

Client Data Intake

**Client (1)
Name:**

First _____ Last _____

Address:

Street/Apt.# _____ City _____ Zip _____

Phone ##: _____

Email: _____

SS# _____ **Date of Birth** _____ **Age** _____ **Gender:** Male Female

**Client (2)
Name:**

First _____ Last _____

SS# _____ **Date of Birth** _____ **Age** _____ **Gender:** Male Female

Marital Status: Single Married Divorced Widowed Domestic partnership

Client's Race: African American Asian Caucasian Hispanic Native American Other

Emergency

Contact Name: _____ **Number** _____

** This person would ONLY be contacted if the client voiced suicidal or homicidal intent.

Client is: Employee Employee & spouse Employee & child Retiree

Spouse/Partner Spouse & child Dependent Other _____

Presenting Problem:

- | | | | | |
|-------------------------------------|---|--|--|--------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Marital/Relationship | <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Other Job Related | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Family/Child | <input type="checkbox"/> Another's A&D abuse | <input type="checkbox"/> Financial | |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Family | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Physical Health | |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Violence | <input type="checkbox"/> Job performance | <input type="checkbox"/> Other: _____ | |

Employee's Length of Employment with his or her Company/Organization:

___ 1 year or less ___ 1-4 years ___ 5-9 years ___ 10-14 years ___ 15 years or more

Client's past treatment (counseling)

Psychological/Psychiatric Treatment	___ Inpatient	___ Both
Substance Abuse Treatment	___ Inpatient	___ Both
Pastoral/Career/Other	___ Yes	

If "yes" to any of the above:

When?

With Whom? _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY RIGHTS

I have received a copy of the CONCERN:EAP Notice of Privacy Rights.

Client's Name

Client or Guardian Signature

Date

Witness

Date

CONCERN
2670 Union Extended, Suite 610
Memphis, TN 38112

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2017

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.

CONCERN'S Employee Assistance Program (EAP) is committed to maintain the security and confidentiality of medical and other information received from our personal consultation clients. As part of our compliance with the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we want to provide you with this Notice of Privacy Practices. This Notice is followed by the employees of CONCERN.

If you have any questions about this Notice, please contact CONCERN at 901-458-4000 or 1-877-BMH-TIP and choose Option 3 during regular business hours.

We understand that information about you and your health is personal. We are committed to protecting information about you. We create a record of the care and services you receive at CONCERN to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by CONCERN. This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

We are required by law to:

- keep private information that identifies you;
- give you this notice of our legal duties and privacy practices with respect to information about you; and
- follow the terms of the Notice of Privacy Rights currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose your medical information. For better understanding, we have provided some examples in each category. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment (Employee Assistance Program and Other Related Clinical Services). We may use information about you to provide you with treatment or services. We may use information about you to refer you to a support group. We also may use your information to contact you to check that you are progressing in your treatment.

- For Payment. We may use and disclose information about you so that the treatment and services you receive at CONCERN may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
 - Note on the Right to Request a Restriction. You have the right to request that we do not file a visit with your insurance company. However, there are certain limits on that right: 1) You must pay out-of-pocket for the full cost of the visit, 2) If the final amount of charges cannot be calculated during the time of your visit, you will be asked to pay an estimated amount at the time of the visit and any difference between the final and estimated amount when the final amount is known. If you fail to pay the difference between the final and estimated amount, then we have the right to file the claim with your insurance company.
- For CONCERN's Internal Operations. We may use and disclose information about you for our internal operations. These uses and disclosures are necessary to make sure that all of our clients receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine information about many clients to decide what counseling services should be offered, what services are not needed, and whether certain new counseling techniques are effective.
- Client Satisfaction Surveys. We may use a limited amount of information about you to conduct client satisfaction surveys by telephone and written communications. If you do not want to receive a client satisfaction survey, please let us know by calling 901-458-4000.
- Health Awareness Materials. We may use your demographic information to send general health information to you to create awareness in the community of important health topics.
- Personal Representatives. If you have an advance directive, such as a Durable Power of Attorney, or if a court has authorized another individual to act on your behalf, we will share information regarding your treatment with your personal representative unless we believe that the sharing of information would jeopardize your health or safety.
- Appointment Reminders. We may use and disclose information to contact you as a reminder that you have an appointment for counseling. This practice includes contacting you by telephone.
- Treatment Alternatives. We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. This includes reviewing your information to see if you meet the criteria to be eligible to participate in clinical trials.
- Health-Related Benefits and Services. We may use and disclose information to tell you about health-related benefits or services that may be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care. We may release information about you only with your written permission unless you are in imminent danger of harming yourself or another person.

- As Required By Law. We will disclose information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or harm.
- Uses and Disclosures Requiring Written Patient Authorization. The following types of uses and disclosures require your written authorization: 1) Psychotherapy notes, except for uses or disclosures for carrying out treatment, payment, or health care operations, as required by law, health oversight activities, or to avert a serious threat to health or safety, 2) Marketing, excluding face to face communications and promotional gifts of nominal value, and 3) Any disclosure of your personal information which constitutes a sale under regulatory definitions because we would receive something of financial value in exchange for providing your personal information. Additionally, other types of uses and disclosures not described in this Notice of Privacy Practices will be made only with your written authorization. After providing written authorization, you may revoke the authorization, except to the extent we have already taken action upon the authorization or unless the authorization was obtained as a condition of obtaining insurance coverage.

SPECIAL SITUATIONS

- Access by Parents. Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.
- Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation. We may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Medical Surveillance of the Workplace. If you are an employee who is being evaluated at the request of your employer for medical surveillance of the workplace or in relation to a work-related illness or injury, we may share information obtained from such evaluation with your employer.
- Public Health Risks. We may disclose information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report suspected child or adult abuse or neglect;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we receive written assurances that the party seeking your information has made efforts to tell you about the request or to obtain an order protecting the information requested. We may use your information to defend a legal action against CONCERN.
- Law Enforcement. We may release information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at CONCERN; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- National Security and Intelligence Activities. We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others. We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU.

You have the following rights regarding information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and copy information used to make decisions about your care. Usually, this generally includes counseling and billing records. To inspect and copy information used to make decisions about you, you must submit your request in writing to CONCERN, Attention: Privacy Officer at 2670 Union Extended, Suite 610, Memphis, TN 38112. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain, limited circumstances. If you are denied access to information, you may request that the denial be reviewed. Another licensed health care professional chosen by CONCERN will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- Right to Amend. If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CONCERN.
To request an amendment, your request must be made in writing and submitted to CONCERN Attention: Privacy Officer at 2670 Union Extended, Suite 610, Memphis, TN 38112. In addition, you must provide a reason that supports your request.

We 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, we may deny your request if you ask us to amend information that:

- Was not created by CONCERN, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by or for CONCERN;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

✓ Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures CONCERN made of information about you for reasons other than treatment, payment or health care operations. For example, an accounting of disclosures would include disclosures that we are required by law to make, such as reporting suspected child abuse to the state.

To request an accounting of disclosures, you must submit your request in writing to CONCERN Attention: Privacy Officer at 2670 Union Extended, Suite 610, Memphis, TN 38112. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We 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.

✓ Right to Request Restrictions. You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or health care operations. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or if the disclosure is required by law.

To request restrictions, you must make your request in writing to CONCERN Attention: Privacy Officer at 2670 Union Extended, Suite 610, Memphis, TN 38112. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

✓ Right to Request Confidential Communications. You have the right to request that we communicate with you about matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. However, you must provide us with an address to which we can send all written correspondence.

You may direct such a request to the professional from whom you receive services or in writing to CONCERN Attention: Privacy Officer at 2670 Union Extended, Suite 610, Memphis, TN 38112. We will not ask you the reason for your request. We will accommodate reasonable requests.

✓ Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice at: <http://www.baptistonline.org/services/employee-assistance/>

OUR DUTIES

- We are required by law to maintain the privacy of Protected Health Information, provide you with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured Protected Health Information.
- We are required to abide by the terms of the Notice of Privacy Practices currently in effect.

CHANGES TO THIS NOTICE

We reserve the right to change our information practices and the terms of this notice. We reserve the right to make the revised or changed notice effective for information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in our facility. We will also provide you with an updated copy of the notice upon request. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CONCERN or with the Secretary of the Department of Health and Human Services. To file a privacy complaint with CONCERN, please submit your complaint in writing to CONCERN Attention: Privacy Officer at 2670 Union Extended, Suite 610, Memphis, TN 38112. You may also call 1-877-BMH-TIPS to file a privacy complaint.

You will not be penalized for filing a complaint.

OTHER USES OF INFORMATION

Other uses and disclosures of information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.