

RESPONSIVE CENTERS FOR PSYCHOLOGY AND LEARNING

Client Registration

Therapist/Educator: _____

CLIENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ DOB _____ Age _____ SS# _____ Sex _____

School _____ Grade _____

Teacher/Counselor _____

Referred by Physician Family member School Friend

Other _____

RESPONSIBLE PARTY (adult who brings the child to the appointment)

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____ (check preferred contact method)

SS# _____ DOB _____ Sex _____

FINANCIAL POLICY (adult who brings the child to the appointment)

Payment in full is due at the time of service. All payments will be collected at **check-in** during regular business hours. Anytime our receptionist is not available, please place your payment in the locked box to the left of the receptionist's window in the waiting area, or pay your therapist immediately following your visit.

If you fail to notify the office of cancellations 24 hours prior to your scheduled visit, you may be charged for the visit.

I have read and understand the above stated policies.

Signature

Date

**Responsive Centers for Psychology and Learning
Learning Strategies**

Intake Questionnaire

Date: _____ Form Completed by: _____

Client Name: _____ Birth date: _____ Age: _____ Grade: _____

Address: _____

Phone: (h) _____ Other: (cell or work) _____

School/Work: _____ Teacher: _____ Counselor: _____

Address: _____ Phone: _____

If Client is a minor:

Father's Name: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Address: _____

Mother's Name: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Address: _____

Referred by: _____

Sibling's names and ages: _____

Child Resides with: _____ Emergency Contact: _____

Is the child adopted? Yes _____ No _____

Describe the nature of your current concerns and why you are seeking help.

How long has this been a concern? _____ How Frequent? _____

Has a diagnosis for any conditions that require medication been made? Yes ___ No ___

Describe conditions: _____

Diagnosis: _____ Date/place evaluated _____

Current Physician _____ Phone: _____

Other Specialists _____ Phone: _____

Past Medication and dosage prescribed? Was it effective?

Current Medication and Dosage

Has there been any previous individualized educational or psychological testing? Please explain where and when that evaluation was done and what the results suggested.

Has there been or is there currently any type of special education support services?

Learning Disabilities class _____ When was Placement? _____ Duration _____
Behavioral/Emotional disorders class _____ When was Placement _____ Duration _____
Resource Room-Duration of placement _____
Occupational or Physical Therapy _____
Speech and language therapy _____ Duration of therapy _____
Other (please specify) _____

Please describe the dates and nature of any past services and who provided them:

Counseling _____
Therapy _____
Accommodations or Individualized Special Support:

Tutoring:

Summer School _____

Please explain what you think was helpful

What was not effective?

Have there been any major life changes that may be important to note?

Learning Disabilities _____ Depression _____ Emotional _____
Job Change _____ Move _____ Divorce _____ Additions to family _____ Deaths _____
Health Problems _____ Substance Abuse in Family _____ New Baby _____

Explain any family history or health conditions that might be a contributing factor:

Describe home/work responsibilities and ability to accept them?

Please summarize educational history and progress. Include significant issues (e.g., school changes, academic problems, social, testing) within each of these grade levels:

Preschool:

Kindergarten:

Grades 1 through 3:

Grades 4 through 6:

Grades 7 through 12:

College: (Degree /Date of Graduation)

Involvement in outside activities:

Sports _____ Music _____ Scouts _____ Church _____ Clubs _____

Other special interests or hobbies _____

Describe ability to make and maintain social relationships?

At home _____ At School/Work _____

Describe any problems _____

Current Academic Information:

Subject	Below Grade Level	At Grade level	Above Grade Level
Math			
Reading			
Social Studies			
Science			
Writing			
Spelling			
Other			

Check each of the following as it applies:

	Yes	No	Sometimes	Comments
Truthful				
Daydreams				
Withdrawn				
Sense of Humor				
Outgoing				
Shy				
Nervous				
Easily Upset				
Inability to control temper				
Difficult to Discipline				
Stealing				
Overactive				
Short Attention Span				
Difficulty Following Directions				
Respect for authority figures				
Good Self Concept				
Follows thru with responsibilities				
Self Help Skills adequate				

Has the student ever been:

Suspended from school _____ Number of suspensions _____
 Expelled from school _____ Number of expulsions _____
 Retained in grade _____ Number of retentions _____

Define any additional problem(s) or concerns as you see them

In what way could this program be helpful in meeting current needs?

PARENT VERSION

Please Complete

If items do not apply, mark NA

For Each Statement: Check One

Never (0)	At Times (1)	Often (2)	Very Often (3)
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- | | | | | |
|--|-------|-------|-------|-------|
| 1. Unable to listen for the main ideas and important details in a lecture. Not able to follow directions. | _____ | _____ | _____ | _____ |
| 2. Unable to outline/take notes on material. In-class notes are sketchy and much doodling evident. | _____ | _____ | _____ | _____ |
| 3. Unable to summarize information, i.e., cannot identify main points and important facts of a selection in two or three sentences. | _____ | _____ | _____ | _____ |
| 4. Unable to use context clues as aids in unlocking words. | _____ | _____ | _____ | _____ |
| 5. Unable to use structural skills to unlock words, i.e. does not divide words into smaller units – “candidate” into can-did-ate, root words and ending – “playing into play and ing, and prefixes, roots and endings – “reporter” onto re-por-ter. | _____ | _____ | _____ | _____ |
| 6. Unable to consult with teacher a few days before the test concerning the major emphasis of the test, does attend review sessions that meet before or after school. | _____ | _____ | _____ | _____ |
| 7. Unable to apply appropriate test taking skills across subject areas, i.e., does not thoroughly read instructions, preview the entire test before responding, checking answers, does not recognize “give away” questions, obvious answers, or chooses an answer that is obviously wrong. Experiences test anxiety – knows the material but tests poorly. | _____ | _____ | _____ | _____ |
| 8. Unable to survey material before studying in depth. Does not scan for major points before reading material intensively. | _____ | _____ | _____ | _____ |
| 9. Unable to classify/organize materials, i.e., notebook is disorganized. | _____ | _____ | _____ | _____ |
| 10. Fails to bring home assignment and necessary materials (textbook, dittos, etc.) or doesn’t know what homework has been assigned. | _____ | _____ | _____ | _____ |
| 11. Procrastinates, is easily distracted, complains a lot about assignments. | _____ | _____ | _____ | _____ |
| 12. Hurries through homework, makes careless mistakes, produces messy homework. | _____ | _____ | _____ | _____ |
| 13. Unable to develop a way to remember and study important information for a test. | _____ | _____ | _____ | _____ |

14. Unable to write complete sentences that are punctuated and capitalized correctly. _____

15. Unable to construct a logical paragraph which includes a topic sentence, supporting facts, and a concluding sentence. _____

16. Unable to produce research papers of adequate length or themes for the students given grade level specific to content area, i.e., Science, History, Health, etc. _____

17. Unable to use reference materials or resources, i.e., does not use dictionary, encyclopedia or the library. _____

18. Unable to detect errors that he/she makes in composition writing. _____

19. Unable to allot a reasonable amount of study time, be consistent about time or place to study. _____

20. Unable to interact appropriately with: peers _____
 teachers _____
 parents _____
 others _____

21. Unable to define personal strengths and weaknesses in objective manner. _____

22. Unable to set or complete short-term or long-term goals. _____

Additional Notes:

RESPONSIVE CENTERS FOR PSYCHOLOGY AND LEARNING

Notice of Therapist's Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
 - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If I have reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, I must report the matter to the appropriate authorities as required by law.
- *Adult and Domestic Abuse* – If I have reasonable cause to believe that an adult is being or has been abused, neglected or exploited or is in need of protective services, I must report this belief to the appropriate authorities as required by law.
- *Health Oversight Activities* – I may disclose PHI to the Kansas Behavioral Sciences Regulatory Board if necessary for a proceeding before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization from you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If I believe that there is a substantial likelihood that you have threatened an identifiable person and that you are likely to act on that threat in the foreseeable future, I may disclose information in order to protect that individual. If I believe that you present an imminent risk of serious physical harm or death to yourself, I may disclose information in order to initiate hospitalization or to family members or others who might be able to protect you.

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- *Worker's Compensation* – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice by U.S. Postal Service.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact Dr. J. Stephen Hazel, Clinical Director of Responsive Centers at 913-451-8550 extension 108.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date

This notice will go into effect on April 14, 2003.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND WHAT IT CONTAINS.

Print Name

Witness

Signature

Date