

## **Instructions for Psychiatry Intake Paperwork with Dr. Tam Redd**

1. Please read the *OUTPATIENT SERVICES CONTRACT AGREEMENT* in its entirety. **Initial each section and sign the acknowledgement at the end.** If you have any questions or concerns about the agreement, please call the office to discuss.
2. For pediatric patients: **Consent for the child's psychiatric evaluation and treatment is required from each guardian or parent.** If a court order has been entered impacting the parental rights, Dr. Redd will need a **copy of the most recent court order or divorce decree** in reference to medical decision making.
3. Complete the *New Patient Information Form*
4. Complete and sign the *Release of Information Form*. If applicable, be sure to include the patient's primary care physician, therapist/counselor, school, and any other relevant person(s) or agencies.
5. Be sure to bring any relevant **psychological evaluations**, and **medical records** if available to the appointment. For pediatric patients, it is especially helpful to provide **past school records** (if applicable such as recent report cards, behavioral reports, special education testing, etc). For kids ages 6+, see the attached **SNAP-IV Teacher and Parent Rating Scale**: parents, please complete the form and also provide the same form to your child's teacher(s).
6. Completed paperwork could be dropped off to Dr. Redd prior to or on the day of the appointment.

## OUTPATIENT SERVICES CONTRACT AGREEMENT

Thank you for selecting Dr. Tam Redd for your psychiatric care. Dr. Redd looks forward to working with you. Dr. Redd works with a group of independent mental health professionals, under the name Rabjohn Behavioral Institute (RBI). This group is an association of independently practicing professionals which share certain expenses and administrative functions. While the members share a name and office space, Dr. Redd is completely independent in providing you with clinical services, and Dr. Redd alone is fully responsible for the services that she provides.

\_\_\_\_ **Treatment Participation:** Your treatment with Dr. Redd may involve taking medication(s) and/or engaging in psychotherapy. It is important that you take an active role in your treatment and are adherent in your treatment. If your treatment involves medications, Dr. Redd will explain the important risks, benefits, alternatives, and side effects with you. In many instances, and in line with current treatment practices, Dr. Redd may use medications in an "Off Label" approach. This use will also be explained to you in full detail. If you experience any unexpected or concerning side effects, please call 817-539-2282 immediately. For patients prescribed medication(s) as part of the treatment plan, follow-up appointments will be scheduled every 1-12 weeks per Dr. Redd's discretion. Failure to comply with treatment recommendations or attendance of appointments may result in termination of the doctor patient relationship.

\_\_\_\_ **Phone Contact:** Dr. Redd could be contacted by calling 817-539-2282. Dr. Redd does not answer phone calls while she is with patients. When leaving a message, please leave the patient's full name and phone number. Messages left on the office number are checked regularly throughout the day during normal business hours. RBI is closed after 5pm on weekdays, and all day on weekends. Based on availability, you may receive a call back from Dr. Redd or another staff member. *Non-urgent* messages will be returned within 24-48 hours. Based on the nature of your call, you may be required to make a face-to-face appointment. *Non-urgent* phone calls (or anything other than medication related concerns such as side effect or reaction) requiring more than 10 minutes will be billed according to the fee schedule. In the event that you are not able to reach Dr. Redd during a psychiatric emergency, immediately go to the nearest Emergency Room, call 911 for assistance, or the national suicide hotline 1-800-273-8255.

\_\_\_\_ **Email/Fax Contact:** Dr. Redd or RBI staff may occasionally contact you via email for appointments and to send blank forms. Dr. Redd will NOT communicate clinical information via email as it is not a secure means of communication. If you wish to contact Dr. Redd regarding a clinical question, please call 817-539-2282. If you wish to submit documents to Dr. Redd, please drop them off at RBI or fax to 817-539-2270.

\_\_\_\_ **Appointments that begin late:** If the appointment begins late because you arrived late, the session will end at the time it normally would have ended. This is so that other patients may stay on schedule. If the appointment begins late because Dr. Redd is behind schedule, the session will be of its normal duration, to assure that your concerns receive full and proper attention. If you arrive after the scheduled session has ended, it will be at Dr. Redd's discretion to accommodate you; otherwise, the visit will count as a no-show.

\_\_\_\_ **Missed or late cancelled appointments:** Dr. Redd requires 24 hours-notice for cancellation of appointments. If an appointment is missed (no-show), cancelled or rescheduled without 24 hours-notice, you will be charged \$75 for the first no-show, with subsequent no-shows subjected to the full visit fee. It is important to note that insurance companies do not provide reimbursement for missed scheduled appointments. Notice of appointment cancellation may be made via telephone.

\_\_\_\_\_ **Insurance Policy:** Dr. Redd is an “out-of-network” provider and does not contract with commercial insurance companies, Medicaid or Medicare. This means that your treatment with Dr. Redd is not part of your permanent medical record with your insurance company, unless you choose to notify them. Payment is due in full at the time of service. If you would like to submit your charges to your insurance provider for reimbursement, a detailed billing statement can be generated at your request. Reimbursement of the session fees is dependent on individual insurance agreements. Please verify with your insurance company regarding claim forms, reimbursement process and fees.

\_\_\_\_\_ **Financial:** Payment is due at the time of service unless other arrangements have been made in advance. Dr. Redd accepts cash, credit cards, debit cards, FSA or HSA. There is a \$25 charge for unpaid returned checks. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Dr. Redd has the option to suspend further treatment and use legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require Dr. Redd to disclose otherwise confidential information. If such legal action is necessary, its costs will be included in the claim.

Fee schedule for services provided

Psychiatric diagnostic interview examination	
Child or Adolescent, 75 min	\$450
Adult, 60 min	\$375
Extended medication management +/- psychotherapy, 45 min	\$280
Medication management +/- psychotherapy, 20-30 min	\$175
Non-urgent Telephone Consultation	\$100/10-minutes
No-show/late cancellation	\$75/1st time \$175/subsequent time
Re-issue of lost controlled prescription	\$25
Prior authorizations requiring over 8 min	\$25
FMLA Paperwork outside of appointment	\$50
Full medical records released to patient/parents	\$50

Additional Requests: Session fees cover the cost of the visit and paperwork associated with coordination of care with other doctors, therapists and/or a child’s school. Any requests for forms, summaries or letters that are not related to your direct treatment plan will be billed at a rate of \$60/10-minute increments. This includes paperwork for disability or legal matters. Please note that Dr. Redd does not perform forensic work, including custody evaluations. In addition, requests for Dr. Redd’s presence in legal matters such as subpoenas for testimony or to appear in court will be billed at \$500/hour, with a minimum charge of \$2000. Fees include travel time to and from the appearance, time needed for chart review and preparation. If Dr. Redd must retain the services of a lawyer due to your actions, you will be responsible for those legal fees.

\_\_\_\_\_ **Medication Refills:** Dr. Redd ensures that you will have adequate medication until your next follow-up visit. RBI does NOT accept fax requests from pharmacies for medication refills. If you cancel or reschedule your appointment, it is your responsibility to contact Dr. Redd at least one week in advance if you need additional medication until your next visit. This will prevent a lapse in your medications. Dr. Redd will only refill medication for patients active in treatment and adherent to their treatment plans, including follow up appointments.

\_\_\_\_\_ **Controlled prescriptions:** For controlled medications (such as psychostimulants or benzodiazepines), patients/parents will be expected to sign a “Contract for Controlled Substance Prescriptions”. By law, certain controlled medications cannot be set up on automatic refill or be prescribed with refills. It is important to note that controlled prescriptions do expire and will need to be filled within 21 days. *Lost or misplaced* controlled prescriptions will be filled at Dr. Redd’s discretion; and the process may take up to 72 hours as it involves contacting your pharmacy along with confirming through the Texas

State Board of Pharmacy that the medication has not been filled. *Stolen* controlled prescriptions will also require a police report to be filed by you. *Expired* controlled prescriptions will need to be returned to Dr. Redd before replacement ones will be provided. To rewrite a lost or expired prescription is a \$25 fee.

\_\_\_\_ **Prior Authorizations:** Many insurance companies now require a 'prior authorization', which is an extra-step insurance takes to decide whether or not to pay for your medications. This requires Dr. Redd and RBI to contact your insurance company, request and complete specific forms based on your history. Once submitted, the insurance company can take up to 7-10 business days to make a decision. Even then, there is no guarantee the medication will be approved. Unfortunately, many times they do not inform the office regarding medication status, though typically they will alert the pharmacy. In most cases, RBI staff can fill out a simple form outlining why you need the particular medication(s) without a fee. However, prior authorizations that require a substantial amount of office time (greater than 8 minutes) will be subject to a \$25 fee.

\_\_\_\_ **FMLA Paperwork:** If Dr. Redd feels that your psychiatric illness requires time off work and this is decided during a recent appointment, then Dr. Redd will gladly complete and submit FMLA paperwork. However, if you feel you need FMLA and this was not discussed at the appointment, then you will need to schedule an appointment to discuss why you cannot work and which symptoms have changed. Due to the time involved, FMLA paperwork will be subject to a \$50 fee based on the amount of time it takes Dr. Redd to complete the paperwork. Patients (or parents) placed on FMLA will be required to present for regular appointments and be compliant with all treatment recommendations.

\_\_\_\_ **Labs:** At times Dr. Redd will need to order laboratory studies. Please be aware that the cost of labs is not included in the visit charge. Please ask the laboratory staff to explain their costs.

\_\_\_\_ **Coverage:** If Dr. Redd is out of town or not available by phone, appropriate coverage by a well-trained psychiatrist will be provided.

\_\_\_\_ **Professional records:** You should be aware that, pursuant to HIPAA, RBI keeps PHI about you in your chart. Your chart includes information about reasons for seeking treatment, a description of the ways your problem impacts on your life, diagnosis, treatment plan, medical and social history, treatment history, any past treatment records that is received from other treatment providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone, including reports to the insurance. Except in unusual circumstances that involve danger to yourself or others, you may examine and/or receive a copy of your chart if you request it in writing. The exceptions to this policy are contained in the Notice.

\_\_\_\_ **Practice Fusion:** Dr. Redd uses an electronic health record system called "Practice Fusion", which is HIPAA compliant and secure. With your permission, Dr. Redd will retrieve your past prescription history (up to one year ago). Your evaluation and treatment will not be affected by your decision whether or not to consent.

- \_\_\_\_ I consent to this release.
- \_\_\_\_ Restrict to prescriptions from Dr. Redd only.
- \_\_\_\_ I do not give consent for this release.

\_\_\_\_ **Patient Rights:** HIPAA provides you with several or expanded rights with regard to your chart and disclosures of protected PHI. These rights include requesting that I amend your record; requesting restrictions on what information from your chart is disclosed to other(s); requesting and accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement and the Notice of Privacy Practices.

\_\_\_\_\_ **Minors & Legal Guardians:** If you are under 18 years of age and have not had your disabilities of minority removed, or if you have had a legal guardian appointed for you, please be aware that the law may provide your parent(s)/legal guardian(s) the right to examine your treatment records. Dr. Redd may talk on the phone or schedule a session with your parent(s) or guardian(s) as she deems necessary. Dr. Redd will try not to reveal the content of your sessions unless absolutely necessary. Dr. Redd will generally provide your parent(s)/guardian(s) with her impressions, which may include treatment goals and progress. Dr. Redd will try to inform you before such conversations with your parent(s)/guardian(s) in order to discuss the matter with you and ask for your authorization to talk with your parent(s)/guardian(s). If you do not give authorization, Dr. Redd will do her best to handle any objections you have but Dr. Redd is not required to obtain permission to talk with your parent(s) or guardian(s) when you are a minor child and have not had your disabilities of minority removed or when a guardian has been appointed to you. If Dr. Redd is unable to talk in advance with you, she will inform you of her conversation with your parent(s) or guardian(s) at the next session, as she deems appropriate. If Dr. Redd believes you are in imminent danger of harming yourself or other(s), Dr. Redd may notify your parents or guardians of her concerns and your signature below gives Dr. Redd express permission to do so. If a court order has been entered impacting the parental rights of a minor child's parents and/or guardians, Dr. Redd will not provide any services until she is provided with a copy of the most recent court order or divorce decree impacting parental rights. It is Dr. Redd's policy that she speak with both parents to ascertain the decision for the minor to receive services.

\_\_\_\_\_ **Confidentiality:** Anything you reveal in your sessions is confidential and cannot be released to another person without your consent. Dr. Redd will not discuss your protected health information outside of RBI without written permission. Exceptions to this rule of confidentiality occur when Dr. Redd reasonably believes that there is an imminent risk of harm to yourself or another person, including any reports of abuse of a child, disabled adult, and/or elderly, or if a judge court orders information as part of a trial.

\_\_\_\_\_ **Discontinuation of Treatment:** Dr. Redd may discontinue treatment with a patient only after a reasonable amount of discussion and usually for one of the following reasons: (1) non-payment of your account, (2) repeated cancelled/missed appointments, (3) non-adherence with treatment recommendations, or (4) violation of the conditions listed in the "Contract for Controlled Substance Prescriptions". Patients may discontinue treatment with Dr. Redd at any time. This can occur by notifying the office in person, by phone or in writing. As your treating psychiatrist, Dr. Redd would like the opportunity to confer with you about your decision and/or assist you in transferring your care to another provider. Dr. Redd is willing to provide a discharge summary/summary of services upon your written request to your new provider at no cost. A \$50 fee applies for the preparation and delivery of *full medical records*.



Setting the standard  
for individualized, focused &  
effective psychiatric care.

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817-539-2282 • www.rbipsychiatry.com

Your signature below indicates your consent, and authorization of services, by Tam Redd, M.D. These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures and other appropriate alternative therapies. Consent is voluntary and could be withdrawn at any time. In addition, you have read the information in the **OUTPATIENT SERVICES CONTRACT AGREEMENT** and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

By signing below, you acknowledge that you have received and read the Notice of Privacy Practices from Rabjohn Behavioral Institute, and you understand your rights to your medical and mental health confidentiality and privacy.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

## New Patient Information Form

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Custody Arrangement (if applicable) : \_\_\_\_\_

**Chief Complaint:** What is your primary reason for seeking psychiatric consultation?

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When did these symptoms begin? \_\_\_\_\_

Did something occur to precipitate them? \_\_\_\_\_

**Psychiatric History:**

Previous Diagnoses/Symptoms: \_\_\_\_\_

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Prior treatment (e.g psychiatrist, counselor, therapist)?

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Have you ever been psychiatrically hospitalized? If so, when, where and for what reason?

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**Past Psychiatric Medications:**

Name of Medication	Dose	Times per day	Why taken	Who prescribed	Helpfulness? Side effects?

**Current Psychiatric Medications:**

Name of Medication	Dose	Times per day	Why taken	Who prescribed	Helpfulness? Side effects?

**Medical History:**

Past or current medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past medical hospitalizations or surgeries: \_\_\_\_\_

\_\_\_\_\_

Known medication or food allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Last Physical Exam: \_\_\_\_\_

**Current Non-Psychiatric Medications (include vitamins, over-the-counter products, etc):**

Name of Medication	Dose	Times per day	Why taken	Who prescribed	Side effects?

**Family History:**

1. List the names, ages and relationship of people living in the home:

\_\_\_\_\_

\_\_\_\_\_

2. Any other immediate family members not living in the home? List name, age, relationship.

\_\_\_\_\_

\_\_\_\_\_



### 3. Family Psychiatric History:

Has anyone in the family had any of the following? If so, circle and indicate which member(s).

depression	ADD/ADHD
bipolar/mania	learning disability
suicidal thoughts/behaviors	coordination problems
anxiety, panic attacks	intellectual disability
obsessions/compulsions	aspergers/autism spectrum disorder
movement disorders, tics	sleep disorder
rituals	alcohol use
unusual noises/vocalizations	drug use
eating disorder	psychosis
psychiatric hospitalizations	legal problems

### 4. Family Medical History:

Please list significant medical problems on the FATHER'S side: \_\_\_\_\_

\_\_\_\_\_

Please list significant medical problems on the MOTHER'S side: \_\_\_\_\_

\_\_\_\_\_

### **Patient Birth History:**

Was the pregnancy healthy? Yes \_\_\_ No \_\_\_ Problems: \_\_\_\_\_

Were medications used during pregnancy? Yes \_\_\_ No \_\_\_ If so, which? \_\_\_\_\_

Were alcohol or drugs used during pregnancy? Yes \_\_\_ No \_\_\_ If so, which? \_\_\_\_\_

Did the mother smoke tobacco during pregnancy? Yes \_\_\_ No \_\_\_

Was the pregnancy full-term? Yes \_\_\_ No \_\_\_ If not, how many weeks? \_\_\_\_\_

What was the birth weight? \_\_\_\_\_

Was the delivery normal? Yes \_\_\_ No \_\_\_ Problems: \_\_\_\_\_

Any problems in the first year of life? \_\_\_\_\_

**Developmental History:** circle and indicate age if significantly **late**:

<u>Motor</u>	<u>Language</u>	<u>Adaptive</u>
roll front/back (4mo)	smile (4-6 wks)	mouthng (3 mo)
sit with support (6 mo)	coo (3 mo)	transfer objects (6 mo)
sit alone (9-10mo)	babble (6 mo)	pick up cereal (11-12 mo)
pull to stand (10 mo)	jargon (10-14 mo)	scribble (15 mo)
crawl (10-12 mo)	first word (12 mo)	drink from cup (10 mo)
walk alone (10-18 mo)	follow 1-step command (15 mo)	use spoon (12-15 mo)
run (15-24 mo)	make 2-word combo (22 mo)	undress/dress self (3-5 y)
ride a tricycle (3 yrs)	make 3-word sentence (3 yrs)	bowel trained (16-42 mo)
ride a bicycle (5-7 yrs)	speech problems	bladder trained (20-36 mo)

**Education History:**

Highest grade level completed (for child, indicate current grade level): \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Average grades earned: \_\_\_\_\_ Extracurricular activities: \_\_\_\_\_

Circle all that applies: repeated grade level - 504 - IEP - Special Education - Other (including ST/PT/OT)

Past school evaluations: Date \_\_\_\_\_ Type \_\_\_\_\_ Results \_\_\_\_\_

Relationship with teachers? \_\_\_\_\_ With peers? \_\_\_\_\_

Any problems with suspensions? Yes \_\_\_ No \_\_\_ Any problems with truancy? Yes \_\_\_ No \_\_\_

Any other general school/academic concerns? \_\_\_\_\_

**Social History:**

Any problems at work? \_\_\_\_\_

Legal problems (include prior history of arrests, jail, etc)? \_\_\_\_\_

Any other relationship problems? \_\_\_\_\_

Any history of emotional, verbal, physical, or sexual abuse? If yes, please explain:

\_\_\_\_\_

Describe patient's interests/hobbies/skills/strengths:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Fax 817-539-2270

## RELEASE OF INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I certify that I am the patient or legally authorized representative (e.g., parent or guardian) of the patient, and I hereby authorize Tam Redd MD, to send and/or receive verbal and/or written information pertaining to any medical, psychological, social, vocational, and/or educational information pertaining to the above patient. I understand that if my health record contains information in reference to drug/alcohol abuse, mental health care, HIV/AIDS, intellectual disability, or genetics testing, I agree to its release. The purpose of the disclosure is for evaluation, treatment and, coordination of care. This consent is subject to revocation at any time in writing except to the extent that action has been taken in reliance thereon. If not previously revoked, this consent will end upon termination of treatment by Tam Redd MD (i.e termination of the doctor-patient relationship). I understand that this health information may no longer be protected by federal and state privacy laws once it is disclosed, and, therefore may be subject to re-disclosure by the recipient.

Please list Name, Address, and Phone numbers of person(s) or agencies authorized to have bilateral exchange of information as mentioned above:

Physician: \_\_\_\_\_

Therapist: \_\_\_\_\_

School: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Patient or Legally Authorized Representative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Witness

## **HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY**

This notice describes how medical information about you may be used and disclosed and how you, as a client, can get access to this information. Please review it carefully.

As an entity providing health care, the law requires us to protect the privacy of your health information, known as “protected health information” or PHI. It is also our responsibility to protect your PHI and explain our privacy guidelines.

Copies of this notice are available from Rabjohn Behavioral Institute. In addition, you can also contact the Privacy Official at the phone number listed below, should you have questions concerning our privacy policies.

### **Your Health Information Rights:**

- ☐ You are entitled to a copy of your health information that we have concerning you. An exception would be separate psychotherapy process notes kept by the individual serving as a psychotherapist. These notes are not part of the medical record and cannot be released to anyone. There are certain reasons why you can be denied access to your health information, and if your request is denied, you must be provided the reason for denial. You are also entitled to a summary of your health information.
- ☐ You can ask that your health information be corrected if you feel that information in your medical record is incorrect.
- ☐ You can request a list of when we have given your health information concerning you to other people in the last six years.
- ☐ You can request that we limit the way we use/share your health information. All requests will be considered, however, we are not obligated to adhere to your request.

### **Responsibility of Rabjohn Behavioral Institute:**

- ☐ The law requires us to protect the privacy of your health information. We will not use or let other people see your health information without your permission except in the ways outlined in this notice. We will not let anyone know that you sought, are receiving, or have ever received services from anyone in this office, unless the law allows us to disclose that information.
- ☐ We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We can change the contents of this notice and, if we do, we will have copies of the revised notice available to you at our office.
- ☐ We are required to notify you if we are unable to agree to a requested restriction.
- ☐ We are required to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- ☐ We will not use or disclose your health information without your authorization, except as described in this notice. We will not disclose information about you related to HIV / AIDS without your specific written permission.

### **Disclosures Regarding Treatment, Payment, and Health Operations:**

- ☐ A primary use of your health information is for treatment.
  - We may use health information about you to provide you with medical treatment or services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. For example, we can use your health information to prescribe medication for you.
  - Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.
- ☐ Another primary use of your health information can be for payment
  - Your health information can be disclosed to obtain payment for providing health care under such plans as Medicaid or Medicare. Your health information can be used to bill your insurance company for care provided to you. Applicants for and recipients of financial assistance or payments under federal benefit programs are advised that any information provided by you may be subject to verification through matching programs.
- ☐ Another primary use of your health information can be for health care operations
  - Your health care information can be used for activities to improve health care, evaluating programs, and developing procedures; reviewing the competence, qualifications, and performance of health care professionals and others; conducting accreditation, certification, licensing, or credentialing activities; providing medical review, legal services, or audit functions; and engaging in business planning and management or general administration.

### **UNLESS YOU ARE RECEIVING TREATMENT FOR ALCOHOL OR DRUG ABUSE, WE ARE PERMITTED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT PERMISSION FOR THE FOLLOWING PURPOSES:**

**Business associates:** It is possible that some services will be provided in our organization through contracts with business associates. Examples may include but are not limited to inpatient mental health services at certain hospitals, certain clinical laboratories, and private providers of medication management. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill for services rendered. To protect your health information we require the business associate to appropriately safeguard your information.

**Research:** At the current time, Rabjohn Behavioral Institute does not participate in research trials, however you should be aware that your private health information can be disclosed to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established rules to ensure the privacy of your health information.

**Medical Examiners/Coroners:** We may disclose health information to Medical Examiners or Coroners consistent with applicable law to carry out their duties.

**Workers compensation:** We may disclose private health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or their respective agents, private health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

## **REGARDING PATIENT RECORDS FOR SUBSTANCE ABUSE AND TREATMENT:**

### **Confidentiality of Alcohol and Illicit Drug Abuse Patient Records**

The confidentiality of alcohol and drug abuse patient records maintained by Rabjohn Behavioral Institute is protected by Federal law and regulations. Generally, we may not disclose any information identifying a patient as an alcohol or drug abuser unless one of the following conditions is met:

1. The patient consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If have questions and would like additional information, you may contact the Privacy Officer for Rabjohn Behavioral Institute at 817-539-2282. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **U.S. Department of Health and Human Services:**

200 Independence Avenue. S.W.  
Washington, D.C. 20201  
**(800) 368-4019 (toll free)**

HIPAA Effective Date: April 14, 2003

**The SNAP-IV Teacher and Parent Rating Scale**  
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity (circle one which best applies):    African-American    Asian    Caucasian    Hispanic    Other \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

For each item, check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	_____	_____	_____	_____
2. Often has difficulty sustaining attention in tasks or play activities	_____	_____	_____	_____
3. Often does not seem to listen when spoken to directly	_____	_____	_____	_____
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	_____	_____	_____	_____
5. Often has difficulty organizing tasks and activities	_____	_____	_____	_____
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	_____	_____	_____	_____
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)	_____	_____	_____	_____
8. Often is distracted by extraneous stimuli	_____	_____	_____	_____
9. Often is forgetful in daily activities	_____	_____	_____	_____
10. Often has difficulty maintaining alertness, orienting to requests, or executing directions	_____	_____	_____	_____
11. Often fidgets with hands or feet or squirms in seat	_____	_____	_____	_____
12. Often leaves seat in classroom or in other situations in which remaining seated is expected	_____	_____	_____	_____
13. Often runs about or climbs excessively in situations in which it is inappropriate	_____	_____	_____	_____
14. Often has difficulty playing or engaging in leisure activities quietly	_____	_____	_____	_____
15. Often is "on the go" or often acts as if "driven by a motor"	_____	_____	_____	_____
16. Often talks excessively	_____	_____	_____	_____
17. Often blurts out answers before questions have been completed	_____	_____	_____	_____
18. Often has difficulty awaiting turn	_____	_____	_____	_____
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)	_____	_____	_____	_____
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home	_____	_____	_____	_____
21. Often loses temper	_____	_____	_____	_____
22. Often argues with adults	_____	_____	_____	_____
23. Often actively defies or refuses adult requests or rules	_____	_____	_____	_____
24. Often deliberately does things that annoy other people	_____	_____	_____	_____
25. Often blames others for his or her mistakes or misbehavior	_____	_____	_____	_____
26. Often touchy or easily annoyed by others	_____	_____	_____	_____
27. Often is angry and resentful	_____	_____	_____	_____
28. Often is spiteful or vindictive	_____	_____	_____	_____
29. Often is quarrelsome	_____	_____	_____	_____
30. Often is negative, defiant, disobedient, or hostile toward authority figures	_____	_____	_____	_____
31. Often makes noises (e.g., humming or odd sounds)	_____	_____	_____	_____
32. Often is excitable, impulsive	_____	_____	_____	_____
33. Often cries easily	_____	_____	_____	_____
34. Often is uncooperative	_____	_____	_____	_____
35. Often acts "smart"	_____	_____	_____	_____
36. Often is restless or overactive	_____	_____	_____	_____
37. Often disturbs other children	_____	_____	_____	_____
38. Often changes mood quickly and drastically	_____	_____	_____	_____
39. Often easily frustrated if demand are not met immediately	_____	_____	_____	_____
40. Often teases other children and interferes with their activities	_____	_____	_____	_____

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Check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
41. Often is aggressive to other children (e.g., picks fights or bullies)	_____	_____	_____	_____
42. Often is destructive with property of others (e.g., vandalism)	_____	_____	_____	_____
43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)	_____	_____	_____	_____
44. Often and seriously violates rules (e.g., is truant, runs away, or completely ignores class rules)	_____	_____	_____	_____
45. Has persistent pattern of violating the basic rights of others or major societal norms	_____	_____	_____	_____
46. Has episodes of failure to resist aggressive impulses (to assault others or to destroy property)	_____	_____	_____	_____
47. Has motor or verbal tics (sudden, rapid, recurrent, nonrhythmic motor or verbal activity)	_____	_____	_____	_____
48. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)	_____	_____	_____	_____
49. Has obsessions (persistent and intrusive inappropriate ideas, thoughts, or impulses)	_____	_____	_____	_____
50. Has compulsions (repetitive behaviors or mental acts to reduce anxiety or distress)	_____	_____	_____	_____
51. Often is restless or seems keyed up or on edge	_____	_____	_____	_____
52. Often is easily fatigued	_____	_____	_____	_____
53. Often has difficulty concentrating (mind goes blank)	_____	_____	_____	_____
54. Often is irritable	_____	_____	_____	_____
55. Often has muscle tension	_____	_____	_____	_____
56. Often has excessive anxiety and worry (e.g., apprehensive expectation)	_____	_____	_____	_____
57. Often has daytime sleepiness (unintended sleeping in inappropriate situations)	_____	_____	_____	_____
58. Often has excessive emotionality and attention-seeking behavior	_____	_____	_____	_____
59. Often has need for undue admiration, grandiose behavior, or lack of empathy	_____	_____	_____	_____
60. Often has instability in relationships with others, reactive mood, and impulsivity	_____	_____	_____	_____
61. Sometimes for at least a week has inflated self esteem or grandiosity	_____	_____	_____	_____
62. Sometimes for at least a week is more talkative than usual or seems pressured to keep talking	_____	_____	_____	_____
63. Sometimes for at least a week has flight of ideas or says that thoughts are racing	_____	_____	_____	_____
64. Sometimes for at least a week has elevated, expansive or euphoric mood	_____	_____	_____	_____
65. Sometimes for at least a week is excessively involved in pleasurable but risky activities	_____	_____	_____	_____
66. Sometimes for at least 2 weeks has depressed mood (sad, hopeless, discouraged)	_____	_____	_____	_____
67. Sometimes for at least 2 weeks has irritable or cranky mood (not just when frustrated)	_____	_____	_____	_____
68. Sometimes for at least 2 weeks has markedly diminished interest or pleasure in most activities	_____	_____	_____	_____
69. Sometimes for at least 2 weeks has psychomotor agitation (even more active than usual)	_____	_____	_____	_____
70. Sometimes for at least 2 weeks has psychomotor retardation (slowed down in most activities)	_____	_____	_____	_____
71. Sometimes for at least 2 weeks is fatigued or has loss of energy	_____	_____	_____	_____
72. Sometimes for at least 2 weeks has feelings of worthlessness or excessive, inappropriate guilt	_____	_____	_____	_____
73. Sometimes for at least 2 weeks has diminished ability to think or concentrate	_____	_____	_____	_____
74. Chronic low self-esteem most of the time for at least a year	_____	_____	_____	_____
75. Chronic poor concentration or difficulty making decisions most of the time for at least a year	_____	_____	_____	_____
76. Chronic feelings of hopelessness most of the time for at least a year	_____	_____	_____	_____
77. Currently is hypervigilant (overly watchful or alert) or has exaggerated startle response	_____	_____	_____	_____
78. Currently is irritable, has anger outbursts, or has difficulty concentrating	_____	_____	_____	_____
79. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress	_____	_____	_____	_____
80. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress	_____	_____	_____	_____
81. Has difficulty getting started on classroom assignments	_____	_____	_____	_____
82. Has difficulty staying on task for an entire classroom period	_____	_____	_____	_____
83. Has problems in completion of work on classroom assignments	_____	_____	_____	_____
84. Has problems in accuracy or neatness of written work in the classroom	_____	_____	_____	_____
85. Has difficulty attending to a group classroom activity or discussion	_____	_____	_____	_____
86. Has difficulty making transitions to the next topic or classroom period	_____	_____	_____	_____
87. Has problems in interactions with peers in the classroom	_____	_____	_____	_____
88. Has problems in interactions with staff (teacher or aide)	_____	_____	_____	_____
89. Has difficulty remaining quiet according to classroom rules	_____	_____	_____	_____
90. Has difficulty staying seated according to classroom rules	_____	_____	_____	_____

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