



MANDARIN COUNSELING AND WELLNESS CENTER

Patient Intake Form

*Indicates Required Information

Section I, Patient Information

* _____ Patient's Name	* _____ DOB	* _____ Age	* _____ Gender	_____ Social Security Number
* (_____) Cell Phone	and/or	* (_____) Home Phone	(_____) Work Phone	
* _____ Street Address		* _____ City	* _____ State	* _____ Zip
_____ Employer & Occupation		* _____ Email (OK to send PHI and Invoices via Email? Y or N) * Protected Health Information)		
How did you hear about us? _____				

Section II, EAP Information

_____ Name of EAP	_____ Authorization #	_____ Authorized Visits
_____ Name of EAP Counselor	(_____) EAP Phone #	_____ Extension

Section III, Insurance Information if Applicable

If you are **NOT** going to use insurance (self-pay), please initial here and we will contact you regarding fees.

Initials

* _____ Insurance Company	(_____) Phone Number	_____ Extension
* _____ Primary Insured	* _____ DOB:	* _____ Member ID/Policy #
		* _____ Primary Insured SSN

For Office Use Only

_____ Authorization Number	_____ Visits per Year	_____ Deductible	_____ Deductible Remaining	_____ Co-Payment
_____ Verified With			_____ Date Verified	
Notes: _____				
_____ Provider/Therapist	_____ Appointment Date	_____ Appointment Time		

Instructions for completing the Patient Intake Form

Section I, Patient Information

Complete all fields as indicated by the asterisk (*).

Under Email, circle Y to indicate it is permissible to communicate with you via Email (including PHI Protected Health Information and Invoicing). Circle N to indicate you do not wish to communicate with your therapist or Mandarin Counseling via Email.

See Notes below regarding email and your PHI.

Section II, EAP (Employee Assistance Program) Information

Many employers offer their employees counseling and behavioral health benefits under an EAP at no cost to the employee. If you plan on utilizing these benefits you must first contact your EAP to obtain an authorization. Some EAPs will immediately give you an authorization number; while others may request that you first make an appointment with the provider. Your EAP will be able to assist you in selecting a provider who is a member of that EAP's panel. Provide as much information in this section as you can, but at minimum please indicate that you are using an EAP by writing the letters 'EAP' in the Name of EAP field.

Section III, Insurance Information

Please complete the fields as indicated by the asterisk (*). It can also be helpful to provide a copy of the front and back of your Insurance Identification.

If you are going to self-pay please indicate 'SELF-PAY' under insurance company name and place your initials in the gray box.

Submitting the completed Patient Intake Form to Mandarin Counseling.

There are several ways you may do this.

1. Scan the completed form and email as an attachment to:
jkacmarynski@mandarin counseling.com
2. Fax the completed form to:
904-260-0044
3. Mail the form to the address listed on our web page.
4. Stop by in person and hand-deliver the form.
5. Once we have received the Patient Intake Form we will contact you regarding scheduling an appointment.

NOTE: Medicare and Tricare members must furnish their Social Security Number on the Patient Intake Form. It is NOT RECOMMENDED that you email forms containing your SSN.

Email and your PHI

HIPPA Privacy Rules allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). For example, certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending, or sending an e-mail alert to the patient for address confirmation prior to sending the message. Further, while the Privacy Rule does not prohibit the use of unencrypted e-mail for treatment-related communications between health care providers and patients, other safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted e-mail. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements at 45 C.F.R. Part 164, Subpart C.

Note that an individual has the right under the Privacy Rule to request and have a covered health care provider communicate with him or her by alternative means or at alternative locations, if reasonable. See 45 C.F.R. § 164.522(b). For example, a health care provider should accommodate an individual's request to receive appointment reminders via e-mail, rather than on a postcard, if e-mail is a reasonable, alternative means for that provider to communicate with the patient. By the same token, however, if the use of unencrypted e-mail is unacceptable to a patient who requests confidential communications, other means of communicating with the patient, such as by more secure electronic methods, or by mail or telephone, should be offered and accommodated.

Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.

All patients should be advised that although extremely unlikely, interception of emails containing PHI is possible.