement and Consent for Treatment. Your counselor or therapist will be happy to explain these documents further.

As you will note in Item #1 and #2, psychotherapy notes are afforded special protection under the HIPAA regulations. Because of this, **Live Oak Counseling Center will not release psychotherapy notes.** In lieu of psychotherapy notes, we will be happy to provide you with the following information, which HIPAA allows to be released.

- HIPAA calls the following record a "designated record set," or DRS:

Psychotherapy start and stop times	Modalities and frequencies of treatment
Results of clinical testing	Functional status
Treatment plans	Progress to date
Symptoms	Diagnoses
Prognosis	Medication prescription and monitoring