

WENDY L. COHEN
2193 COMMONWEALTH AVENUE #144
BRIGHTON, MA 02135-3853

OFFICE (617) 990-4557

Patient's Intake Form

Name			
Social Security		Gender	
Date of Birth		Marital Status	

Address			
City			
State			
Zip Code			

Home Telephone		Work Telephone	
Cellular Telephone		Other	
e-mail			

Emergency Contact			
Relationship			
Phone			

Primary Insurance			
Policy Number			
Subscriber's Name			
Subscriber's DOB			
Group Number		1-800 Number	

Co-payment			
Authorization #			
Effective Date		Expiration Date	

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Visit Number		Visit Types	
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Secondary Insurance			
Policy Number			
Subscriber's Name			
Subscriber's DOB			
Group Number		1-800 Number	

Referral Source	
Psychotherapist	
Other Therapist	
Today's Date	

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Patient's Medical Information Form

Name			
Social Security		Date of Birth	

Primary Care Physician	
Date of Last Physical	

Other Physician	
Specialty	
Date of Last Visit	

Other Physician	
Specialty	
Date of Last Visit	

Medication Allergies	
Medications	
Medical Problems	
Herbs, Vitamins and Dietary Supplements	

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Caffeine Intake	
Tobacco Intake	
Alcohol Intake	
Drug Intake	
Exercise Habits	

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**AUTHORIZATION TO WENDY L. COHEN, MD
TO DISCLOSE MY PROTECTED HEALTH INFORMATION (“PHI”) TO OTHERS**

I, , agree and hereby authorize the use or disclosure of my Protected Health Information (PHI) by **WENDY L. COHEN, MD** (Provider) in the following manner:

I authorize this release with the understanding that it may include information in one or more of the following categories: (1) information relating to psychiatric diagnosis and treatment; (2) information relating to alcohol or drug abuse; (3) telephone contact and session notes regarding the patient’s psychotherapy; (4) results of Psychological or Neuropsychological Testing; (5) information regarding the patient’s medical condition; (6) information relating to sexually transmitted diseases; or (7) results of HIV testing. I hereby release WENDY L. COHEN, MD and her Associates from any liability in connection with such disclosures.

The following is a list of the person or persons at this Facility or Provider authorized to make the requested use or disclosure: WENDY L. COHEN, MD.

The following is the name of the person or persons (or their job type/title) who may receive and use the requested PHI:

<u>Associates of Wendy L. Cohen, MD</u>	<u>(for Psychiatric coverage)</u>
<u>iPrescribe ePrescribing Service</u>	<u>(for prescriptions)</u>
<u>Therapist Helper</u>	<u>(for billing)</u>
<u>_____</u>	<u>(Primary Care Physician)</u>
<u>_____</u>	<u>(Psychotherapist)</u>
<u>_____</u>	<u>(emergency contact)</u>
<u>_____</u>	<u>(other)</u>
<u>_____</u>	<u>(other)</u>

I understand that I may refuse to sign this authorization.

I understand that I have the right to revoke this authorization. If I choose to revoke, I must do it in writing, and mail the revocation to this Provider.

I understand that my PHI that is used or disclosed based on this authorization may be further used and disclosed by the person who receives it.

I understand that WENDY L. COHEN, MD will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on my executing this authorization except if: the disclosure is necessary to determine payment of a claim for specific benefits; and the authorization is not for use or disclosure of psychotherapy notes.

I understand that I have the right to a copy of this authorization.

This authorization shall expire on: my written termination of treatment.

(Signature) _____ (Date) 5/17/2023

(If signed by a personal representative, please describe the representative’s authority):

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PATIENT-PHYSICIAN BILLING AUTHORIZATIONS AND AGREEMENTS

Authorizations and agreements with WENDY L. COHEN, MD.

Please read carefully and sign. The paragraphs below contain several agreements.

For (print patient's name)

Medical insurance. I authorize the medical insurance company to pay directly for services rendered by WENDY L. COHEN, MD. However, I understand that both I am responsible for all my fees, including any fees not paid by the insurance company.

Patient's, parent's or responsible party's signature

Date : _____

Release of information. I authorize WENDY L. COHEN, MD to release information about me to the medical insurance company and the referring physician. This authorization will end if I give written instructions to WENDY L. COHEN, MD to that effect, which I may do at any time.

Patient's, parent's or responsible party's signature

Date : _____

Patient responsibility for Missed Appointments and Cancellations. I understand and agree that I am responsible for keeping all appointments or canceling with 48-hours (two business days) notice; I understand and agree that I will be charged for the cost of appointments missed for any reason (including forgetting); that I will be charged the full fee for the appointment time (not just the co-payment); that my insurance carrier will not be charged; and that I will need to pay for the missed appointment prior to rescheduling another appointment.

Patient's, parent's or responsible party's signature

Date : _____

Financial responsibility. I understand and agree that I am responsible for fees to WENDY L. COHEN, MD, including any fees not paid by medical insurance; that if the account is not paid when due, reasonable collection and court costs will be paid by the undersigned; that interest at the rate of 1% per month will be charged on any balance outstanding after 90 days; that I am responsible for full therapy fees resulting from appointments not kept or canceled without a 48-hour notice and that fees for outpatient services must be paid at the time services are rendered.

Patient's, parent's or responsible party's signature

Date : _____

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Acknowledgement of Receipt of "Uses and Disclosures" (Privacy) Notice

WENDY L. COHEN, MD is called a "Facility or Provider" in the language of the Federal Privacy Law. The law states that a Facility or Provider may share patient health information for the following purposes: treatment, billing, and health care operations.

Federal law requires that all patients be given a copy of the "Uses and Disclosures" (Privacy) Notice. This Notice describes how patient health information is used and shared with others.

WENDY L. COHEN, MD has reserved the right to change the Privacy Notice at any time. You may obtain a current copy of the Privacy Notice simply by asking.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

*I have been given a copy of the "Uses and Disclosures" (Privacy) Notice
for WENDY L. COHEN, MD.*

Name (print): _____ Date: _____

Signature: _____ Date of Birth: _____

When patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative: _____ Date: _____

Print Name: _____ Relationship to patient:

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Protecting Your Health Information

Patients Rights and our Legal Duties in Regard to
Your Protected Health Information (“PHI”)

Effective, April 14, 2003 – Federal Office of Civil Rights – It’s the Law

To my patients:

Your privacy and the protection of your personal health information is of great importance. I am committed to providing you with the highest quality health care and forming a relationship with you built on trust. This trust can only be built on our commitment to respecting the privacy and confidentiality of your health information.

The Federal Office of Civil Rights has enacted and will be enforcing new rules to ensure this trust between patient and their healthcare providers. As part of those new rules, we are required to obtain your signature in acknowledgement of how we use and share your personal health information.

Effective April 14, 2003, you will be receiving three forms that will meet this requirement.

1. “Uses and Disclosure” Notice – this describes in detail how your personal health information is used and secured here. There is nothing new to how we use your information; this form merely describes our day to day activities in detail.
2. “Acknowledgement” Notice - you will be asked to sign an Acknowledgement form stating that you were given a copy of our “Uses and Disclosures” Notice. This form will be placed in your medical record.
3. “Disclosure Authorization” Notice – this is your authorization specifying with whom you authorize us to release your protected information. In practice, this translates into those Providers you would like us to be in communication regarding your treatment.

I appreciate your time and understanding in helping me to meet these Federal regulations. You will have time to review the Notices at your convenience; if you have questions contact me at (617) 990-4557.

Sincerely,

WENDY L. COHEN, MD

NOTIFICATION OF USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (“PHI”)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures

- A. The following is a description, including an example, of the types of uses and disclosures of Protected Health Information permissible for:
 - 1. Treatment – e.g. a medical record is kept in writing (in a locked file room) and in a secure electronic format, access is limited to WENDY L. COHEN, MD, and other clinicians at 1415 Beacon St Suite 320 Brookline, MA.
 - 2. Payment – e.g. diagnosis, date of service and selected medical information is sent to insurers.
 - 3. Health care operations – e.g. making and altering appointments
- B. Any use other than those described above will be made only with the individual’s written authorization, and that the individual may revoke the authorization.
- C. WENDY L. COHEN, MD may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

II. Individual Rights

- A. The right to request restrictions on certain uses and disclosures of PHI.
WENDY L. COHEN, MD is not required to agree to a requested restriction.
- B. The right to receive confidential communications of PHI.
- C. The right to inspect and copy PHI (with exceptions).
- D. The right to amend PHI.
- E. The right to receive an accounting of disclosures of PHI.
- F. The right to receive a paper copy of this notice upon request.

III. The Duties of WENDY L. COHEN, MD

- A. The Facility or Provider is required by law to maintain the privacy of PHI, and must provide notice to individuals of its legal duties and privacy practices related to PHI.
- B. The Facility or Provider is required to abide by the terms of this notice.
- C. The Facility or Provider reserves the right to make a change in privacy practices, and to make the new notice provisions effective for all PHI that are maintained. The revised notice will be provided to individuals in the following manner: a new “Uses and Disclosures” will be posted.

IV. Complaints

Individuals may complain to the Provider and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. Individuals will not be retaliated against for filing complaints. In order to complain to the Facility or Provider, an individual must do the following: make a telephone call to the Provider (WENDY L. COHEN, MD – (617) 990-4557) or mail a complaint in writing. This notice is in effect as of: July 14, 2009

POLICIES AND PROCEDURES IN PLACE TO PROTECT YOUR IDENTITY

PLEASE REVIEW IT CAREFULLY.

Policy

It is the policy of Wendy L. Cohen, MD to follow all federal and state laws and reporting requirements regarding identity theft. Specifically, this policy outlines how Wendy L. Cohen, MD will (1) identify, (2) detect and (3) respond to “red flags.” A “red flag” as defined by this policy includes a pattern, practice, or specific account or record activity that indicates possible identity theft.

It is the policy of Wendy L. Cohen, MD that this Identity Theft Prevention and Detection and Red Flags Rule compliance program is approved as of August 1, 2009, and that the policy is reviewed and approved no less than annually.

It is the policy of Wendy L. Cohen, MD that Wendy L. Cohen, MD is assigned the responsibility of implementing and maintaining the Red Flags Rules requirements. Further, it is the policy of Wendy L. Cohen, MD that this individual will be provided sufficient resources and authority to fulfill these responsibilities. At a minimum, it is the policy of Wendy L. Cohen, MD that there will be one individual or job description designated as the privacy official.

It is the policy of Wendy L. Cohen, MD that, pursuant to the existing HIPAA Security Rule, appropriate physical, administrative and technical safeguards will be in place to reasonably safeguard protected health information and sensitive information related to patient identity from any intentional or unintentional use or disclosure.

It is the policy of Wendy L. Cohen, MD that its business associates must be contractually bound to protect sensitive patient information to the same degree as set forth in this policy. It is also the policy of Wendy L. Cohen, MD that the business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and if that fails by termination of the agreement and discontinuation of services by the business associate.

It is the policy of Wendy L. Cohen, MD that all members of our workforce have been trained by the August 1, 2009 compliance date on the policies and procedures governing compliance with the Red Flags Rule. It is also the policy of Wendy L. Cohen, MD that new members of our workforce receive training on these matters within a reasonable time after they have joined the workforce. It is the policy of Wendy L. Cohen, MD to provide training should any policy or procedure related to the Red Flags Rule materially change. This training will be provided within a reasonable time after the policy or procedure materially changes. Furthermore, it is the policy of Wendy L. Cohen, MD that training will be documented, indicating participants, date and subject matter.

Procedures

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Identify Red Flags. In the course of caring for patients, Wendy L. Cohen, MD may encounter inconsistent or suspicious documents, information or activity that may signal identity theft.

Wendy L. Cohen, MD identifies the following as potential red flags, and this policy includes procedures describing how to detect and respond to these red flags below:

1. A complaint or question from a patient based on the patient's receipt of:
A bill for another individual;
A bill for a product or service that the patient denies receiving;
A bill from a health care provider that the patient never patronized; or
A notice of insurance benefits (or explanation of benefits) for health care services never received.
2. Records showing medical treatment that is inconsistent with a physical examination or with a medical history as reported by the patient.
3. A complaint or question from a patient about the receipt of a collection notice from a bill collector.
4. A patient or health insurer report that coverage for legitimate hospital stays is denied because insurance benefits have been depleted or a lifetime cap has been reached.
5. A complaint or question from a patient about information added to a credit report by a health care provider or health insurer.
6. A dispute of a bill by a patient who claims to be the victim of any type of identity theft.
7. A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance.
8. A notice or inquiry from an insurance fraud investigator from private health insurer or a law enforcement agency, including but not limited to Medicare or Medicaid fraud agency.

Detect Red Flags. Wendy L. Cohen, MD and practice staff will be alert for discrepancies in documents and patient information that suggest risk of identity theft or fraud. Wendy L. Cohen, MD will verify patient identity, address and insurance coverage at the time of patient registration/check-in.

Procedure:

9. When a patient calls to request an appointment, the patient will be asked to bring the following at the time of the appointment:
Driver's license or other photo ID;
Current health insurance card; and
Utility bills or other correspondence showing current residence if the photo ID does not show the patient's current address. If the patient is a minor, the patient's parent or guardian should bring the information listed above.
10. When the patient arrives for the appointment, the patient will be asked to produce the information listed above. This requirement may be waived for patients who have visited the practice within the last six months.
11. If the patient has not completed the registration form within the last six months, registration staff will verify current information on file and, if appropriate, update the information.
12. Staff should be alert for the possibility of identity theft in the following situations:
The photograph on a driver's license or other photo ID submitted by the patient does not resemble the patient.
The patient submits a driver's license, insurance card, or other identifying information that appears

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to be altered or forged.

Information on one form of identification the patient submitted is inconsistent with information on another form of identification or with information already in the practice's records.

An address or telephone number is discovered to be incorrect, non-existent or fictitious.

The patient fails to provide identifying information or documents.

The patient's signature does not match a signature in the practice's records.

The Social Security number or other identifying information the patient provided is the same as identifying information in the practice's records provided by another individual, or the Social Security number is invalid.

Respond To Red Flags. If Wendy L. Cohen, MD or an employee detects fraudulent activity or if a patient claims to be a victim of identity theft, Wendy L. Cohen, MD will respond to and investigate the situation. If the fraudulent activity involves protected health information (PHI) covered under the HIPAA security standards, Wendy L. Cohen, MD will also apply its existing HIPAA security policies and procedures to the response.

Procedure:

If potentially fraudulent activity (a red flag) is detected by Wendy L. Cohen, MD or an employee: Wendy L. Cohen, MD or an employee should gather all documentation and will determine whether the activity is fraudulent or authentic.

If the activity is determined to be fraudulent, then Wendy L. Cohen, MD should take immediate action. Actions may include:

Cancel the transaction;

Notify appropriate law enforcement;

Notify affected physician(s); and

Assess impact to practice.

If a patient claims to be a victim of identity theft:

The patient should be encouraged to file a police report for identity theft if he/she has not done so already.

The patient should be encouraged to complete the ID Theft Affidavit developed by the FTC, along with supporting documentation.

Wendy L. Cohen, MD will compare the patient's documentation with personal information in the practice's records.

If following investigation, it appears that the patient has been a victim of identity theft, Wendy L. Cohen, MD will promptly consider what further remedial act/notifications may be needed under the circumstances.

The physician will review the affected patient's medical record to confirm whether documentation was made in the patient's medical record that resulted in inaccurate information in the record. If inaccuracies due to identity theft exist, a notation should be made in the record to indicate identity theft.

The practice medical records staff will determine whether any other records and/or ancillary service providers are linked to inaccurate information. Any additional files containing information relevant to identity theft will be removed and appropriate action taken. The patient is responsible for contacting ancillary service providers.

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If following investigation, it does not appear that the patient has been a victim of identity theft,
Wendy L. Cohen, MD will take whatever action it deems appropriate.