



AHM Youth & Family Services, Inc.  
Mental Health Counseling Services  
25 Pendleton Drive, Hebron, CT 06248  
Phone: (860) 228-9488 Fax: (860) 228-1213

**Release of Information to Pro Claims, 689 Folly Brook Blvd., Wethersfield, CT**

**For AHM Office Use Only:**

AHM Case ID Number: \_\_\_\_\_ Therapist Assigned to Case \_\_\_\_\_

Copy of Insurance Card: \_\_\_\_\_ Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Sliding Scale Complete: \_\_\_\_\_ Dx Codes (as given by therapist) \_\_\_\_\_

Date of Initial Visit: \_\_\_\_\_

Primary Patient Name: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

Primary Patient Address: \_\_\_\_\_

Primary Patient D.O.B.: \_\_\_\_\_ Sex:  M   F   
(Pls. Circle)

Please indicate if a message can be left at the provided numbers by circling N or Y.

Patient/Guardian Home Telephone Number: \_\_\_\_\_ Y N

Patient/Guardian Cell Phone Number: \_\_\_\_\_ Y N

Patient/Guardian Work Phone Number: \_\_\_\_\_ Y N

Place of Employment (if applicable): \_\_\_\_\_

**If different than above, please complete below:**

Responsible Party: \_\_\_\_\_

Do you hold legal guardianship of your child and if so, what is the relationship? \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Phone Number (if different than above): \_\_\_\_\_

**INSURANCE INFORMATION**

Policy Subscriber Name & D.O.B.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Do you receive health coverage from more than one insurance company? \_\_\_\_\_

If so, what is the name of your secondary insurance? \_\_\_\_\_

Subscriber Relationship to Patient: \_\_\_\_\_

Primary Care Physician & Phone: \_\_\_\_\_

Emergency Contact Person & Phone: \_\_\_\_\_

Emergency Contact Person Address: \_\_\_\_\_

Sent to Pro Claims On: \_\_\_\_\_



AHM Youth & Family Services, Inc.  
**Mental Health Counseling Services**  
25 Pendleton Drive, Hebron, CT 06248-1525  
Phone: 860-228-9488 ▪ Fax: 860-228-1213

## *AHM Mental Health Counseling Services* **Terms of Billing & Consent Form**

*Clients are expected to pay for each session at the time it is held. Payments can be made by cash, check, MasterCard and Visa. You are also responsible for the payment of returned checks and all incurred fees. If you do have insurance coverage and are having financial difficulties, please discuss your options with our AHM staff.*

- 1.) Clients are responsible for knowing their insurance benefits and plan requirements. Any change in coverage must be reported to AHM immediately. If your insurance denies reimbursement due to a change in your coverage, you will be responsible to pay those charges in full. Please know that your insurance coverage does not guarantee payment.
- 2.) In the case that AHM is out of network for your insurance benefit plan, we will discuss your payment obligations in order to utilize our services. Please know that if your plan includes out of network benefits, you will be responsible to pay the full allowable insurance charge until your benefit plan is fulfilled. If you do not have out of network benefits, you will be considered a cash patient, at which time you will be eligible to apply for our AHM Community Mental Health Scholarship.
- 3.) Due to our contracts, we are not allowed to offer discounts for your insurance plan. You will be responsible to pay the full amount of required copays, coinsurance and deductibles associated with your plan. If at any time you are not able to pay these fees in full, at the time of service, please discuss your options with our staff. Although we cannot reduce the amount due, we may be able to offer you a payment plan. Clients are expected to follow the established payment plan. Failure to do so may result in termination of care.
- 4.) If you are a cash client, the fee for an initial assessment is \$140. This is a mandatory fee payable upon your first visit. If you are a returning client and it has been under a year since your last visit, you do not need to pay the initial fee for an evaluation. However, if you are a returning client and it has been over a year since your last visit, you are required to pay the mandatory fee.
- 5.) If you are a parent who is authorizing medical care for your minor child but the other parent is legally responsible for medical payment; we will bill as requested. However, if we cannot secure payment with reasonable effort, we will expect payment from you (as the parent who authorized treatment). Therefore, if at all possible, we recommend that both parents authorize treatment.
- 6.) AHM requires a 24-hour advance notice of all cancellations. AHM charges a \$30 fee for appointments cancelled with less than a 24-hour notice unless you were unable to attend due to circumstances beyond your control. Clients must pay this fee before their next visit. This fee cannot be paid by insurance. In instances of hardship, arrangements for payment must be discussed with AHM's Financial Director. Please know that excessive cancellations whether in advance or not, may result in termination of care.
- 7.) Both the HIPAA Privacy Rule and Connecticut Law give you rights with respect to your medical record. You have the right to see and receive a copy of your medical record within 30 days of your request. AHM charges \$.45 per page, plus postage for copies of your records. Please refer to our Privacy Practices and Client Bill of Rights for specifics on these charges. This fee cannot be billed to your insurance and is therefore your responsibility.



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### Insurance Billing and Income Declaration for Behavioral Services

- 1.) I consent the release of my, or my child's, protected health information to my insurance company or EAP group for the processing of claims. Such information may include diagnosis, dates of service, people present for session and other items as they relate to billing. I understand that AHM Youth and Family Services, Inc. will give only the minimal information necessary to process my claims.
- 2.) I will notify you immediately of any change in my insurance coverage. Without such notification, any refusal on the part of my insurance carrier to pay for services will be my responsibility. I am responsible for all copays, coinsurance and deductibles associated with my insurance plan. I understand that failure to pay these fees may result in termination of care.
- 3.) I will notify you if I have secondary/supplementary insurance coverage. Failure to notify AHM will result in fees incurred by my primary insurance company for which I am responsible to pay.
- 4.) I certify that all information given to AHM is true and correct in reference to my insurance information and any income declaration used for the AHM Community Mental Health Scholarship. If it is discovered that any information is false, you will be responsible to pay all fees in full.
- 5.) I authorize AHM to verify all information given to process my income declaration. I understand that in accordance with Connecticut law, providing false information to defraud a healthcare provider for the purposes of obtaining goods or services is a misdemeanor in the second degree.
- 6.) I understand that any insurance money or liability recovery which may be paid or due to me at a later date for these services must be paid to AHM.
- 7.) I consent the release of my, or my child's, protected health information to Professional Claims Billing Services LLC, 689 Folly Brook Blvd., Wethersfield, CT. I understand that Pro Claims provides third-party billing for all clients with or without insurance coverage. I understand that Pro Claims will be given only the minimal information necessary to process my claims and billing.
- 8.) I understand AHM's cancellation and missed appointment policy. I understand that abuse of this policy can result in the termination of my or my child's, care.
- 9.) If my child arrives at AHM for counseling services without my presence, I agree to send payment with my child or to send payment prior to his/her visit. Failure to do this can result in a delay of counseling services until my child's account balance is paid in full.

*In signing this document, I am consenting to AHM's Terms of Billing and will abide by AHM's Income Declaration and Insurance Billing for Behavioral Services. This agreement will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as an original.*

\_\_\_\_\_  
Client / Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AHM Staff Signature

\_\_\_\_\_  
Date



AHM Youth & Family Services, Inc.  
 Mental Health Counseling Services  
 25 Pendleton Drive, Hebron, CT 06248  
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Intake date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M F (Circle one) D/O/B: \_\_\_\_\_

School/Occupation: \_\_\_\_\_

Grade/Position: \_\_\_\_\_

Primary residence with: \_\_\_\_\_

Legal guardian(s): \_\_\_\_\_

Primary purpose of intake: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Members of the household:

Name	Gender	Age	DOB	School/Occupation	Relationship to client

Please indicate any history of mental/behavioral health needs in the family, including medication if known:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL DOCUMENT**



Andover, Hebron, Marlborough Youth and Family Services, Inc.  
25 Pendleton Drive, Hebron, CT 06248  
Phone (860) 228-9488 • Fax (860) 228-1213

Website: [www.ahmyouth.org](http://www.ahmyouth.org)

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## AHM CLINICAL PRIVACY PRACTICES AND CLIENT BILL OF RIGHTS

*This notice describes how your medical information may be used and disclosed and how you can receive access to this information. Please review it carefully.*

*AHM is required by law to maintain the privacy of your healthcare information and to provide you with a notice of AHM's Privacy Practices. AHM is required to follow the terms of this notice in effect at any particular time. However, AHM reserves the right to change its Privacy Practices at any time. Any change will apply to all healthcare information maintained by AHM and will be set forth in a new Notice of Privacy Practices which will be available at your next visit following the change. At any time, you may obtain a copy of this notice currently in effect by requesting a copy from AHM.*

AHM may use your healthcare information for purposes of treatment, payment and healthcare operations. For example:

- Your information may be used to assess your needs and to develop an individualized service plan or to coordinate a referral to another healthcare provider.
- Portions of your information may be submitted to a state agency, insurance carrier or other third-party payer to secure payment for services rendered, unless you have arranged personally to pay in full all charges for services rendered to you.
- Your information may be used for operations of AHM related to healthcare activities, such as quality assurance, evaluation, training, audits and administration.
- AHM may use and disclose your healthcare information to contact you for appointment reminders, unless otherwise directed by you.
- We may disclose your healthcare information to an interpreter with your written authorization.

AHM may disclose your healthcare information to another person or entity performing services on AHM's behalf which relate to treatment, payment or healthcare operations and which require access to your information. That person or entity will have access to your information only to perform those services and must agree in writing to maintain the confidentiality of your information.

AHM may disclose your healthcare information without your authorization as permitted or required by applicable law, including any of the following: to comply with public health statutes and rules; to make any required reports of abuse or neglect; to comply with a court order, search warrant or other lawful processes; to provide information to a medical examiner in the event of your death; to avert a serious threat to your or anyone else's health or safety; or to provide information for workers' compensation purposes.

Except as described above, AHM will not use or disclose your healthcare information unless you have given us a written authorization to do so. You may revoke any authorization at any time, in writing or verbally, by communicating the revocation to your clinician or to the clinical administrative staff. Revocation will not, however, be effective with regard to actions already taken in reliance on your authorization.

## CLIENT PRIVACY RIGHTS

You may request restrictions on the use or disclosure of your healthcare information. However, AHM is not required to agree to any requested restriction. It is AHM's policy not to agree to such a restriction unless AHM determines, in its sole discretion, that there is a compelling need for the restriction and the restriction can feasibly be implemented.

You may request that communications to you be given in such a way which will help keep them confidential. For example: by using a particular address or telephone number to contact you. AHM will comply with such a request if it is reasonable and feasible.

To request restrictions or a confidential manner of communicating, you should submit a written request to the clinician or clinical administrative staff.

### **You have the right:**

- **To see and receive a copy of your medical record.** AHM is required by state law to allow you to view and receive a copy of your medical record. Copies of your medical record must be provided within 30 days after we receive an official request from you. This right is called the right to access your medical record. AHM reserves the right to charge you a per page fee for copying your record, as set by state laws. AHM also reserves the right to charge you applicable postage charges.
- **To amend your healthcare information.** You may have information added to your medical record to make it more complete or accurate. This right is called the right to amend your record. In certain cases, AHM can deny your request to amend your record. If this happens, you have the right to add your own short statement to your medical record. (Please see notes below for further explanation).
- **To file a complaint.** You have the right to file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services if you believe your healthcare provider has violated your right to see, receive a copy of, or amend your medical record. You can also file a complaint with the state agency that regulates your healthcare provider.
- **To pursue legal action.** You have the right under Connecticut law to sue in state court to obtain a copy of your medical record.

### **Additional Information:**

**Obtaining a Copy of Your Medical Record:** In Connecticut, a provider may charge you for copying your medical record. Currently, providers in Connecticut can charge no more than \$0.45

per page. Providers may also charge you the actual cost of postage if the copies need to be sent via mail.

Providers cannot charge you to look or read your medical record. Also, under Connecticut law, your healthcare provider must give you one free copy of your medical record if the record is necessary to support a claim for Social Security benefits. You are also entitled to a free copy of your record to support an appeal from a denial of Social Security benefits. To be eligible for a free copy, you must submit documents that show a claim or appeal for Social Security benefits has been filed along with your request for your medical record.

**Amending Medical Records:** The rules for amending your mental health records and substance abuse treatments are different than the rules for other types of medical records. For example, psychotherapy notes are treated differently than other records under HIPAA.

As a parent or guardian, you do not always have the right to amend a minor child's medical record. If you disagree with your clinician's diagnosis, you do not have the right to change or dispute it. You also cannot have information removed from your record. You only have the right to add more information to your medical record to make it more complete or accurate.

#### **Client Complaint and Grievance Procedure:**

AHM acknowledges that a client has a right to file complaints or appeal decisions when he/she believes that the services provided have been unsatisfactory or if there is a complaint about the use and disclosure of protected medical information.

If you or a family member has a conflict with your treatment, the first step is to discuss this with your therapist.

To exercise any of your privacy rights as mentioned above, please submit your request in writing to AHM's Privacy Officer at the address below. You may also contact the AHM Privacy Officer to obtain further information about AHM's privacy policies and practices.

If you believe your privacy rights have been violated, you may file a grievance to AHM or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with AHM, please submit, in writing, to AHM's Compliance Officer at the address below. A form will be supplied upon request but it is not required. No person is permitted to retaliate against you for filing a complaint.

AHM Privacy Officer  
25 Pendleton Drive  
Hebron, CT 06248

AHM Compliance Officer  
25 Pendleton Drive  
Hebron, CT 06248

## CLIENT RESPONSIBILITIES

As a client of AHM, you will always receive considerate and respectful service. Our clinicians will work with you to review any recommendations for your treatment plan and to provide accurate assessments of your social needs. We provide prompt responses to your requests for clinical services and an assessment for continuum of care. If the care is not provided by the AHM clinical department, we will provide you with a referral recommendation. All of our clients have a right to fair and equal service without discrimination of race, religion, age, marital status, sexual orientation, sex, nationality or financial status. Below are your responsibilities as a client of AHM.

- Clients are responsible to be prompt for all therapy sessions. Please know that if you show up late to an appointment, you will still be charged for the full session as previously booked. At no time will a clinician extend your appointment slot to make up for missed time due to tardiness.
- Please keep all scheduled appointments. If at any time you are unable to keep an appointment, AHM requires a 24-hour notice of cancellation to avoid a service fee.
- Clients are responsible to notify AHM of any changes to their insurance coverage, financial status or demographic changes.
- Please know that payment is expected at time of services.
- Clients are responsible for the arrangement of their child's arrival to and departure from AHM; and, to provide childcare for younger children in the AHM waiting room.
- Clients are expected to attend all sessions free of any alcohol and/or substance use. Any client who comes to sessions under the influence of alcohol and/or substances will be handled in accordance with AHM's procedures. The clinician reserves the right to end any session in which client behavior has become inappropriate or out of control.

## CLIENT ACKNOWLEDGEMENT

*I acknowledge that I have received a copy of the AHM Clinical Privacy Practices and Client Bill of Rights. I understand and accept my rights and responsibilities at AHM. I also understand that it is my responsibility to obtain further information if I do not understand any part of these privacy practices and Client Bill of Rights.*

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Relationship to Client if Minor

\_\_\_\_\_  
AHM Staff Signature

\_\_\_\_\_  
Date

*\*\*AHM Privacy Practices and Client Bill of Rights  
Effective: January 1, 2016  
Revised:*