

Hello,

Welcome to Music City Peds! We look forward to meeting you soon!

This page outlines what you need to bring to your appointment so that we can be as thorough and efficient with your time as possible. If you prefer to send materials in prior to your appointment for us to review, that is certainly welcome but not necessary.

All new clients should review and sign the following three documents and bring to your appointment:

1. Please fill out this demographic information.

"Client Care Form"

1. "Release of Information Form" Please fill out and sign to give permission for records to be shared among client's care team.
2. "Informed Consent for Assessment and Treatment" and "Acknowledgment of Notices of Policies and Practices" page. Please read this page and sign it.

The following items can be found on our website under the “New Clients: What to Bring” tab and would be extremely helpful for a proper diagnostic evaluation, *depending on your needs*. Click on the link to each questionnaire and

please bring the completed pages to your appointment. [http://www.musiccitypeds.com/new-clients.html](http://www.musiccitypeds.com/forms)

**Assessment Questionnaires:**

1. NICHQ Vanderbilt Assessment Scale (**ADHD**) – Parent Informant (prefer one from each parent/caregiver)
   1. Parent #1
   2. Parent #2
2. NICHQ Vanderbilt Assessment Scale (**ADHD**) – Teacher Informant (prefer at least two)
   1. Morning Teacher and Afternoon Teacher, OR
   2. Hardest Subject Matter Instructor and Easiest Subject Matter Instructor
3. PHQ9 **Depression** Questionnaire – to be filled out by clients age 12+ if concerns of depressed mood
4. SCARED **Anxiety** Questionnaire – Parent Version
5. SCARED **Anxiety** Questionnaire – Child/Teen Version

We know this is a lot to prepare and pull together! If you have questions, please call. Don't stress – just do what you can! Sincerely,

Caitlin and the Staff at Music City Peds

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| Nashville, TN 37220 | (fax) 833-941-2265 |
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| --- | --- | --- |
| Parent (1) Info  Parent Full Name Parent Phone Number Parent Email  Parent (2) Info  Parent Full Name Parent Phone Number Parent Email  Emergency Contact (if other than parent)  Relationship to Client | | |
| Contact Full Name |  | |
| Contact Phone Number | |  |
| Custody Agreement?  Not Applicable  Yes (Please provide us with a copy)  Medical Decision-Making Rights?  Full Joint | | |

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| --- | --- | --- |
| Payment Information | | |
| Do you wish to authorize a credit card for payment? If so, please complete the following information. | | |
| *I authorize MCP to charge my bill directly*  *to the credit card below. My signature validates this authorization until I provide a written notice otherwise.*  Name on Card | | |
| Amex  þÿ Discover | | Mastercard  Visa |
| Card # |  | |
| Expiration | |  |
| Billing Street Number | |  |
| Billing Zip Code |  | |
| Signature |  | |
|  | | |

## Client Care Form

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| --- | --- | --- | --- | --- |
| Client Information | | | | |
| Client First Name | | | | |
| Client Last Name | |  |  | |
| Client Nickname? | | |  | |
| Address | |  |  | |
| City |  | | | |
| State |  | Zip | |  |
| Client DOB | |  |
| Client Phone | | N/A | | |
| Client Email | |  | N/A |  |
| Client School N/A Grade? | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guarantor for Payment | | | | |
| *Guarantor Same as Client?* | | | | |
| Relationship to Client | | | | |
| Guarantor First Name | | |  | |
| Guarantor Last Name | | |  | |
| *Address Same as Client?* | | | | |
| Address |  |  |  |  |
| City |  | | | |
| State |  | Zip | |  |
| Guarantor Phone | |  |
| Guarantor Email | |  | | |
|  | | | | |

### RELEASE OF INFORMATION FORM

Authorization for Disclosure

This form, when competed and signed, provides authorization for **Music City Peds** to release and/or receive protected health information (PHI) from your clinical record to/from the person(s) designated within this document.

*Client Name Client Date of Birth*

Please check the box(es) indicating what can be **released to** OR **received from** the following parties:

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| --- | --- |
| **PRIMARY CARE PROVIDER** | **REFERRING CLINICIAN** |
| Name: | Name: |
| Company: | Company: |
| Phone: | Phone: |
| Fax: | Fax: |
| ALL Evaluations/Office Visit Notes Lab Results Educational Info Former Records/Testing | ALL Evaluations/Office Visit Notes Lab Results Educational Info Former Records/Testing |
| **OTHER** | **OTHER** |
| Name: | Name: |
| Company: | Company: |
| Phone: | Phone: |
| Fax: | Fax: |
| ALL Evaluations/Office Visit Notes Lab Results Educational Info Former Records/Testing | ALL Evaluations/Office Visit Notes Lab Results Educational Info Former Records/Testing |

* I understand the purpose of this authorization of information is to improve planning for treatment.

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* I understand this release form covers the period from: *Specific Date(s)*: to **OR**

(initial here) *All past, present and future encounters/visits*

* I understand that I have the right to revoke this authorization by providing written notification to the **Music City Peds** office address listed below. However, this authorization may not be revoked if **Music City Peds** has taken action on this authorization prior to receiving my written notice.
* I further understand that this authorization is voluntary and that I may refuse to sign. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.
* I understand that any personal health information or other information released to **Music City Peds** may be subject to re- disclosure by **Music City Peds** and may no longer be protected by applicable federal and state privacy laws.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian *Signature* | Parent/Guardian Printed Name | Date |
| Client *Signature* (only if over 18) |  | Date |

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## INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

|  |  |  |
| --- | --- | --- |
| Printed Client Name | Date of Birth |  |

I understand that by signing this document, I agree to become a client of Music City Peds (either me or a minor member of my family). As an MCP client, I am eligible to receive a range of services, the type and extent of which will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me or my family member. I understand that typically treatment is provided over the course of several weeks or months. If I agree to allow Music City Peds to manage the medicine for me or my family member, I am aware that I will pay for follow-up appointments at the following rates: $175 for a 25-minute (standard) appointment and $225 for a 40-minute (extended) appointment.

I understand that all information shared with clinicians at Music City Peds is confidential and no information will be released without my consent. During the course of treatment at Music City Peds, it may be recommended for my provider to communicate with other providers involved client’s care. In this case, consent to release information is given through written authorization.

Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

1. When there is a risk of imminent danger to me or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
2. When there is suspicion that a child or disabled adult is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child or disabled adult and to inform the proper authorities.
3. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

If I have any questions regarding this consent form or about the services offered at Music City Peds, I may discuss them with my provider. I have read and understand the above and I consent to participate in the evaluation and treatment offered to me by Music City Peds. I understand that I may stop treatment at any time.

## ACKNOWLEDGEMENT OF NOTICE OF POLICIES AND PRACTICES

My signature below indicates that I have read and understood the **Business Policies** of Music City Peds. My signature below also indicates that I have been provided an opportunity to review the **Notice of Policies and Practices to Protect the Privacy of Your Health Information** and have been offered a copy to keep. *(For example, in the Business Policies, it states that to avoid being charged*

*$100 late cancellation or no-show fee, you must contact us 24 hours prior to your scheduled appointment to make changes.)*

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Signature | Parent/Guardian Printed Name | Date |
| Client Signature (only necessary if over 18) |  | Date |

|  |  |
| --- | --- |
| Provider Signature | Date |

# Business Policies

### Protection of Personal Information

Music City Peds: Developmental & Behavioral Medicine, PLLC protects personal health information and confidential material according to the guidelines established by the Health Information Portability and Accountability Act (HIPAA). These guidelines along with the ethical standards set by the Board of Nursing determine the handling of this information. The Notice stating the specific privacy policy and practices, instructions for requesting accounting of any disclosures of this information, and restrictions on disclosures are included in this packet.

### Confidentiality

All client conversations and records will be kept confidential unless written permission is granted stating otherwise. State law requires that any medical provider must report any suspected child abuse or any concerns that he/she may have regarding a client’s possible likelihood of harming him/herself or others. In some situations, a judge may order records if required to administer justice in a case. Also, your case may be reviewed with another healthcare professional in order to enhance the services you receive.

### Billing and Financial Responsibility

Full payment is due at the time the service is rendered. We accept cash, check and the following credit cards: MasterCard, Visa, American Express and Discover. According to these Business Policies of Music City Peds, you are ultimately responsible for the balance on your account for any professional services rendered at the time of service rendered.

### Insurance

We are out-of-network with insurance companies. This means clinicians at Music City Peds do not have contracts with health insurance carriers. Most individuals have out-of-network benefits with their health insurance plans. This gives you the option to receive services from providers outside of your healthcare network with possible reimbursement for covered expenses. By opting to use an out-of-network provider, you could have a higher deductible and the amount of reimbursement could be lower, depending on your plan.

There are some plans that do not offer out-of-network benefits.

Music City Peds can provide you with a walk-out receipt that you can submit to your insurance company in order to receive any benefits for which you are eligible. For your information, please contact your insurance company to determine what your deductible is for outpatient pediatric specialist visits; what percentage of the allowable is reimbursable for each visit once the deductible has been met; and determine if you have a limited number of visits per year. It may also important to ask if pre-authorization is required prior to specialist visits and/or developmental testing.

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### Charges for Missed Appointments

A $100 fee will be charged to your account for late cancellations and no-shows. In the case of repeated late cancellations or no shows, the provider may increase the fee, up to the full cost of the scheduled appointment. Insurance does not cover this type of charge. To avoid being charged a late cancellation or no-show fee, **you must contact us 24 hours prior to your scheduled appointment.** Our automated phone system will attempt to contact you in the few days before to remind you of your scheduled appointment if you have given us permission to do so and provided us with accurate contact information. This courtesy does not alter your responsibility to give us 24 hours’ notice of changed or canceled appointments to avoid being charged a late cancellation or no-show fee.

### Miscellaneous Fees and Charges

A service charge of $25.00 will be applied to all returned checks. You will be required to pay cash or credit card to cover the amount of the returned check plus the service charge.

### Collections

Music City Peds will regularly send billing statements for unpaid fees, and reserves the right to refer egregiously delinquent accounts to a HIPAA -compliant medical debt collections agency.

### After Hours Emergencies

If you are experiencing a medical or mental health emergency, call 911 or report to you nearest emergency room. If you have a non-emergent, yet urgent concern that cannot wait until business hours, you can reach our after-hours provider line by calling our main office number (615-749-6252) and following the prompts.

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# Notice of Policies and Practices

*to Protect the Privacy of Your Health Information*

This notice describes how your psychological and medical information may be disclosed and how you can get access to this information. Please review carefully.

### Uses and Disclosures for Treatment, Payment, and Health Care Operations

Music City Peds (hereafter referred to as MCP) 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 MCP provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when MCP consults with another health care provider, such as your family physician or another psychologist. Payment is when MCP obtains reimbursement for your healthcare. Examples of payment are when MCP discloses 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 our 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 our practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of our practice group, such as releasing, transferring, or providing access to information about you to other parties.

### Uses and Disclosures Requiring Authorization

MCP may use or disclose PHI for purposes outside of treatment, payment, and 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 MCP is asked for information for purposes outside of treatment, payment and health care operations, MCP will obtain an authorization from you before releasing this information.

You may revoke all such authorizations (of PHI or clinical notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) MCP has relied on that authorization; or

(2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

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### Uses and Disclosures with Neither Consent nor Authorization

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

Child Abuse: If you give us information which leads us to suspect child abuse, neglect, or death due to maltreatment, MCP must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, MCP must do so.

Adult and Domestic Abuse: If information you give us gives us reasonable cause to believe that a disabled adult is in need of protective services, MCP must report this to the Director of Social Services.

Health Oversight: The Tennessee Board of Nursing has the power, when necessary, to subpoena relevant records should MCP be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding, and a request is made for information about the professional services that MCP has provided you and/or the records thereof, such information is privileged under state law, and MCP must not release this information without your written authorization, or a court order. This 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: MCP may disclose your confidential information to protect you or others from a serious threat of harm by you.

Worker’s Compensation: If you file a workers’ compensation claim, MCP is required by law to provide your mental health information relevant to the claim to your employer and the Tennessee Industrial Commission.

### Client’s Rights and Provider’s Duties

##### Client’s Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, MCP is 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 us. Upon your request, MCP 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 our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. MCP may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, MCP 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. MCP may deny your request. On your request, MCP will discuss with you the details of the amendment process.

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Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, MCP 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 us upon request, even if you have agreed to receive the notice electronically.

##### Healthcare Provider’s Duties:

MCP is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. MCP reserves the right to change the privacy policies and practices described in this notice. Unless MCP notifies you of such changes, however, MCP is required to abide by the terms currently in effect. If MCP revises our policies and procedures, MCP will notify you in writing by mail within 30 days.

### Questions and Complaints

If you have questions about this notice, disagree with a decision MCP makes about access to your records, or have other concerns about your privacy rights, you may contact our owner at 615-749-6252. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to:

Music City Peds, Attn: Owner, 5550 Franklin Pike, Suite 101, Nashville, TN 37220

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.

You have specific rights under the Privacy Rule. MCP will not retaliate against you for exercising your right to file a complaint.

### Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on August 10, 2016 and will remain in effect until we replace it.

MCP reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that MCP maintains. MCP will provide you with a revised notice by publishing and posting these changes at MCP and at [www.musiccitypeds.com.](http://www.musiccitypeds.com/)

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