

Queens Consultation

95-20 63rd Road, Suite J
Rego Park, New York 11374
Phone: 718-459-1225
Fax: 718-889-7464

www.queensconsultationcenter.com

CANCELLATION NOTICE

Your appointment time is especially reserved for you.

Please be advised that this office requires a **24-hour** notification for **ALL** cancelled appointments.

A \$50 charge will be collected for the missed appointment session.

You are responsible for the time you schedule with this office.

Patient's Signature

Date

QUEENS CONSULTATION

THE PATIENT BILL OF RIGHTS

YOUR RIGHTS

The right to information about quality.

You must be able to receive accurate, easy-to-understand information about health plans, healthcare professionals, and hospitals and clinics so that you can choose your care wisely.

That means that you should:

- have the details of your health plan spelled out clearly and precisely;
- be able to quickly learn about the education, licensure, experience, and any bad marks on the professional records of doctors and other healthcare providers;
- be able to quickly acquire a variety of statistics on hospitals and clinics, including how often certain procedures have been performed there, comparisons between them and other institutions, and how to lodge complaints against them.

The right to choose a healthcare provider.

All health plans must offer you a wide enough range of coverage options so that you don't have to wait for any services you need. Women must have a choice of gynecological and obstetrical professionals, and anyone who needs the services of a specialist must be able to get them. If the plans do not fulfill these basic provisions, you have the right to seek care outside of the plan at no additional cost.

Furthermore, any consumer who involuntarily loses his/her healthcare coverage while being treated for a chronic or disabling condition, or while in the last two (2) trimesters of pregnancy, has the right to continue seeing their specialists for up to three (3) months after they lose coverage, or, in the case of pregnant women, until the usual course of care after childbirth is completed. Providers who continue to treat such patients must accept the plan's rates as payment in full, and promptly transfer records to other agencies as needed.

The right to emergency services.

You should not need permission ahead of time to use emergency services if you have symptoms that a "prudent layperson" – meaning a reasonable person – would consider an emergency. While this stipulation may seem somewhat unclear, it is meant to prevent people from abusing the convenience of emergency rooms rather than scheduling appointments in a doctor's office. This right also protects patients by ensuring they aren't held back from using emergency services by health plans attempting to save money.

Health plans should tell you where emergency services near you are located, and what you will be expected to pay when you use them. You should not be penalized if the nearest facilities available to you during an emergency are not in your network. Also, people who work in emergency departments should get in touch with your health plan as soon as possible.

It is your responsibility to make appointments **before** emergencies arise whenever possible, even if that means you have to take time off from work or find transportation to destinations farther away than the closest hospital. Your health plans should provide easy access to healthcare professionals and provide adequate opportunity for care.

However, if you have good reasons to think you are in trouble and should not wait to see a doctor, you must be permitted to use emergency services.

The right to make decisions.

You must be given all the information you need to make decisions about your healthcare. No one else can make those decisions for you – except under the following conditions:

- if you are unable to make decisions (due to physical or mental health reasons) and you have legally handed over that right to a designated family member or friend
- if you are the responsibility of a person assigned to you by a court

It is no longer acceptable for doctors and others to hide facts from you, even though they might be hard for you to accept. If you have trouble understanding what they are saying, or making decisions based on what you have learned, you have the right to get help.

Doctors and other healthcare professionals may recommend a particular course of action, but you must be informed of all other options and be given the opportunity to carefully consider those options before proceeding.

You have the right to refuse treatment. To make sure you can exercise that right, it is best to spell out ahead of time what kinds of treatments you want or don't want in case you become extremely ill and are unable to speak for yourself. A "living will" is one way to do that.

The right to respect.

You must be treated with respect and good manners, and may not be discriminated against for any reason, including sex, age, race, national origin, religion, sexual orientation, or disability.

Doctors should see you as soon as possible, and not keep you waiting any longer than is necessary. Once they see you, they should attempt to give you all the time you need to understand your diagnoses and explain your treatment options.

You must, in turn, treat healthcare professionals appropriately, and do what you can to promote mutual respect.

The right to confidentiality.

Healthcare professionals, insurers, and suppliers may not discuss your health history with employers or anyone else unless you give them permission to, except if the exchange of information is necessary for your case, and in some cases where the law or public health are concerned. For more information on your rights to privacy, see the article in this packet entitled ***HIPAA: Your Right to Health Care and Privacy.***

You have the right to access any and all of your healthcare records. This gives you the responsibility to know what is in those records, and to find out if anyone has had unauthorized access to them.

The right to complain.

You have the right to report, and seek quick resolutions to, any problems you have with your healthcare. Matters that might be of concern to you include billing, denied treatment, waiting times, how you have been treated, and lack of services.

All health plans, providers, and related institutions should have internal systems in place to handle both complaints and appeals. The process for these should be easy to understand and participate in, and all rules should be made known to you.

If you need external help, you can turn to state licensing agents and other protective agencies set up by each state.

YOUR RESPONSIBILITIES

Besides protecting your rights, the Patient's Bill of Rights also lists specific things you should do to help improve the quality of your care and the relationships you establish with healthcare professionals.

These include eating healthfully, making an effort to quit bad habits such as smoking, taking an active interest in your doctors' opinions and advice, carrying out treatments on which you and your doctors have agreed (including taking medications responsibly), and telling your doctors and others what they need to know.

Other responsibilities include taking care not to spread disease, showing respect for health workers, taking time to understand your health plans, doing the best you can to pay your bills, reporting fraud if you witness it, and following the rules and regulations governing your health plan.

RESOURCES:

FirstGov for Consumers:

<http://www.consumer.gov>

United States Department of Health and Human Services

<http://www.hhs.gov>

QUEENS CONSULTATION

HEALTH INFORMATION PRIVACY – CONSUMER

Your Health Information Is Protected By Federal Law

Most of us believe that our medical and other health information is private and should be protected, and we want to know who has this information. The Privacy Rule, a Federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. The Security Rule, a Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic protected health information is secure.

Who Must Follow These Laws

We call the entities that must follow the HIPAA regulations **covered entities**.

Covered entities include:

- **Health Plans**, including health insurance companies, HMOs, company health plans, and certain government programs that pay for health care, such as Medicare and Medicaid.
- **Most Health Care Providers**—those that conduct certain business electronically, such as electronically billing your health insurance—including most doctors, clinics, hospitals, psychologists, chiropractors, nursing homes, pharmacies, and dentists.
- **Health Care Clearinghouses**—entities that process nonstandard health information they receive from another entity into a standard (i.e., standard electronic format or data content), or vice versa.

Who Is Not Required to Follow These Laws

Many organizations that have health information about you do not have to follow these laws.

Examples of organizations that do not have to follow the Privacy and Security Rules include:

- life insurers,
- employers,
- workers compensation carriers,
- many schools and school districts,
- many state agencies like child protective service agencies,
- many law enforcement agencies,
- many municipal offices.

What Information Is Protected

- Information your doctors, nurses, and other health care providers put in your medical record
- Conversations your doctor has about your care or treatment with nurses and others

- Information about you in your health insurer's computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow these laws

How Is This Information Protected

- Covered entities must put in place safeguards to protect your health information.
- Covered entities must reasonably limit uses and disclosures to the minimum necessary to accomplish their intended purpose.
- Covered entities must have contracts in place with their contractors and others ensuring that they use and disclose your health information properly and safeguard it appropriately.
- Covered entities must have procedures in place to limit who can view and access your health information as well as implement training programs for employees about how to protect your health information.

What Rights Does The Privacy Rule Give Me Over My Health Information

Health Insurers and Providers who are covered entities must comply with your right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why your health information was shared for certain purposes
- If you believe your rights are being denied or your health information isn't being protected, you can
- File a complaint with your provider or health insurer
- File a complaint with the U.S. Government

You should get to know these important rights, which help you protect your health information.

You can ask your provider or health insurer questions about your rights.

Who Can Look at and Receive Your Health Information

The Privacy Rule sets rules and limits on who can look at and receive your health information

To make sure that your health information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination
- To pay doctors and hospitals for your health care and to help run their businesses

- With your family, relatives, friends, or others you identify who are involved with your health care or your health care bills, unless you object
- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public's health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your health care

www.hhs.gov

Page 3

QUEENS CONSULTATION

**ACKNOWLEDGEMENT OF RECEIPT
OF THE
PATIENT'S BILL OF RIGHTS**

I, _____ ,
[Patient's name]

Insurance _____ Member # _____

Acknowledge that I have been provided with a copy of the
Patient's Bill of Rights on _____ .
[Date]

Relationship to Patient: Self Other _____

Date *Signature of Patient / Responsible Party*

Print Name of Patient / Responsible Party

**ACKNOWLEDGEMENT OF RECEIPT
OF THE
NOTICE OF HEALTH INFORMATION PRIVACY RIGHTS**

* * * * *

I, _____, acknowledge that I have been provided with a copy of the health Information Privacy Rights [HIPAA] on this _____ day of _____, 20__.

I, _____, have also been advised that the Notice is posted on the U.S. Department of Health and Human Services website at www.hhs.gov/ocr/hipaa or by calling 1-866-627-7748.

Signature: _____
Client or Authorized Representative Date

Signature: _____
Date

* * * * *

[If Applicable]: The reason why a written Acknowledgement of Receipt of the Notice of Privacy was not obtained:

CONSENT FOR PSYCHIATRIC SERVICES

I hereby consent and authorize _____
Clinician's / Doctor's Name

to conduct any tests, examinations and treatments, which in his/her judgment
are necessary for the care and treatment of myself or my dependent.

Patient Name: _____

Relationship to Patient: Self _____ Other _____

Date

Signature of Patient / Responsible Party

Print Name of Patient / Responsible Party

QUEENS CONSULTATION

CONSENT FOR PSYCHOTHERAPY SERVICES

I hereby consent and authorize _____
Clinician's / Doctor's Name

to conduct any tests, examinations and treatments, which in his/her judgment
are necessary for the care and treatment of myself or my dependent.

Patient Name: _____

Relationship to Patient: Self _____ Other _____

Date *Signature of Patient / Responsible Party*

Print Name of Patient / Responsible Party

QUEENS CONSULTATION

Member's Name:

Date: _____ **Member ID#:**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?
Read each item carefully and check off your response.**

	Not at All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling asleep, staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down				
7. Trouble concentrating on such things as reading the newspaper or watching TV				
8. Moving or speaking so slowly that other people could have noticed; or the opposite – being so fidgety or restless that you have moving around a lot more than usual				
9. Thinking that you would be better off dead or that you want to hurt yourself in some way				

*This section for Mental Health use **ONLY**.*

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CARRIER

PICA										PICA																																																	
1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BIK LUNG (SSN) OTHER (ID)										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																							
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)										7. INSURED'S ADDRESS (No., Street)																																							
CITY					STATE					8. PATIENT STATUS (Single Married Other)					CITY					STATE																																							
ZIP CODE					TELEPHONE (Include Area Code)					Employed Full-Time Student Part-Time Student					ZIP CODE					TELEPHONE (Include Area Code)																																							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? b. AUTO ACCIDENT? c. OTHER ACCIDENT?)										11. INSURED'S POLICY GROUP OR RECA NUMBER																																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)										b. EMPLOYER'S NAME OR SCHOOL NAME																																							
b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)										c. EMPLOYMENT? (Current or Previous) YES NO										c. INSURANCE PLAN NAME OR PROGRAM NAME																																							
c. EMPLOYER'S NAME OR SCHOOL NAME										b. AUTO ACCIDENT? YES NO PLACE (State)										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO																																							
d. INSURANCE PLAN NAME OR PROGRAM NAME										c. OTHER ACCIDENT? YES NO										10d. RESERVED FOR LOCAL USE																																							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment)										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below)																																																	
DATE										DATE																																																	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO)																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)																																							
19. RESERVED FOR LOCAL USE										17b. NPI										20. OUTSIDE LAB? YES NO S CHARGES																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.										23. PRIOR AUTHORIZATION NUMBER																																							
24. A. RATE(S) OF SERVICE (From To) B. PLACE OF SERVICE (EMG) C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. S CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ID. QUAL. J. RENDERING PROVIDER ID. #																																																											
1																				NPI																																							
2																				NPI																																							
3																				NPI																																							
4																				NPI																																							
5																				NPI																																							
6																				NPI																																							
25. FEDERAL TAX I.D. NUMBER (SSN EIN)										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? YES NO										28. TOTAL CHARGE \$										29. AMOUNT PAID \$										30. BALANCE DUE \$									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION (a. b.)										33. BILLING PROVIDER INFO & RH # (a. b.)																																							
SIGNED										DATE																																																	

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Queens Consultation Center, LLC

MOOD DISORDER QUESTIONNAIRE

Member's Name: _____ Date: _____

Please answer question as best as you can by putting a check in the appropriate box.

1. There been a period of time when you were not your usual self and	Yes	No
...You felt so good or so hyper that other people thought you were not your normal self or you were so hyper that got into trouble		
...You were so irritable that you shouted at people or stated fights or arguments?		
...You felt much more self-confident?		
...You got much less sleep than usual and found that you didn't really miss it?		
...You were more talkative or spoke much faster than usual?		
...Thoughts raced through your mind or you couldn't slow your mind down?		
...You were so easily distracted by things around you that you had trouble concentrating or staying focus?		
...You had much more energy than usual?		
...You were much more active or did many more things than usual?		
...You were much more social or outgoing than usual; for example, you telephone friends in the middle of the night?		
...You were more interested in sex than usual?		
...You did things that were unusual for you or that other people might have thought were excessive?		
...Spending money got you or your family in trouble?		

	Yes	No
2. If you checked yes to more than one of the above, have several of these ever happened during the same period of time?		

	No Problem	Minor Problem	Moderate Problem	Serious Problem
3. How much of a problem did any of these cause you (like being unable to work, having family, money, or legal troubles, and/ or getting into arguments or fights?)				