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**How long do you expect to be in therapy in order to accomplish these goals (or at least feel like you have the tools to accomplish them on your own)?** \_\_\_\_\_

**MEDICAL HISTORY:**

Please explain any significant medical problems, symptoms, or illnesses: \_\_\_\_\_

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Do you smoke or use tobacco? YES NO If YES, how much per day? \_\_\_\_\_

Do you consume caffeine? YES NO If YES, how much per day? \_\_\_\_\_

Do you drink alcohol? YES NO If YES, how much per day/week/month/year? \_\_\_\_\_

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Do you use any non-prescription drugs? (Please remember that this form is completely confidential).

YES NO If YES, what kinds and how often? \_\_\_\_\_

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Previous Hospitalizations: (Approximate dates and reasons): \_\_\_\_\_

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Have you ever talked with a psychiatrist, psychologist, or other mental health professional? YES NO  
(Please list approximate dates and reasons): \_\_\_\_\_

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**FAMILY:**

How would you describe your relationship with your mother? \_\_\_\_\_

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How would you describe your relationship with your father? \_\_\_\_\_

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Are you parent's still married or did they divorce? \_\_\_\_\_ If they divorced, how old were you when they separated or divorced, and how did this impact you? \_\_\_\_\_

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Were there any other primary care givers who you had a significant relationship with? If so, please describe how this person may have impacted your life: \_\_\_\_\_

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How many sisters do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

How many brothers do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

How would you describe your relationships with your siblings? \_\_\_\_\_

\_\_\_\_\_

**RELATIONSHIP STATUS:**

POOR  
EXCELLENT

Currently in Relationship? \_\_\_\_\_ How Long? \_\_\_\_\_ Relationship Satisfaction: 1 2 3 4 5 6 7

Married/Life Partnered? \_\_\_\_\_ How Long? \_\_\_\_\_ Previously Married/Life Partnered? YES NO

If so, length of previous marriages/committed partnerships \_\_\_\_\_

Do you have children? \_\_\_\_\_ If YES, how many and what are their ages: \_\_\_\_\_

Describe any problems any of your children are having: \_\_\_\_\_

**LEGAL STATUS:**

Please describe any current legal problems/difficulties \_\_\_\_\_

Will you need confirmation of receiving therapy services for lawyer, probation officer, etc. YES NO

**COPING SKILLS & SUPPORT:**

**and people with whom you can talk with when you feel down.** (eg: reading, walking pets, al-anon, talking with sister, etc.)

Please complete the below to indicate current and past difficulties. Check if “yes” and leave blank if “no.” If you do not understand what I am asking for, please write in a “?” or otherwise indicate not understanding.

	Current	In the Past/ History of	If applicable, approximate date of last time or episode
<b>Anxiety:</b>	-----	-----	-----
Excessive worry			
Social phobia or shyness			
Panic attacks			
Fear of leaving home			
<b>Anger:</b>	-----	-----	-----
Irritability			
Verbal rage outbursts			
Destruction of property			
Violence towards others			
<b>Shame:</b>	-----	-----	-----
Negative self-statements			
Excessive shame			
<del>SWWHQ/LRQFLW</del>	-----	-----	-----
Inability to stay focused on a task			
<b>Safety:</b>	-----	-----	-----
Suicidal thoughts			
Suicide plan			
Suicide attempt(s)			
Self-harm			
In physically or sexually abusive relationship			
Thoughts of hurting others			
Hearing voices to harm self or other(s)			
<b>Posttraumatic Stress:</b>	-----	-----	-----
History of sexual abuse in childhood			
History of physical abuse in childhood			
History of emotional abuse in childhood			
Victim of physical assault as an adult or adolescent			
Victim of rape as an adult or adolescent			
Victim of natural disaster or other trauma			
<b>Dissociation:</b>	-----	-----	-----
Losing track in conversations			
Blackouts or memory loss (without drugs or alcohol)			
Flashbacks / intrusive memories of past trauma			
Having “parts” or “alters”			
Frequently losing track of time			
Fragmented or disjointed memories of childhood after age 6			
Auditory hallucinations			
<b>Substance Abuse</b>	-----	-----	-----
Binge drinking			
Alcohol abuse			
Alcohol dependence			
Drug abuse			
Drug dependence			
<b>Eating Problems:</b>	-----	-----	-----
Overeating or binge eating			
Under eating			
Over exercising			
Induced vomiting			
Abuse of laxatives			
<b>Sleeping Problems:</b>	-----	-----	-----
Sleeping too much			
Staying in bed all day			
Insomnia			
Frequent nightmares			
Sleepwalking			



**Robin Day, LPC**  
Acceptance & Change, Inc  
490 Sun Valley Dr. Ste. 205  
Roswell, GA 30076  
3580 Piedmont Rd. Ste. 205  
Atlanta, GA 30305  
404-636-7435

**Health Insurance Portability and Accountability Act (HIPAA)**

**NOTICE OF PRIVACY PRACTICES**

Effective 4/14/03

**I. COMMITMENT TO YOUR PRIVACY:** Robin Day, LPC and Acceptance & Change, Inc. is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that Robin Day, LPC and Acceptance & Change, Inc. maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

**II. LEGAL DUTY TO SAFEGUARD YOUR PHI:** By federal and state law, Robin Day, LPC and Acceptance & Change, Inc. is required to ensure that your PHI is kept private. This Notice explains when, why, and how Robin Day, LPC and Acceptance & Change, Inc. would use and/or disclose your PHI. Use of PHI means when Robin Day, LPC and Acceptance & Change, Inc. shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when Robin Day, LPC and Acceptance & Change, Inc. releases, transfers, gives, or otherwise reveals it to a third party outside of the Institute. With some exceptions, Robin Day and Acceptance & Change, Inc. may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Robin Day, LPC & Acceptance & Change, Inc. is always legally required to follow the privacy practices described in this Notice.

**III. CHANGES TO THIS NOTICE:** The terms of this notice apply to all records containing your PHI that are created or retained by Robin Day, LPC and Acceptance & Change, Inc. Please note that Robin Day, LPC and Acceptance & Change, Inc. reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that Robin Day, LPC and Acceptance & Change, Inc. has created or maintained in the past and for any of your records that Robin Day, LPC and Acceptance & Change, Inc. may create or maintain in the future. Robin Day, LPC and Acceptance & Change, Inc. will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of Robin Day, LPC and Acceptance & Change, Inc.’s Notice of Privacy Practices.

**IV. HOW YOUR NAME MAY USE AND DISCLOSE YOUR PHI:** Robin Day, LPC and Acceptance & Change, Inc. will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in the “Information, Authorization and Consent to Treatment” document. Below you will find the different categories of possible uses and disclosures with some examples.

**1. For Treatment:** Robin Day, LPC and Acceptance & Change, Inc. may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If you are also seeing a psychiatrist for medication management, Robin Day, LPC and Acceptance & Change, Inc. may disclose your PHI to her/him in order to coordinate your care. Except for in an emergency, Robin Day, LPC and Acceptance & Change, Inc. will always ask for your authorization in writing prior to any such consultation.

**2. For Health Care Operations:** Robin Day, LPC and Acceptance & Change, Inc. may disclose your PHI to facilitate the efficient and correct operation of its practice. Example: Quality control – Robin Day, LPC and Acceptance & Change, Inc. may provide your PHI to its office personnel, accountants, practice consultants, attorneys and others to make sure that Robin Day, LPC and Acceptance & Change, Inc. is in compliance with applicable practices and laws. It is Robin Day, LPC and Acceptance & Change, Inc.’s practice to conceal all client names in such an event and maintain confidentiality. However, there is still a possibility that your PHI may be audited for such purposes.

**3. To Obtain Payment for Treatment:** Robin Day, LPC and Acceptance & Change, Inc. may use and disclose your PHI to bill and collect payment for the treatment and services Robin Day, LPC and Acceptance & Change, Inc. provided you. Example: Robin Day, LPC and Acceptance & Change, Inc. might send your PHI to your insurance company or managed health care plan, in order to get payment for the health care services that have been provided to you. Robin Day, LPC and Acceptance & Change, Inc. could also provide your PHI to billing companies, claims processing companies, and others that process health care claims for Robin Day, LPC and Acceptance & Change's office if either you or your insurance carrier are not able to stay current with your account. In this latter instance, Robin Day, LPC and Acceptance & Change, Inc. will always do its best to reconcile this with you first prior to involving any outside agency.

**4. Employees and Business Associates:** There may be instances where services are provided to Robin Day, LPC and Acceptance & Change, Inc. by an employee or through contracts with third-party "business associates." Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, Robin Day, LPC and Acceptance & Change, Inc. will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of Robin Day, LPC and Acceptance & Change, Inc.

**Note:** Georgia and Federal law provides additional protection for certain types of health information, including **alcohol** and may limit whether and how Robin Day, LPC and Acceptance & Change, Inc. may disclose information about you to others.

## **V. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES – Robin Day, LPC**

**following reasons:**

- 1. Law Enforcement:** Subject to certain conditions, Robin Day, LPC and Acceptance & Change, Inc. may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: Robin Day, LPC and Acceptance & Change, Inc. may make a disclosure to the appropriate officials when a law requires Robin Day, LPC and Acceptance & Change, Inc. to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2. Lawsuits and Disputes:** Robin Day, LPC and Acceptance & Change, Inc. may disclose information about you to respond to a court or administrative order or a search warrant. Robin Day, LPC and Acceptance & Change, Inc. may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. Robin Day, LPC and Acceptance & Change, Inc. will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
- 3. Public Health Risks:** Robin Day, LPC and Acceptance & Change, Inc. may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
- 4. Food and Drug Administration (FDA):** Robin Day, LPC and Acceptance & Change, Inc. may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- 5. Serious Threat to Health or Safety:** Robin Day, LPC and Acceptance & Change, Inc. may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if Robin Day, LPC and Acceptance & Change, Inc. determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, Robin Day, LPC and Acceptance & Change, Inc. may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.
- 6. Minors:** If you are a minor (under 18 years of age), Robin Day, LPC and Acceptance & Change, Inc. may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
- 7. Abuse and Neglect:** Robin Day, LPC and Acceptance & Change, Inc. may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If Robin Day, LPC and Acceptance & Change, Inc. has a reasonable suspicion of child abuse or neglect, Robin Day, LPC and Acceptance & Change, Inc. will report this to the Georgia Department of Child and Family Services.
- 8. Coroners, Medical Examiners, and Funeral Directors:** Robin Day, LPC and Acceptance & Change, Inc. may

release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. Robin Day, LPC and Acceptance & Change, Inc. may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.

9. **Communications with Family, Friends, or Others:** Robin Day, LPC and Acceptance & Change, Inc. may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, Robin Day, LPC and Acceptance & Change, Inc. may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.
10. **Military and Veterans:** If you are a member of the armed forces, Robin Day, LPC and Acceptance & Change, Inc. may release PHI about you as required by military command authorities. Robin Day, LPC and Acceptance & Change, Inc. may also release PHI about foreign military personnel to the appropriate military authority.
11. **National Security, Protective Services for the President, and Intelligence Activities:** Robin Day, LPC and Acceptance & Change, Inc. may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
12. **Correctional Institutions:** If you are or become an inmate of a correctional institution, Robin Day, LPC and Acceptance & Change, Inc. may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others
13. **For Research Purposes:** In certain limited circumstances, Robin Day, LPC and Acceptance & Change, Inc. may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.
14. **For Workers' Compensation Purposes:**  
Robin Day, LPC and Acceptance & Change, Inc. may provide PHI in order to comply with Workers' Compensation or similar programs established by law.
15. **Appointment Reminders:** Robin Day, LPC and Acceptance & Change, Inc. is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.
16. **Health Oversight Activities:** Robin Day, LPC and Acceptance & Change, Inc. may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess Robin Day, LPC and Acceptance & Change, Inc.'s compliance with HIPAA regulations.

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Other situation not covered by this notice, Robin Day, LPC and Acceptance & Change, Inc. will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying Robin Day, LPC and Acceptance & Change, Inc. in writing of your decision. You understand that Robin Day, LPC and Acceptance & Change, Inc. is unable to take back any disclosures it has already made with your permission, Robin Day, LPC and Acceptance & Change, Inc. will continue to comply with laws that require certain disclosures, and Robin Day, LPC and Acceptance & Change, Inc. is required to retain records of the care that its therapists have provided to you.

## VII. RIGHTS YOU HAVE REGARDING YOUR PHI:

1. **The Right to See and Get Copies of Your PHI:** In general, you have the right to see your PHI that is in Robin Day, LPC and Acceptance & Change, Inc.'s possession, or to get copies of it; however, you must request it in writing. If Robin Day, LPC and Acceptance & Change, Inc. does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from Robin Day, LPC and Acceptance & Change, Inc. within 30 days of receiving your written request. Under certain circumstances, Robin Day, LPC and Acceptance & Change, Inc. may feel it must deny your request, but if it does, Robin Day, LPC and Acceptance & Change, Inc. will give you, in writing, the reasons for the denial. Robin Day, LPC and Acceptance & Change, Inc. will also explain your right to have its denial reviewed.

If you ask for copies of your PHI, you will be charged not more than \$.25 per page and the fees associated with supplies and postage. Robin Day, LPC and Acceptance & Change, Inc. may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

7K5LWWR5HTXHVW/LPLWVRQVHVDQLVFORVXUHVRIRXU3+ You have the right to ask that Robin Day, LPC and Acceptance & Change, Inc. limit how it uses and discloses your PHI. While Robin Day, LPC and Acceptance & Change, Inc. will consider your request, it is not legally bound to agree. If Robin Day, LPC and Acceptance & Change, Inc. does agree to your request, it will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that Robin Day, LPC and Acceptance & Change, Inc. is legally required or permitted to make.

**3. The Right to Choose How Robin Day, LPC and Acceptance & Change, Inc. Sends Your PHI to You:** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Robin Day, LPC and Acceptance & Change, Inc. is obliged to agree to your request providing that it can give you the PHI, in the format you requested, without undue inconvenience.

**4. The Right to Get a List of the Disclosures.** You are entitled to a list of disclosures of your PHI that Robin Day, LPC and Acceptance & Change, Inc. has made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003.

Robin Day, LPC and Acceptance & Change, Inc. will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. Robin Day, LPC and Acceptance & Change, Inc. will provide the list to you at no cost, unless you make more than one request in the same year, in which case it will charge you a reasonable sum based on a set fee for each additional request.

**5. The Right to Amend Your PHI:** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that Robin Day, LPC and Acceptance & Change, Inc. correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of Robin Day, LPC and Acceptance & Change, Inc.'s receipt of your request. Robin Day, LPC and Acceptance & Change, Inc. may deny your request, in writing, if it finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) written by someone other than Robin Day, LPC and Acceptance & Change, Inc., denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and Robin Day, LPC and Acceptance & Change, Inc.'s denial will be attached to any future disclosures of your PHI. If Robin Day, LPC and Acceptance & Change, Inc. approves your request, it will make the change(s) to your PHI. Additionally, Robin Day, LPC and Acceptance & Change, Inc. will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

**6. The Right to Get This Notice by Email:** You have the right to get this notice by email. You have the right to request a paper copy of it as well.

6XEPLWDOO:ULWWHQHTXHVW Submit to Robin Day, LPC and Acceptance & Change, Inc.'s Director and Privacy Officer, Robin Day, LPC at the address listed on top of page one of this document.

**VIII. COMPLAINTS:** If you are concerned your privacy rights may have been violated, or if you object to a decision Robin Day, LPC and Acceptance & Change, Inc. made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. Robin Day, LPC and Acceptance & Change, Inc. will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Please discuss any questions or concerns with your therapist. Your signature below indicates that you

**Acknowledge receipt of this Notice:**

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Client Name (please print)

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Client Signature

---

Date







