

Welcome to the Behavioral Medicine Institute!

Main Office - 305 Westfield Drive - Knoxville, TN 37919
 Telephone: (865) 588-7598 - Email: info@BMlpc.com - Website: www.bmlpc.com

Your doctor has referred you to us for evaluation and/or treatment as a part of their efforts to insure that you receive the very best medical care possible. We are a group of behavioral health practitioners who specialize in working with patients who are having to cope with chronic medical and/or psychological illnesses, and we work with many doctors in the area.

Step 1: CALL FOR AN APPOINTMENT. Dial (865) 588-7598 and select “Option 2” to reach our Appointment Desk, or if you prefer, you can email us at info@BMlpc.com. The receptionist will be able to answer many of your questions. You can make a note of your appointment here:

Day of the Week:	Date:	Time:
At Which Office:		Doctor you will see:

Step 2: THIS IS VERY IMPORTANT! Before Your Appointment you MUST get any necessary “Preauthorization” from your insurance company, and bring this completed form with you. This means simply making one telephone call to your insurance company, asking them the specific questions below, and writing down their answers. Many insurance companies require “pre-authorizations” for mental health services, and the patient must obtain them. **IF YOU DON'T get this preauthorization BEFORE your appointment, we may not be able to see you,** or you may have to pay cash for your appointment. The good news: if you have “standard” Medicare or Medicaid as your only insurance, you do not need a preauthorization. The bad news: if you have a “Medicare HMO”, you probably need one. And most other companies require a preauthorization—but you can't know until you check. So here's how:

1. Call the number listed on the back of your primary insurance card for “Mental Health Benefits” (or call the main number if there is no separate number for Mental Health)
2. From the voice-mail menu, choose the “Check Benefits” option
3. Hold for a customer service representative, give them your insurance ID number, and ask them:

Do I <u>need</u> a “Preauthorization” for these Mental Health services: “90801?” “90806?” “90847?”
(if so, ask:) May I have an Authorization—and what is the Authorization Number?
What are the start and end dates of my Authorization?
How many sessions have you authorized today?
What is my deductible? How much of it have I met?
What is my co-pay or co-insurance amount for each session?
What is the specific address to mail Mental Health claims to?

If you are seeing us under Workers Compensation, just call your Case Worker and write down the following:

Your Case Manager's Name:
Case Manager's Phone and Fax Numbers:
Claims Adjustor's Name and Phone Number:
Authorization or Claim Number and Date of Injury:
How many sessions are authorized right now?
What is the <u>specific address</u> to mail these claims to?

If you have any difficulty completing these forms, please contact us BEFORE your appointment at (865) 588-7598

Step 3: Please keep your appointment! If you fail to keep your appointment, and do not give us 24 hours' notice, you may be charged for the missed appointment. And missed appointments for initial visits are only rescheduled after permission is obtained from the doctor you were scheduled to see.

How to Find Us:

- **Our Main office is located in The Westfield Center, at 305 Westfield Drive, on Bearden Hill in Knoxville.** We also have other satellite offices in the Knoxville area. Our website, www.bmipc.com, has detailed directions.
- **Coming from West Knox County toward Downtown:** Take I-40 East to Exit #383, "Northshore/Papermill." Turn right at the light at the end of the ramp, onto Papermill Road. Go straight through the next light (at Weisgarber Road), then in 0.3 miles, turn left onto Westfield Drive.
- **Coming from Downtown or North Knox County toward West Knox County:** Take I-40 West (or take I-640 to I-40 West) to Exit #383, "Northshore/Papermill." Turn left at the light at the end of the ramp, onto Papermill Road. Go straight through the next two traffic lights (Northshore Drive then Weisgarber Rd.), go another 0.3 miles, and turn left onto Westfield Drive.
- The Westfield Center is the second building on the right on Westfield. There is a sign in the front of the building.
- **Coming from Kingston Pike:** Westfield Drive is adjacent to the Verizon Wireless store on Bearden Hill—coming from Kingston Pike, the office will be down the hill on your left.

When You Arrive: Please enter the building through the front door (facing the street); there are parking lots on both sides of the building. **Please check in with the receptionist and give him or her these completed forms.** Then please have a seat, and we will be with you as soon as possible. **Handicapped patients please note:** Some of our clinician's offices are up or down several steps from the waiting room. If this is a problem for you, please be sure to call our office before your appointment to make arrangements for access to one of our handicapped entrances.

About Your Appointment: Our doctors try to stay on schedule, but due to unforeseen circumstances or emergencies, sometimes delays are inevitable— if this occurs, we ask you to please be patient. Your initial appointment will be approximately 45 minutes. **If you are coming for a pre-surgical psychological evaluation,** please allow **up to 4 hours** for the appointment, as you will have paper and pencil tests to complete. Feel free to ask your doctor if you have any questions about our policies, or about any aspect of your evaluation or treatment here.

We look forward to meeting you soon!

Behavioral Medicine Institute, p.c. – Informed Consent
Please review this form, sign it and bring to your appointment

Welcome! The Behavioral Medicine Institute, p.c. (BMI) is pleased to welcome you or your dependent as a patient. Your health is our primary concern, and our goal is to provide you with the best care possible. Please review the following information and speak with your clinician about any question concerning your evaluation and/or treatment.

Preauthorizations: If your insurance company requires preauthorization for mental health services, it is your responsibility to obtain it. We have provided a form for you to use for your convenience in completing this process. Failure to obtain preauthorization may result in your insurance declining coverage for your visit.

Appointments: Our clinicians see patients by appointment only, except in emergencies. **24 hours' notice is required for cancelled appointments.** If you do cancel with less than 24 hours' notice, every attempt will be made to fill your appointment. However, if it cannot be filled, you will be charged the full fee for the missed appointment. Note that your insurance will not pay for missed appointment charges. Some insurance companies (e.g. Worker's Compensation, Medicaid) do not allow us to charge for missed appointments. In such cases, **if you cancel three times with less than 24 hours' notice, services may be terminated.**

Fees, Payment, & Insurance: Our office staff will file your insurance claim for you, as a courtesy to you. However, **ultimately, it is your responsibility to know your insurance policy's requirements, benefits, limits, and status.** **Your insurance deductible and co-payment are due at the time of service,** unless arrangements have been made in advance with our office.

Phone Calls & Emergencies: If you need to reach your clinician during office hours, please leave him or her a message and your call will be returned as promptly as possible (typically the same day). If you have a life-threatening emergency, call 911. For non-life-threatening emergencies, page the on-call clinician by dialing 865-588-7598, selecting Option 1, and following the directions. Leave a message that includes your name and telephone number. If for any reason your call is not returned within 15 minutes, call back and repeat your message--be sure to leave the correct telephone number, including area code. **Note that there is a charge for telephone consultations after normal business hours and on weekends, and that your insurance will not cover telephone consultation charges. Please do not call the on-call clinician for scheduling concerns or non-emergency matters.** If you need to cancel or change an appointment, please dial our regular number, (865) 588-7598, and leave a message with the appointment desk.

Notice of Privacy Practices Acknowledgement: By signing below, I am acknowledging that I have been provided a copy of The Behavioral Medicine Institute's "Patient Notification of Privacy Rights" document which provides a detailed description of the potential uses and disclosures of my Protected Health Information, as well as my rights on these matters. My clinician has discussed this document with me and has given me the opportunity to ask questions. I understand I have the right to review the document before signing this form.

Agreement: By signing below, I am acknowledging that I have read, understand, and agree to all the policies on this page. I agree to evaluation and/or treatment at The Behavioral Medicine Institute, p.c. (BMI). I authorize BMI to furnish information as required to my insurance carrier concerning my evaluation and/or treatment. I assign to BMI all payments for services provided to me and/or my dependents. **I also authorize my treating clinician at BMI to have unrestricted two-way communication with the referring health care professional (if any) and my primary care practitioner (if any), as listed on my Registration Form.** I understand that it is my responsibility to obtain in advance a referral to BMI from my primary care provider, EAP, or other gatekeeper, if required by my insurance company. I agree to be responsible for all charges incurred as a result of my evaluation and/or treatment at BMI, regardless of insurance coverage or pending litigation. I further understand that charges are subject to interest charges and/or to being turned over to a credit bureau and/or collections agency if not paid within 90 days. I also understand that I may be charged for cancellations made with less than 24 hours' notice or in the event I fail to keep my scheduled appointment. I give my permission to BMI to contact me and to leave voice mail message at any of the telephone numbers I have provided on the New Patient Registration form, and to send e-mail messages to the address I have provided on that form.

X	Date:
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Patient Signature (or Legal Guardian if Patient is a Minor or a Legal Charge)

X	Date:
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Witness

Behavioral Medicine Institute, p.c. – Patient Notification of Privacy Rights

Please read this and keep it for your records. This form is federally-required and explains your privacy rights under HIPAA.

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. Preamble. The Psychology and Social Work licensing laws provide strong privileged communication protections for conversations between your psychologist or social worker and you in the context of your established professional relationship with him/her. It should be noted that privileged communication is not the same as documentation. Documentation refers to the mental health written records that are kept about you and your care; such documentation is required by law, professional standards, and other review procedures.

HIPAA very clearly *separates* your mental health record into two parts: (1) sensitive, personal information (“psychotherapy notes”)(see section II, below) and declares this information off limits to insurance companies and others, and (2) less sensitive information (the so-called “designated medical record”) that includes factual information such as the dates of sessions, notes of a general nature about whether progress is being made, and other, less delicate information about your treatment at our office. Further details about this are contained in the present document, below.

HIPAA establishes privacy protections for your personal health information. (HIPAA has coined a new phrase: Protected Health Information,” or PHI). PHI has three (3) components: *treatment, payment, and health care operations*. *Treatment* refers to activities in which your clinician provides, coordinates, or manages your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition. *Payment* is the obtaining of reimbursement for your mental health care. An example that is relevant for your treatment at the Behavioral Medicine Institute is the filing of insurance on your behalf. *Health care operations* refers to those activities that are related to the performance of our practice, such as quality assurance and utilization review (UR). When UR occurs, your insurance company reviews the documentation of psychotherapy (your clinical record) in order to determine medical necessity.

The *use* of your protected health information refers to activities our office conducts for filing your claims, scheduling appointments, keeping records and other tasks *within* our office related to your care. *Disclosures* refers to activities you authorize which occur *outside* our office such as the sending of your protected health information to other parties (for example, your primary care physician, your psychiatrist).

II. Uses and Disclosures of Protected Health Information Requiring Authorization. The state of Tennessee requires the patient’s authorization and consent for treatment, payment, and healthcare operations. HIPAA does nothing to change this requirement by law in Tennessee. Your clinician may disclose PHI for the purposes of treatment, payment, and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing your clinician to provide treatment and to conduct the administrative steps associated with your care (for example, file insurance for you).

Additionally, if you wish for this office to send any of your protected health information to a professional outside this office, you will be asked to sign a specific authorization to release this information to the outside party. A copy of the authorization form that you sign is available to you upon request. This requirement that you sign an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. For example, if you request that your clinician speak to your psychiatrist about your current medications, your clinician will ask that you first sign the proper authorization form.

There is a third, special authorization provision that is relevant to the privacy of your records: your clinician’s psychotherapy notes. In recognition of the importance of the confidentiality of conversations between psychologist (or social worker) and the patient in treatment settings, HIPAA permits keeping “psychotherapy notes” separate from the overall “designated medical record.” “Psychotherapy notes” cannot be secured by insurance companies nor can the insurance company insist upon their release for payment of services. “Psychotherapy notes” are *your clinician’s* notes “recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that are separated from the rest of the individual’s medical record.” “Psychotherapy notes” are necessarily more private and contain much more personal information about you hence, the need for increased security of the notes. “Psychotherapy notes” are not the same as your “progress notes” which provide the following information about your care each time you have an appointment at our office: assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Certain payors of care, such as Medicare and Workers Compensation, require the release of both your progress notes and your clinician’s psychotherapy notes in order to pay for your care. If your clinician is asked to submit his/her psychotherapy notes in addition to his /her progress note for reimbursement for services rendered, you will be asked sign an additional authorization directing your clinician to release his/her psychotherapy notes. Most of the time we will be able to limit reviews of your protected health information to only your “designated record set” which includes the following: all identifying paperwork you completed when you first started your care at this office; all billing information; a summary of your first appointment; your mental status examination; your individualized, comprehensive treatment plan; your discharge summary; progress notes; reviews of your care by managed care companies; results of psychological testing; and any authorization letters or summaries of care you have authorized your clinician to release on your behalf. Please note that the actual test questions or raw data of psychological tests which are protected

by copyright laws and the questions or raw data of psychological tests which are protected by copyright laws and the need to protect patients from unintended, potentially harmful use are not part of your "designated mental health record".

You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already completed in which you previously instructed your clinician to complete, or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest the claim under the policy.

III. Business Associates Disclosures. HIPAA requires that we train and monitor the conduct of those performing ancillary administrative services for our practice and refers to these people as "Business Associates." In our practice, "business associates" does *not* include our secretaries, who are our employees. Yet, we do train and monitor their duties, in a manner consistent with HIPAA practices, in order to protect your privacy. Being a small psychotherapy practice, we have very few business associates; these associates include our billing office, our accountant and bookkeeper, and our cleaning crew. Their specific activities do bring them into some measure of contact with your protected health information. In compliance with HIPAA, we have signed a formal contract with each of these business associates which very clearly spells out to them the importance of protecting your mental health information as an absolute condition for employment. We train them in our privacy practices, monitor their compliance, and correct any errors, if they should occur.

IV. Uses and Disclosures Not Requiring Consent nor Authorization. By law, protected health information *may* be released without your consent or authorization under any of the following circumstances:

- Child abuse
- Suspected sexual abuse of a child
- Adult and Domestic Abuse
- Health Oversight Activities (e.g., licensing board for Psychology in Tennessee)
- Judicial or administrative proceedings (e.g., if you are ordered here by a court of law for a disability evaluation)
- Serious Threat to Health or Safety (e.g., our "Duty to Warn" law, national security threats)
- Workers Compensation Claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s))

We never release any information for marketing purposes.

V. Patient's Rights and Our Duties. You have a right to the following: *The right to request restrictions* on certain uses and disclosures of your protected health information which your clinician may or may not agree to but if he/she does, such restrictions shall apply unless our agreement is changed in writing; *the right to receive confidential communications by alternative means and at alternative locations.* For example, you may not want your bills sent to your home address so we will send them to another location of your choosing; *the right to inspect and copy* your protected health information in our designated mental health record set and any billing records for as long as protected health information is maintained in the record; *the right to amend* material in your protected health information, although your clinician may deny an improper request and/or respond to any amendment(s) you make to your record of care; *the right to an accounting of nonauthorized disclosures* of your protected health information; *the right to a paper copy* of notices/information from your clinician, even if you have previously requested electronic transmission of notices/information; *the right to revoke your authorization* of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask your clinician for further assistance on these matters. We are required by law to maintain the privacy of your protected health information and to provide you with a notice of your privacy rights and our duties regarding your PHI. Behavioral Medicine Institute reserves the right to change its privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of our policies when you come for a future appointment(s). Your clinician's duties on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights and our privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of our internal policies for executing privacy practices, please let your clinician know and he/she will get you a copy of these documents that are kept on file for auditing purposes.

VI. Complaints. Dr. C. Keith Hulse is the appointed "Privacy Officer" for The Behavioral Medicine Institute, p.c. per HIPAA regulations. If you have any concerns that this office may have somehow compromised your privacy rights, please do not hesitate to speak to Dr. Hulse immediately about this matter. You will always find him willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VII. Effective Date. This notice shall go into effect March 7, 2003 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.