



Hello!

Welcome to Music City Peds! I 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 bring 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 documents and bring to your appointment:

- 1) "Client Care Form."
- 2) "Business Policies of Music City Peds" and "Notice of Policies and Practices to Protect the Privacy of Your Health Information." Please read and keep these policies, but sign and return just the Acknowledgment page.
- 3) "Informed Consent for Assessment and Treatment." Please fill out this form, all except the Clinician information, sign it and bring it with you as well.

The following items can be found on our website under the "New Clients" tab and would be extremely helpful (and are sometimes necessary) for a proper diagnostic evaluation, depending on your needs. See the options below and print/fill out what you think is relevant for you or your child. Please also bring these pages to your appointment. In general, input from multiple sources is best (all teachers, each parent, child if 12+, other caregivers like coaches, therapists, etc.)

Assessment Questionnaires:

- 1) NICHQ Vanderbilt Assessment Scale – Parent Informant (child should fill one out, too, if age 12+)
- 2) NICHQ Vanderbilt Assessment Scale – Teacher Informant *this is needed for diagnostic criteria
- 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

You will also see on the "New Client" page other examples of reports or documents that would be beneficial for us to review.

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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Client Care Form

	Last	First	MI	Nickname
Client Name				
Address1				
Address2				
Zipcode				
Gender				
Client Email				<input type="checkbox"/> No email
Client Birthdate				
Client Phone #				<input type="checkbox"/> No phone

PARENT/GUARDIAN, FILL OUT THE FOLLOWING ONLY IF CLIENT IS A MINOR

	Last	First	MI	Nickname
Parent Name				
Parent Address	<input type="checkbox"/> Same as Above for Client			
Address1				
Address2				
Zipcode				
Gender				
Parent Email				
Preferred Phone #				

REMINDERS

YES NO

Check any or all:

Voicemail, using Preferred Phone #

Text Message, using Preferred Phone #

Email, using this address: _____

EMERGENCY CONTACT INFORMATION

Same as Above for Parent/Guardian

	First	Last
Name		
Relationship		
Cell Phone # or		
Email address		



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. Additionally, if it becomes necessary to turn your account over to a collection agency, some confidentiality will be disclosed for collection purposes.

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 be important to ask if pre-authorization is required prior to psychotherapy visits and/or psychological testing.

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Charges for Missed Appointments

A fee will be charged to your account for late cancellations and no-shows and may vary according to your provider. 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 call to remind you of your scheduled appointment if you have given us permission to do so and provided us with an accurate telephone number. This courtesy does not alter your responsibility to give us 24 hours' notice of changed or cancelled appointments to avoid being charged a late cancellation or no-show fee. Please note: After two late cancellations and/or no-shows, you may be placed on a "Do Not Schedule" list.

Miscellaneous Fees and Charges

If it becomes necessary to turn your account over to a collection agency in order to obtain payment, a collections fee of 40% of your account balance will be added to your past due.

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 1`the service charge.

After Hours Emergencies

If you have an emergency after business hours and require an immediate response from your provider, please call our answering service at 980-272-4375 and the professional on call will respond as quickly as possible. If you feel you cannot safely wait to speak with your provider, call emergency services (911). An emergency is usually treatment-related; other issues such as appointment scheduling, cancellations, billing concerns, do not constitute emergencies.

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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.

I. 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.

II. 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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III. 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.

IV. Client's Rights and Psychologist'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.

V. 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 office manager at 615-373-9955. 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: Office Manager, 5409 Maryland Way, Suite 202, Brentwood, TN 37027

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.

VI. 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.

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Acknowledgement of Business Policies

My signature below indicates that I have read and understood the **Business Policies of Music City Peds**.

Acknowledgement of Notice of Policies and Practices

My signature below also indicates that I have received the **Notice of Policies and Practices to Protect the Privacy of Your Health Information** and have been provided an opportunity to review it.

Printed Name of Client

Client Signature

Date

Printed Name of Responsible Party (if Client is a Minor)

Signature of Responsible Party

Date

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INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Printed Client Name

Date of Birth

Clinician Name

I understand that as a client of Music City Peds, I am eligible to receive a range of services. The type and extent of services that I receive 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. Typically, treatment is provided over the course of several weeks or months.

I understand that all information shared with clinicians at Music City Peds is confidential and no information will be released outside of Music City Peds without my consent. During the course of treatment at Music City Peds, it may be necessary for my provider to communicate with other providers at Music City Peds or Southeast Psych for the purpose of collegial support in order to provide me with the best possible care. Written authorization will not be requested for communications with other Music City Peds or Southeast Psych providers unless you specify otherwise. In all other circumstances, 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:

- A. 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.
- B. 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.
- C. 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.

Client Signature

Date

Signature of Responsible Party

Date

Printed Name of Responsible Party (if Client is a Minor)

Relationship to Client

Provider Signature

Date

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