



Jacqueline Hernandez, MA, LPC-S
Mental Health Therapist

ADULT CLIENT INFORMATION FORM

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone: _____ Email: _____

Religious Affiliation (if any)? _____

How did you select our office? _____

Presenting problem, reason for seeking counseling: _____

Do you need us to provide you with a superbill to submit to your insurance for reimbursement?
 Yes No

Private Pay Rates:

- Individual - \$120/55min.
- Marriage/Couples - \$130/55min.
- Family - \$195/65min. (up to 3 members)
- Family - \$300/70min. (up to 5 people)

Cancellation Policy: If you need to reschedule or cancel an appointment, please call at least 24 hours in advance. Late cancelations will be assessed a fee of \$75. If you are a "No-Show" for an appointment a fee \$120 will be charged to you for that missed appointment. Sudden emergencies or illnesses can be discussed. A credit/debit card will be kept on file to cover late/no-show fees.

Financial responsibility:

I understand that I am responsible for all charges incurred for services provided to me and/or my family. I agree to pay my account as services are provided unless other arrangements are made. If there is an outstanding balance on my account, I agree to pay it as soon as I receive notice.

Signature of Person Responsible for Payment: _____

Printed Name: _____ Date: _____
Only if different from above

INFORMED CONSENT

1. The client is entitled to information regarding the credentials, degrees and licenses of the therapist.
2. The client is entitled to information concerning methods of therapy, techniques used, duration of the therapy, if known, results if appropriate, and fees.
3. The client may seek a second opinion from another therapist or may terminate therapy at any time.
4. Roles must be clear if multiple persons are seeking treatment. The therapist cannot be placed in conflicting roles such as testifying in divorce proceedings for only one of the clients.
5. Communication or information provided by the client during therapy session is legally confidential, except as provided by sections of the law (e.g., concerning criminal activity and delinquency proceedings) and for certain other legal exceptions, that is, disclosures indicating child or elderly abuse, or bodily harm to self or others.
6. Any questions of ethics or complaint may be addressed to:

The Texas Behavioral Health Executive Council
333 Guadalupe Street, Ste. 3-900, Austin, Texas 78701
(512) 305-7700

I understand my therapist has up to 24 hrs. to return calls. Calls are not intended to provide therapy. If I feel I am in crisis such as suicidal or homicidal ideations, I agree to call 911 or report to the closest emergency room.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Patient Authorization for Use and Disclosure of Protected Health Information. By signing, I authorize REVELATION COUNSELING SERVICES (RCS) to use and/or disclose certain protected health information (PHI) about me to:

Name of individual you wish to grant access to your information.

This authorization permits RCS to use and/or disclose the following individually identifiable health information about me (specifically describe the information to be used or disclosed, such as date(s) of services, type of services, level of detail to be released, origin of information, etc.).

The information will be used or disclosed for the following purpose:

For release of information related to transactions and assignment of benefits for claims; (If disclosure is requested by the patient, purpose may be listed as "at the request of the individual.") The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on _____.

The Practice will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

Your Health Information Is Protected By Federal Law

Most of us believe that our medical and other health information is private and should be protected, and we want to know who has this information. The Privacy Rule, a Federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. The Security Rule, a Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic protected health information is secure.

Who Is Not Required to Follow These Laws

Many organizations that have health information about you do not have to follow these laws. Examples of organizations that do not have to follow the Privacy and Security Rules include:

- Life insurers
- Employers
- Workers compensation carriers
- Many schools and school districts
- Many state agencies like child protective service agencies
- Many law enforcement agencies
- Many municipal offices

NOTICE OF PRIVACY PRACTICES (NPP)

Effective Date: June 28, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY RCS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about your rights or this Notice, please contact:

Jacqueline Hernandez at 210-744-4828.

Who Will Follow This Notice?

1. RCS;
2. RCS's affiliated practices; and
3. RCS's subcontractors.

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care from RCS, a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

1. Basis for planning your treatment and services;
2. Means of communication among the physicians and other health care providers involved in your care;
3. Means by which you or a third-party payor can verify that services billed were actually provided;
4. Source of information for public health officials; and
5. Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose your Protected Health Information (referred to herein as "medical information"). It also describes your rights and our obligations regarding the use and disclosure of medical information.

Our Responsibilities RCS is required by law to:

1. Maintain the privacy and security of your medical information;
2. Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
3. Abide by the terms of this notice;
4. Notify you if we are unable to agree to a requested restriction;
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
6. Notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information. We are required by law to notify you following a breach of unsecured protected health information. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.
7. To disclose, upon request, to you or another person named by you an electronic copy of your medical records. Texas law requires, however, that we first obtain your written authorization prior to disclosing electronically.

The Methods in Which We May Use and Disclose Medical Information about You

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

1. **For Treatment.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
2. **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.

3. **For Health Care Operations.** Health Care Operations: We may use and disclose protected health information about you in a number of different ways related to how we run our practice. These uses and disclosures are necessary to run our practice and ensure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our providers in caring for you. We may also disclose information to doctors, nurses, technicians, and medical students for review and learning purposes. Information may also be disclosed for activities relating to protocol development, case management and care coordination, reviewing qualifications of physicians, clinical trials and conducting or arranging for other business operations of our practice. We may disclose information as it relates to healthcare operations when we leave messages on your answering machine or at your place of employment when the contact phone number is given us as a method of reaching you. We may call you by name when you are in our practice. We may disclose information to computer technology and support technicians. If we share office space with other healthcare providers, we may disclose information when we call your name or store your information at a shared location. We will disclose your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription, answering services, attorney/legal services, consultants or accountants, risk managers) for this practice. Whenever an arrangement with a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
4. **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, RCS may provide a written or telephone reminder that your next appointment with RCS is coming up.
5. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.
6. **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
7. **To the Department of Health and Human Services.** We will share information about you with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.
8. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
9. **Sale of Practice.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

SPECIAL SITUATIONS

1. **Public Health Risks.** To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.
2. **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
3. **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.

4. **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official: a. In response to a court order or subpoena; or b. If RCS determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
5. **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.
6. **Electronic Disclosure.** We may use and disclose your medical information electronically. For example, if another provider requests a copy of your medical record for treatment purposes, we may forward such record electronically. Under Texas law we are required to obtain your written authorization before we disclose your PHI, except to another covered entity for treatment, payment and permissible health care operations.

DISCLOSURES REQUIRING AUTHORIZATION

1. **Psychotherapy Notes.** Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session – or during a group, joint, or family counseling session. If these notes are maintained separate from the rest of your medical records, they can only be used and disclosed as follows. In general, psychotherapy notes may not be used or disclosed without your written authorization, except in the following circumstances. Psychotherapy notes about you may be used and disclosed without your written authorization in the following situations: a. The mental health professional who created the notes may use them to provide you with further treatment;

- a. The mental health professional who created the notes may disclose them to students, trainees or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- b. The mental health professional who created the notes may disclose them as necessary to defend himself or herself or RCS in a legal proceeding initiated by you or your personal representative;
- c. The mental health professional who created the notes may disclose them as required by law;
- d. The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- e. The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance, or RCS's compliance, with Federal privacy and confidentiality laws and regulations; and
- f. The mental health professional who created the notes may disclose them to medical examiners and coroners, if necessary, to determine your cause of death. All other uses and disclosures of psychotherapy notes require your written authorization. You have the right to revoke such authorization in writing.

2. **Sale of Your Medical Information.** RCS will not sell your medical information for marketing purposes. However, there are instances in which RCS will sell your PHI. For example, should RCS merge or the practice is sold to another physician group, your medical record may be part of the asset transfer. *Any other Sale of Protected Health Information requires your written authorization. You have the right to revoke such authorization in writing.*

3. **Uses and Disclosures** Requiring an Opportunity to Agree or Object. Please note that HIPAA permits us, in certain circumstances, to disclose your medical information without your authorization (including facility directors, emergency circumstances, and disclosure to relatives). Texas law is stricter. Therefore, we will not disclose your information for these purposes without first obtaining your explicit authorization.

OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION:

Under the law, we may use and disclose your protected health information for which you do not have to give authorization or otherwise have the opportunity to agree or object. "Use" refers to our internal use of your protected health information. "Disclosure" refers to the provision of information by us to parties outside of our practice. We may

make the following uses and disclosures of your protected health information without a written authorization from you in situations such as:

1. **Appointment Reminders/Sign in Sheets** We may use and disclose protected health information to contact you as a reminder that you have an appointment or to see your physician or are due to schedule follow up appointments. We may ask you to sign in when you arrive at our office. We may call your name when we are ready to see you. We may display photo images, which you have sent us, such as birth announcements, greeting cards, any of which may have your name or the names and images of other members of your family.
2. **Marketing/Health-Related Benefits and Services** We or a third-party business associate partner may use and disclose protected health information to tell you about health-related benefits and services to your treatment, case management or care coordination or recommend possible treatment options or alternatives that may be of interest to you or to provide you with small gifts. We may also encourage you to purchase a product and services when we see you, and in some cases ask for your authorization before such marketing. In addition, we may use and disclose your protected health information for certain marketing activities, such as, using your name and address to send you a newsletter about our office and the services we offer.
3. **Community Outreach Activities** We may use protected health information about you to contact you for outreach/community education activities supported by us. Only certain information such as your name, address and phone number, treating clinician, the date you received treatment or services from us, and outcome information would be used. You will have the opportunity to opt out of receiving further communication, via mail, email, etc., for either all future outreach communications or the specific campaign itself.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information collected and maintained about you:

1. **Right to Inspect and Copy.** The right to inspect and receive a copy of medical information that may be used to make decisions about your care. This includes the right to direct us to transmit a copy of your medical information to a designated person or entity of your choice. Usually, this includes medical and billing records. Upon your request, RCS will provide a copy of such records as soon as possible, and within fifteen (15) days of your request. To inspect and receive a copy of your medical information or to direct us to provide a copy of your choosing, you must submit your request in writing or electronically to the Privacy Officer for RCS. If you request a copy of the information, RCS may charge a fee for the costs of copying, mailing, or summarizing your records. We will inform you of all fees in advance. You can also ask to see or get an electronic copy of health information we have about you. Please contact our Privacy Officer at 210-903-8013 with any questions you have on how to request access, receive a copy, or how to direct us to transmit your information to a designated person or entity.
2. RCS may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
3. **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask RCS to amend the information. You have the right to request an amendment for as long as the information is kept by RCS. To request an amendment, your request must be made in writing and submitted to RCS. In addition, you must provide a reason that supports your request. RCS may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, RCS may deny your request if you ask us to amend information that:
 - Was not created by RCS, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by RCS;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.

4. Right to an Accounting of Disclosures. To request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations. To request this list you must submit your request in writing to Jacqueline Hernandez, CEO. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. RCS will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
5. Right to Request Restrictions. To request a restriction or limitation on the medical information RCS uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information RCS discloses about you to someone who is involved in your care or the payment for your care. RCS is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which RCS has been paid out of pocket in full and: (i) the restriction pertains to payment or a healthcare operation and (ii) the disclosure is not otherwise required by law. Should RCS agree to your request, RCS will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to RCS. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit RCS’s use and/or disclosure; and (3) to whom you want the limits to apply.
6. Right to Request Confidential Communications. To request that RCS communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that RCS contact you only at work or by mail. To request that RCS communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. RCS will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
7. Right to Revoke an Authorization. There are certain types of uses or disclosures that require your express authorization. For example, RCS may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide authorization for a particular use or disclosure of your medical information, you may revoke such authorization in writing by contacting Jacqueline Hernandez at 4242 East Piedras Drive, Suite 114, San Antonio, TX 78228 or info@RevelationLPC.com. We will honor your revocation except to the extent that we have already acted in reliance of the specific authorization.
8. Right to Receive a Copy of this Document. You have a right to obtain a paper copy of this document upon request.

CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with RCS or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with RCS, contact the Privacy Officer at 210-744-4828. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. All complaints should be submitted in writing. You will NOT be penalized for filing a complaint. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169, Dallas, TX 75202*

Informed Consent:

I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights as a client. Also, I affirm that the information provided for billing purposes is true and accurate.

Notice of Privacy Procedures (NPP):

I have read, understand, and received a copy (if requested) of the NPP, which is in accordance with the Health Insurance Portability and Accountability Act (HIPAA). I understand the information put forth in the NPP and give the Covered Entity (CE) the ability to use and disclose my Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations (TPO). By signing this entire form below, I agree to these policies, terms, and conditions of Revelation Counseling Services.

HIPAA Authorization:

I do not have to sign this authorization to receive treatment from Revelation Counseling Services. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to:

Revelation Counseling Services, 4242 East Piedras Drive, Ste. 114, San Antonio, TX 78228

Client Name _____

Age _____

Client Signature _____

Date _____

Therapist Signature _____