

Darrell Greene, PhD
1123 Broadway, Suite 916
New York, NY 10010
212-929-5978
dr.darrell.greene@mhc-solutions.com

New Patient Information

Last name _____ First name _____ MI _____

Preferred name: _____

Birthdate _____ Social security number _____

Gender (M/F/NB -non-binary) _____ Gender for insurance claim purposes, if different _____

Address _____

Contact information: Phone _____ E-mail: _____

Referred by _____

Emergency Contact:

Name _____ Relationship _____

Phone number(s) _____

Check here if you need a monthly paper bill even if you have a zero balance
(Summary bills can always be requested to gerald.greene@mhc-solutions.com.)

Insurance Claim Submission Authorization

Copies will be taken of your insurance card and a picture ID to identify you as the insured person and to file your claims. By signing below, you authorize the release of any medical or other information necessary to process the insurance claims and you authorize claim payment directly to Dr. Darrell Greene, if your policy allows.

Signed _____ Date _____

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Standing Credit Card Authorization

(Optionally, you can let Dr. Greene make a copy of your card or call Gerry with it at 646-861-2468)

Name (as on credit card): _____

Credit card number: _____

Expiration Date (MM/YY): ____/____

Card type (circle one): Credit Debit FSA/HSA

I authorize Dr. Darrell Greene to charge this card for payment of fees for which I am responsible.

Signature: _____ Date: _____

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NOTICE OF PERSONAL HEALTH INFORMATION PRIVACY PRACTICES & LIMITATIONS

As required by the Health Insurance and Portability and Accountability Act (HIPAA), this notice explains my practices regarding the handling of personal health information (PHI), including the limitations on confidentiality.

Limits on confidentiality. The law protects the privacy of communications between a client and a psychologist, with a few exceptions. Generally, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. However, there are other situations that require only that you provide advance consent in writing, such as to discuss your case with another of your healthcare providers or with a family member. If Optum (United Healthcare, Oxford, Oscar, etc.) is covering your treatment, when you authorize me to file claims for your care, you are also authorizing me to discuss it with their “care advocates” who review quality of care and medical necessity. I will not usually inform you of those reviews unless there is the possibility of an adverse determination regarding the continuation of your treatment. Some government subsidized affordable plans, such as Oscar, also occasionally require that we confirm member session frequency and diagnosis for their risk management purposes.

I may also find it helpful to consult other health professionals about a case without revealing the patient’s identity. Because such consultations are anonymous, unless I feel it is important you know I am seeking advice about your case, I may not inform you of that fact.

There are some specific situations in which I am permitted or required to disclose information about your case without your authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by psychologist-patient privilege. I cannot provide any information without your written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information about your treatment.
- If a government agency is requesting the information about your case for health oversight or risk management purposes, I am generally required to provide it.
- If you file a complaint or lawsuit against me, I may disclose relevant information about your care in order to defend myself.
- If you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection for you.
- If I have reasonable cause to suspect child or elder abuse or neglect, the law requires that I file a report with the appropriate government agency. Once such a report is filed, I may be required to provide additional information.

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- If you communicate a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I am obligated to disclose information in order to take protective action on behalf of that person. These actions may include notifying the potential victim, (or if the victim is a minor, notifying the parents or any relevant social services agency), contacting the police, and/or seeking hospitalization for you.

While this summary of exceptions to confidentiality should be helpful in informing you about potential problems, it is important that we discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Patient rights: HIPAA provides you with several rights with regard to your clinical records and disclosure of personal health information (PHI). You have the right to:

- request that I amend your record (I may deny your request under certain circumstances);
- request restrictions on what information from your records is disclosed to others;
- request an accounting of any disclosures of PHI that you have neither consented to nor authorized;
- determine the location and means for delivery of PHI to you;
- have any complaints you make about my policies and procedures recorded in your record; and,
- have a paper copy of this notice.

If you are concerned that your privacy rights may have been violated, you may also submit a written complaint to the U.S. Department of Health and Human Services. I will provide the address upon request.

Privacy and administrative services. Gerry, who does business as MHC Solutions, has the same obligations as I do regarding the confidentiality of all PHI he receives for scheduling and billing purposes. Information is only shared with insurers to the extent necessary for verifying benefits and filing claims and with government agencies, as explained above.

Although access to all the media we use is password protected and never transpires in public places, phone, email, and Internet communication is subject to the usual privacy limitations, including the potential of being hacked by someone determined to obtain information about you. None of my treatment records are electronically stored except the data necessary to file insurance claims. Requests for PHI are usually answered via post or fax.

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OUTPATIENT SERVICE POLICIES

This document explains the policies of my practice regarding the services I provide in order to ensure our professional relationship goes smoothly.

The Psychotherapeutic Process. Psychotherapy is not easily described in general statements. It varies depending on the psychologist and patient and the particular problems you are experiencing. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy is not like a visit to a medical doctor in that, successful therapy calls for a very active effort on your part, both during and outside of our sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life and/or exploring the forgotten past, you may experience uncomfortable feelings like sadness, guilt, anger, frustrations, loneliness and helplessness. I will attempt to provide a safe environment for that process, which can lead to better relationships, solutions to specific problems and significant reductions in feelings of distress. However, it is impossible to say for certain what your experience of therapy will be like.

Our first session will involve an evaluation of your needs and I will offer you some first impressions of what our work would include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you ever have questions about my approaches, you should raise them without hesitation. Should you wish to meet with another mental health professional for a second opinion, I encourage you to do so.

Scheduling. If you decide to work with me, we will usually have one 45- or 60-minute session per week. Generally, I view therapy as a long-term process for which we are setting aside time to meet and make progress. It is possible that a given session may not last the full 45 minutes depending on what transpires. On the other hand, for a while, it may be necessary or valuable to meet more often. Please contact Gerry regarding all scheduling issues. Do not assume that mentioning an upcoming trip or vacation during a session replaces the need to contact him regarding a schedule change. You will receive an email confirmation that an appointment or a series of appointments has been set up (or changed/cancelled) as well as an automated email appointment reminder, generally, 4 days before every session.

Remote Sessions. I am able to provide therapy sessions remotely via HIPAA-compliant secure video conferencing when necessary. Just let Gerry know if you need to do your session via video and he will set that up. In addition, if something comes up at the last minute and you cannot come to your appointment in person, if you have a private space you can use, we can do your session remotely.

Cancellation Policy. To ensure patients who need to reschedule can best be accommodated, I ask that you notify us 3 days in advance, so there is ample time to reschedule. If rescheduling (or doing the session remotely) is, ultimately, not possible, the charge for a late cancellation/missed appointment is \$150. However, in the case of sudden illness, if you notify me any time before the appointment so I know you are not coming, there is no charge. Outside of that, if a missed appointment cannot be rescheduled, I charge the cancellation fee even if circumstances were outside of your control (including MTA problems, workplace

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issues, etc.). I am usually in the office even when the weather is inclement but am flexible if you cannot make it to your appointment because of a snow storm or hurricane. In most cases, I will try to arrange a remote (“telehealth”) session. If you ever have an issue with being charged, please discuss it with me during the following session. Cancellation fees are not FSA/HSA eligible or claimable expenses.

Billing and Payment. So that I can focus on treatment rather than the financial side of my practice, I do not handle any day-to-day billing or payment issues. Gerry handles all billing and payment. He will work with you to confirm your out-of-pocket cost before you begin treatment and whenever your insurance or personal situation changes. If you have insurance, he will confirm your benefits and submit the claims electronically, so there is no need for you to do so yourself. If your insurance will pay us directly, you will only be billed for the deductible, copay (a set amount per session) or coinsurance (a percentage of the carrier’s “allowed amount” for the service plus any difference between that allowed amount and the doctor’s actual fee). Otherwise, you will be billed for the entire fee. I ask for a credit card to use for the payment of all fees the day of service, unless other arrangements are made. If, as an exception, you pay by check and the check is returned, I charge a fee to cover the administration time and any fee I may be charged by my bank. If you become unable to pay your bill, I may ask you to suspend therapy until you can.

If you should require services outside of therapy, such as my participation in a legal proceeding or the completion of paperwork to apply for disability compensation, we will need to come to agreement on reasonable compensation for that time.

Treatment Record Reviews. I am legally and professionally required to keep records of your treatment, which I do via notes. Although you (or anyone you authorize) is entitled to receive a copy, because of the difficulty of interpreting them, I generally provide a treatment summary and recommend reviewing it together. Formal record requests must be made in writing, including your reasons for the request, and I will respond within 30 days. I will charge for the time spent responding to such requests.

Your signature below indicates that you have read and understood the Notice on Personal Health Information Privacy Practices & Limitations and my Outpatient Service Policies.

Signed _____ Date _____