

**Client Registration Form**  
**Belhaven University Counseling**

*All information will be kept confidential*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Immediate family members living at home or away from home: Include relations and significant others.

Name	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relationship Status (circle one):    Single            Dating            Engaged            Married

Year in School (circle one):    Freshman            Sophomore            Junior            Senior

Residence (circle one):    On Campus- Residence Hall \_\_\_\_\_            Off Campus

Major: \_\_\_\_\_

What brings you to counseling: \_\_\_\_\_

Who referred you: \_\_\_\_\_

Have you participated in counseling previously: yes or no

If yes, When \_\_\_\_\_ Counselor's Name \_\_\_\_\_

Are you currently under a physician's care for a specific illness? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Nature of illness: \_\_\_\_\_

List all medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

## Counseling Agreement and Indemnity Form

I, \_\_\_\_\_ have applied for counseling services from Anna-Maria Dempsey, Campus Counselor, at Belhaven University, for myself.

I agree to indemnify and hold harmless Anna-Maria Dempsey and any officers, directors, agents, servants, and employees from any claims of damages of any nature arising out of, or allegedly due to, any counseling instruction, or advice rendered by Anna-Maria Dempsey or of any activity related thereto.

I understand Anna-Maria Dempsey is offering counseling service at Belhaven University. I agree to indemnify and hold harmless Belhaven University, its agents, servants or employees from any and all claims, damages, costs and expenses, including reasonable attorney's fees, arising out of my counseling services from Anna-Maria Dempsey.

In the event that I report I plan to harm myself or someone else, Anna-Maria Dempsey is required to report this to the Dean of Students. This does not qualify as a breach of confidentiality, as it falls under her requirement to report those who threaten to harm themselves or others to the proper authorities.

I understand that I may ask questions about any procedures or treatments offered to me by Anna-Maria Dempsey and I may stop treatment at any time.

I have read the above information carefully, understand its contents, and agrees to receive services for myself under these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

## Fee Schedule and Cancellation Policy

Your initial session is free of charge and the next 5 sessions are \$5. Any subsequent sessions will be charged at a rate of \$40 an hour. This fee schedule resets at the start of a new Academic Year.

Payment is due at the start of each session. Sessions are 45-50 minutes in length.

As a client, you are responsible for attending your scheduled session. If you are not able to attend a scheduled session, it is your responsibility to notify the counselor 24 hours prior to your session. If you miss your session or call to cancel a same day appointment, you will be charged for the session that you missed. In the event of an emergency you can speak with the counselor about revoking this charge.

Please sign below to confirm you have read and understand this policy.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

### Related Issues

A 24-hour crisis counseling service is not provided to clients of Anna-Maria Dempsey. Telephone calls are returned as soon as possible during regular business hours. Anna-Maria Dempsey cannot engage in therapeutic services via phone or email. All calls and emails will pertain only to logistics of setting up an appointment.

Anna-Maria Dempsey, in accordance with P-LPC ethical and confidentiality guidelines will be unable to interact with clients on social media sites (e.g. Facebook, Instagram, Snapchat). Please understand this policy is to ensure client safety and privacy and that any denial of request to connect online is not done out of malice or neglect.

## HIPAA Acknowledgement Form

In compliance with Federal Health Information Portability and Accountability Act (HIPAA)

Your Protected Health Information (PHI) consists of information about your past, present, or future health (including mental health) or condition, the provision of healthcare (including counseling) services to you, or payment for such healthcare.

- A. Your privacy is important to me. Disclosures of your PHI generally require your prior written authorization.
- B. However, some disclosures of your PHI Do Not Require Your Prior Written Consent. I may disclose your PHI without your consent (a partial list of such instances follows):
  - 1. If disclosure is compelled by the fact that you are in such a mental or emotional state as to be dangerous to yourself or others
  - 2. If disclosure is compelled by the fact that you report of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
  - 3. If disclosure is mandated by the Mississippi Child Abuse and Neglect Reporting law. For example, if there is reasonable suspicion that you have engaged in child abuse or neglect.
  - 4. When disclosure is required by federal, state, or local law; judicial board, or administrative proceedings; or, law enforcement. Example: Mississippi law dictates that in most instances if courts order/subpoena the disclosure of counseling records are to be complied with.
  - 5. For appointment reminders and health related benefits or services. Example: PHI may be used to provide appointment reminders. You will be contacted vocally by telephone or email, not by text. Should the Counselor leave a voice mail or make contact with another person in this process, she will only identify herself by name. She will not indicate the association with counseling services.
- C. When couples, families, or groups meet for counseling, sometimes they may want to meet conjointly for counseling sessions and sometimes they may meet individually with their counselor. When individuals attend counseling sessions the counselor will not reveal any adults' confidences to other family or group members without prior written permission.

I acknowledge that I have received a copy of Anna-Maria Dempsey's HIPAA Notice of Privacy Practices, Client rights, and Counseling Procedures.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Notice of Privacy Practices

## In compliance with the Federal Health Information Portability and Accountability Act (HIPAA)

- I. This notice describes how treatment information about you:
  - A. May be used and disclosed and
  - B. How you can get access to this information should you so desire
  
- II. It is our legal duty to safeguard your “protected health information” (PHI).
  - A. Your privacy is important to me. By law, I am required to insure that your PHI is kept private.
  - B. PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health (including mental health) or condition, the provision of health care (including counseling) services to you, or the payment for such health care.
  - C. I am required to provide you with this Notice about privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your PHI.
    - i. Use of PHI means I share, apply, utilize, examine, or analyze information within my practice;
    - ii. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside of my practice. I will not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or discloser is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any significant changes to policies, I will immediately change this Notice and post a new dated copy of it in my office. You will be given a copy of this Notice, and you will be asked to sign a summary of this form indicating you have received your copy.

### III. How will I use and disclose your PHI

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures.

- A. Uses and Disclosures Related to treatment, payment, or health care operations that DO NOT require your prior written consent. I may use and disclose your PHI without your consent for the following reasons:
  1. For treatment: I can use your PHI when discussing with my licensure Supervisor. Example: I may discuss your treatment with my licensure supervisor in order to facilitate your care.
  2. For health care operations: I may disclose your PHI to facilitate the efficient and correct operation of my practice. Example: I may provide your PHI to my

attorney, accountant, consultant, and others to make sure I am in compliance with applicable laws.

3. To obtain payment for treatment: I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to business associates, such as billing companies or collection companies.
  4. Other disclosures: Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.
- B. Certain other uses and disclosures that DO NOT require your consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:
1. If disclosure is compelled or permitted by the fact that you are such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
  2. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonable identifiable victim or victims.
  3. If disclosure is mandated by the Mississippi Child Abuse and Neglect Reporting law. For example, if I have reasonable suspicion that you have engaged in child abuse or neglect.
  4. If disclosure is mandated by the Mississippi Elder/Dependent Adult Abuse Reporting law. For example, if I have reasonable suspicion that you have engaged in elder abuse or dependent adult abuse.
  5. To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public. For example, an adverse reaction to medications.
  6. When disclosure is required by federal, state, or local law; judicial board or administrative proceedings; or, law enforcement. For example, I may make disclosure to the appropriate officials when a law requires me to report information to judicial court officials, government agencies, law enforcement personnel and/or in an administrative proceeding, or if disclosure is required by a lawful search warrant. Mississippi law generally indicates that in most instances if courts order/subpoena the disclosure of counseling records I will have to comply.
  7. For health oversight activities: Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization of provider.

8. For specific government functions: Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protection the President of the United States.
9. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
10. For appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I will contact vocally by telephone or by email. I will not use text. Should I leave a voice mail or make contact with another person in this process I will only identify myself by name and or as associated with Belhaven University. I will not indicate my association with counseling services.
11. For Workers' Compensation purposes. I may provide PHIE in order to comply with Workers' Compensation laws.
12. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tecum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
13. If disclosure is otherwise specifically required by law. Example: if compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations, or compelled to comply with a lawful subpoena.

C. Other Uses and Disclosures of your PHI require your prior written authorization.

In any other situation not described in Sections IIIA and IIIB above, I will request and must obtain your written authorization before using or disclosing any of your PHI.

Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop that disclosure of your PHI by me.

D. When couples, families, or groups meet for therapy at my office, sometimes they will meet conjointly (all together) for counseling sessions and sometimes they may meet individually with me. When individuals attend therapy sessions the counselor will not reveal any adults' confidences' to other family or group members (also involved in that same counseling) without the prior written permission.

#### IV. What Rights You Have Regarding Your PHI

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you on how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I

will give you, in writing, the reasons for the denial. I will also explain you right to have my denial reviewed.

- B. The Right to Request Limits on Uses and Disclosures of your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. The Right to Choose How I Send Your PHI to you. It is your right to ask that your PHI be sent to you at an alternate address or by alternate method. I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- D. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous 6 years (if applicable) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.
- E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information had been omitted, it is you right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, if writing, if I find that: the PHI is a) correct and complete, b) forbidden to be disclosed, c) not part of my records, or d) written by someone other than myself. My denial must be in writing and must state the reasons for the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. I am not obligated to delete any information, only add corrections or additions. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.
- F. The Right to Get this Notice by Email. You have the right to get this notice by email.



V. How to Complain about My Privacy Practices

If, in your opinion, I have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with me directly. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, DC 20201. You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html> If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. Effective Date of this Notice 08-26-2016