

Patient Information



If you are a patient of Lincoln Family Medicine Center, **DO NOT** complete this page; Skip to page 3.

Name _____ Email _____
LAST FIRST MIDDLE INITIAL

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Patient's Employer _____ Occupation _____

Birthdate _____

Gender: Male _____ Female _____ Transgender _____ Other _____

Social Security # _____

Marital Status (circle one): Married Single Widow Divorced Other _____

Ethnicity (circle one): Hispanic Non-Hispanic

Preferred Language (circle one): English Spanish Arabic Vietnamese Other

Race (circle one): Caucasian African-American Native American Asian Pacific Islander Multi-Racial

Other _____

If a minor, please list:

Parent/Guardian Name(s) _____

Emergency Contact _____ Relationship _____

Phone _____



Guarantor Information (Correspondence)

How are you related to the patient? (circle one): Self Spouse Parent Child Other _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate _____

Gender: Male ___ Female ___ Transgender ___ Other ___

Social Security # _____

Employer's Name _____

Insurance Information (please circle one)

- I do not have insurance
- I have insurance (front desk will need to scan your card)

Primary Insurance Company _____

Policy Owner's Name _____ Birthday _____

Gender: Male ___ Female ___ Transgender ___ Other ___

Policyholder's SSN _____ Relationship to Patient Self Spouse Child Other _____

Secondary/Supplemental Insurance Company _____

Policy Owner's Name _____ Birthday _____

Gender: Male ___ Female ___ Transgender ___ Other ___

Policyholder's SSN _____ Relationship to Patient Self Spouse Child Other _____



Informed Consent of Psychological Assessment and Treatment

I am authorizing Stepping Stones to provide services for _____ **myself/** _____ **my minor child or ward.**

I understand the potential risks, such as the discomfort of discussing problems and making changes.

I understand that records of my care containing Protected Health Information may be used or disclosed to facilitate treatment, payment, and healthcare operations, and in other circumstances as authorized or required by law and described in the Stepping Stones Privacy Notice.

- Nebraska state law requires some exceptions to privacy that are important to psychological care.
- All Nebraska citizens are required to report any reasonable belief that a child, or vulnerable adult, has been subjected to abuse or neglect.
- Healthcare providers are also obliged to act if a patient is in danger of self-harm or of harming another person.

I understand that I have certain rights to access my record and to authorize their release to others when such disclosure is in my best interest.

- If a patient is under the age of 18, these rights usually belong to the parent or legal guardian. Because privacy is so important in this type of care, a therapist may sometimes ask the parent or legal guardian to grant these privacy rights to the patient. However, all significant safety-related concerns will immediately be disclosed to the parent/guardian. If the patient is my minor child or ward, I have discussed my privacy rights with the therapist, and _____ **I do/** _____ **I do not** agree to grant these rights to the minor patient.

I understand that I have a right to confidential communication.

- _____ **I prefer to receive my mail and telephone messages at my home.**
- _____ **I have provided written instructions about a different way I prefer to be contacted.**

I understand that as a patient I have certain responsibilities:

- I will be present and on time for scheduled appointments.
- I will give 24-hour's notice if I need to cancel an appointment.
- I will participate in our sessions.
- I will complete assignments outside of sessions.
- I will be respectful of other LMEP patients, staff members, and property.
- I will promptly report any concerns to my therapist.

**I have reviewed and understand the information within the Patient Notice, the Client Handbook, and this informed Consent Agreement. I understand and accept these terms of treatment.

Signature of Patient

Date

Parent / Legal Guardian Signature

Date

Therapist Signature

Date

Attendance Policy

The professional staff at Stepping Stones is dedicated to their patient's treatment and to empowering their patients to be self-reliant and accountable. Attendance at scheduled therapy appointments is extremely important for one's treatment.

A "no show" is considered to be failure to keep a scheduled appointment without at least 24 hours notice or arriving over 15 minutes late for a scheduled appointment. We understand that situations may arise that make it difficult to attend every appointment and to do so on time. However, we need this to be the exception rather than the rule.

Patients for whom missing appointments, late arrivals and late cancellations has become a pattern will be discharged from treatment and provided a list of referral sources for follow up treatment. A pattern is considered two occurrences in a row or two occurrences out of four appointments.

I have read and understand the Stepping Stones' Attendance Policy. By signing, I agree to abide by the terms described above.

Thank you for your understanding and your dedication to your improved health!

Signature of Patient

Date

Parent / Legal Guardian Signature

Date

Therapist Signature

Date

Fee Agreement

I agree to pay Stepping Stones for any services received (i.e., substance use/mental health assessment, drug education, drug testing, individual/family counseling).

RELEASE OF BILLING INFORMATION / ASSIGNMENT OF BENEFITS ACKNOWLEDGMENT

I hereby authorize all insurance benefits to be paid to the undersigned therapist and I understand that I am responsible for any claims not fully paid by my insurance carrier. I further authorize my therapist to release any medical information necessary to process this claim.

Signature of Patient

Date

Parent / Legal Guardian Signature

Date

Therapist Signature

Date

Patient Notice

THIS NOTICE DESCRIBES HOW MEDICAL AND SUBSTANCE USE DISORDER-RELATED INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information about your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Stepping Stones may not disclose that you attend or attended our program. Stepping Stones cannot share any information identifying you as having or having had a substance use disorder or disclose any other protected information about you except as permitted by federal law.

Stepping Stones must obtain your written consent before it can disclose information about you so Stepping Stones may be paid for its services. For example, Stepping Stones must obtain your written consent before it can disclose information to your health insurer to be paid for Stepping Stones' services. Generally, we must obtain your written consent before Stepping Stones can share information with another health care provider for treatment purposes. Persons or entities who obtain your information from us because of your written consent may share your information with others (such as their contractors or subcontractors) for their payment or health care operations. However, before they can disclose your information, those persons must have a written contract which requires recipients of your information to follow HIPAA and the Confidentiality Law's requirements.

Federal law allows Stepping Stones to disclose information without your written consent in the following situations:

1. Stepping Stones may share your information within our program or between Stepping Stones and an entity that has direct administrative control of our program, namely, the Lincoln Medical Education Partnership. This sharing is allowed provided it is to persons who have a need to know the information for their duties that arise out of providing diagnosis, treatment, or referral for treatment of patients with substance use disorders.
2. We can share your information with a persons or entities who are qualified service organizations or business associates of Stepping Stones provided we have a written agreement with them that requires them to follow HIPAA and the Confidentiality Law, and they take steps to protect your information.
3. For research, audit or evaluations.
4. To report a crime committed on our premises or against our personnel. Information related to the patient's commission of a crime on the premises of Stepping Stones or against our personnel is not protected.
5. To medical personnel in a medical emergency.
6. To appropriate authorities to report suspected child abuse or neglect. Reports of suspected child abuse and neglect made under the state law to appropriate state or local authorities are not protected; or
7. As allowed by a court order.

Stepping Stones can disclose information without your consent to obtain legal or financial services if there is a qualified service organization and business associate agreement in place between Stepping Stones and the service provider.

In all other situations, before Stepping Stones can use or disclose any information about you, we must first obtain your signed written consent allowing Stepping Stones to make the disclosure. Any written consent may be revoked by you in writing except to the extent we or someone else have relied upon your consent previously.



Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Stepping Stones is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Stepping Stones will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Stepping Stones except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the Stepping Stones records, and to request and receive an accounting of disclosures of your health-related information made by Stepping Stones during the six years before your request. You also have the right to receive a paper copy of this notice.

Stepping Stones Duties

Stepping Stones is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Stepping Stones is required by law to abide by the terms of this notice. Stepping Stones reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If revisions are deemed necessary, a revised notice will be provided to all current clients receiving services through Stepping Stones.

Complaints and Reporting Violations

You may complain to Stepping Stones and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

For further information, contact our Program Director at (402) 327-6851.

Effective Date

This notice is effective as of January 17, 2018.

Acknowledgement

I hereby acknowledge that I received a copy of this notice upon request.

Signature of Client

Date

Signature of Parent/Guardian

Date

Therapist Signature

Date

Client Handbook – Patient keeps for their records.

Welcome to Stepping Stones. Our program aims to provide a safe and accepting environment. We encourage you to ask any questions you might have, and to use all of the services Stepping Stones has to offer.

What is Stepping Stones?

Stepping Stones, a program of Lincoln Medical Education Partnership, provides individual Substance Use and Mental Health therapy for children and adults. Our therapists are available to see clients age 6 and older. Our therapists are credentialed as LADC (Licensed Alcohol Drug Counselor), LIMHP (Licensed Independent Mental Health Practitioner), LMHP (Licensed Mental Health Practitioner), LICSW (Licensed Independent Clinical Social Worker) and / or PLMHP (Provisional Licensed Mental Health Practitioner).

What services does Stepping Stones provide?

Stepping Stones offers substance use and mental health counseling for children, adolescents and adults. In addition, we can provide some personal hygiene items, diapers/wipes, and an emergency food pantry, upon availability, for clients participating in our behavioral health services.

What rights do I have?

While receiving services at Stepping Stones, you have the right to:

- Receive services regardless of age, gender, race/ethnicity, disability, religion/spiritual beliefs, or sexual preference.
- Help develop a treatment plan specific to your needs which is reviewed regularly.
- Be told in advance about care and treatment, and of any changes in care and treatment that may affect your well-being.
- Privacy of all records, information shared, and personal information.
- Ask questions and be told about all the services you may receive and that Stepping Stones offers.
- Access your records.
- Decide to stop receiving services without being punished.
- Be told of the reasons for not allowing you to receive any services.
- Be free from abuse and neglect.
- Be treated with respect and dignity.
- Keep and use personal belongings.
- Request that your care be given by a different agency/organization.
- Make a complaint, make recommendations, and tell someone about your concerns without unfairness or retaliation and to have those complaints and concerns addressed. Complaints and concerns may be filed with the Stepping Stones Director at (402) 327-6851, the LMEP President at (402) 327-6801 or with Nebraska Health and Services Regulation and Licensure at (402) 471-0316.
- Be free from transfer or discharge for no good reason.
- Be told prior to admission of any fees for care, treatment, or related charges.

Will my family be involved in my services?

If a partner, spouse, friend, or family member is available and you have given permission, Stepping Stones will include them in the evaluation and planning process as well as ongoing care when relevant, necessary, or requested by you.

Will I be involved in my treatment planning?

Each client participating in therapy services at Stepping Stones will have a treatment plan. Your counselor will work with you to set goals and objectives. Your treatment plan will be looked at every 90 days, or more frequently, and goals will be adjusted as necessary.

How often will I meet with the Stepping Stones' Staff?

Your therapist will meet with you weekly or as determined by your treatment needs. Stepping Stones is open from 8:00 a.m. to 5:00 p.m., Monday-Friday. Evening appointments can be arranged on a case-by-case basis and depending on the availability of staff.

What should I do if I need help after hours?

If you are struggling and need someone to talk to after hours, please call the CenterPointe Crisis Response Line at (402) 475-6695. If you are in an emergency situation, call 911.

What should I do if I want to quit smoking or using tobacco?

Here is the Nebraska Tobacco Quitline: 1-800-784-8669. This hotline gives Nebraska residents free and confidential, 24/7 access to counseling and support services.

Does staff follow a Professional Code of Ethics?

All staff members, Board members, volunteers, and other individuals affiliated with Stepping Stones are expected to comply with the Code of Ethical Conduct to ensure that ethical decision making and conduct are observed in all aspects of the program's business. All staff members are expected to follow certain ethical principles. These principles include, but are not limited to:

- Following confidentiality policies
- Respecting client's rights
- Ensuring that all staff members have the appropriate experience, education, and licensure as mandated by Nebraska Department of Health and Human Services (NDHHS) for the position that they hold within the agency.
- Following policies relating to gratuity. Ensuring that staff not accept gifts of material value or favors for personal gain from any individual, client, or agency that does business with Stepping Stones.

Are there fees for your services?

All of our therapists accept Blue Cross/Blue Shield of Nebraska, Nebraska TotalCare (Medicaid), Blue Cross Blue Shield Healthy Blue (formerly known as WellCare; Medicaid) and United Health Care (Medicaid). Individual therapists accept other insurances such as Midlands Choice, Medica, United Health Care, Aetna and Tri-Care West. We continually strive to add insurers, so please check with our office first if your insurance company is not listed. We also accept Probation Vouchers and Letters of Agreement from DHHS. If you do not have insurance, the cost for services is:

- Evaluation/Assessment = \$318
- 60-minute individual session = \$311
- 45-minute individual session = \$207
- 30-minute individual session = \$156

We do offer self-pay clients a 30% discount if payment is made at the time of service.

Our Policies

In keeping with Lincoln Medical Education Partnership's intent to provide a safe and healthy environment, Stepping Stones asks that you please follow the policies listed below:

- No smoking is allowed in the buildings or on any property of LMEDP, including the parking lots.



- Dangerous weapons are not allowed on LMEP property regardless of whether or not the person is licensed to carry the weapon. “Dangerous weapons” include, but are not limited to, handguns, firearms, explosives, and any knife with a blade longer than three inches.
- The use of threatening or intimidating behavior towards Stepping Stones’ staff, or any LMEP staff, is grounds for immediate dismissal of behavioral health services and may result in contacting Law Enforcement if necessary.
- The use and/or possession of alcohol and illegal drugs are prohibited on LMEP property.
- Stepping Stones does not prescribe, dispense, or administer medications.
- Clients are responsible for any prescription or over-the-counter medications that are within their possession.
- We discourage the use or sharing of such medications within the facility.

Please feel free to ask questions that you may have.