CENTRE FOR
COUNSELING
OF AVENTURA

305-932-5500

21110 Biscayne Blvd.
Suite 304
Aventura, FL 33180

Dear Parent/Guardian,

Thank you for choosing Centre for Counseling of Aventura, Inc.

The information you provide here will help your doctor in identifying your teen's needs and how best to serve you.

Please download, print and complete these forms before your appointment. Bring your completed forms, photo ID, current insurance information, and a list of your teen's current medications to your appointment.

Please arrive at your appointment 20 minutes early to allow for parking and possible additional paperwork.

If you cannot keep this appointment, please call to cancel at least 24 hours in advance.

If you have any concerns you want to bring up with your doctor, please make a note of them before your appointment.

Thank you for choosing us for your healthcare needs. We look forward to serving you.

Lori A. Grabois, M.D.

Lee B. Pravder, M.D.

CENTRE FOR
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OF AVENTURA

ACCOUNT NO	
DATE OF FIRST APPT	

TEEN PATIENT INFORMATION

PATIENT'S FULL NAME			
DATE OF BIRTH		SEX	
RACE		RELIGION (optional)	
PRIMARY LANGUAGE			
DOES PATIENT NEED A TRANSLATOR? You must bring your own.			

PARENT INFORMATION

FATHER'S FULL NAME			
FATHER'S HOME ADDRESS			
CITY/STATE/ZIP			
FATHER'S PRIMARY PHONE		IS THIS HOME, CELL, WRK	
MOTHER'S FULL NAME			
MOTHER'S HOME ADDRESS			
CITY/STATE/ZIP			
MOTHER'S PRIMARY PHONE		IS THIS HOME, CELL, WRK	
ARE THE PARENTS MARRIED/LIVING TOGETHER?			
If NO, WHO HAS PRIMARY CUSTODY?			
PARENT'S EMAIL			

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COMPLETE IF THE TEEN HAS A GUARDIAN

GUARDIAN'S NAME			
GUARDIAN'S HOME ADDRESS			
CITY/STATE/ZIP			
GUARDIAN'S PRIMARY PHONE		IS THIS HOME. CELL, WRK	
GUARDIAN'S RELATIONSHIP TO THE PATIENT			
DOES THE PATIENT LIVE WITH YOU?			
IF NO, WHERE?			
GUARDIAN EMAIL			

LOCAL CONTACT IN CASE OF EMERGENCY (Person not living with patient)

CONTACT FULL NAME			
CONTACT PRIMARY PHONE		IS THIS HOME, CELLL.WRK	
CONTACT RELATIONSHIP TO PATIENT (aunt, family friend, etc.)			

HOW DID YOU HEAR ABOUT US?	

CENTRE FOR
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OF AVENTURA

PRIMARY INSURANCE INFORMATION

PRIMARY INS. CO.	
PRIMARY INS. POLICY/PLAN NO.	
PRIMARY INS. GROUP NO.	
PRIMARY INS. INSURED'S NAME	
PRIMARY INS. RELATIONSHIP TO PATIENT	

SECONDARY INSURANCE INFORMATION (if applicable)

SECONDARY INS. CO.	
SEC. INS. POLICY/PLAN NO.	
SEC. INS. GROUP NO.	
SEC. INS. INSURED'S NAME	
SEC. INS. RELATIONSHIP TO PATIENT	

GUARANTEE OF PAYMENT

I fully understand that I am directly responsible for the payment to the Physicians' office for all psychiatric services rendered to me and/or my child. I also understand that bills are payable and become due at the time services are rendered, unless other arrangements have been made. I agree to pay all collection costs, including reasonable attorney's fees and costs, in the event it becomes necessary to file a suit to effect payment.

Cancellation Policy

I fully understand that I am directly responsible for payment if I/my child do not show up for an appointment or cancel an appointment without 24-hour notification.

Authorization to Release Information

I hereby authorize the Physicians in this office to release any information acquired in the course of my/my child's examination or treatment to my insurance " company for the purpose of processing my insurance claims.

Assignment of Insurance Benefits

If this office, on my behalf files insurance claims, I hereby authorize direct payment of any benefits to the Physicians in this office for psychiatric treatment received by me. In this circumstance I understand that I am financially responsible for any charges not covered by insurance.

RESPONSIBLE PARTY'S FULL NAME	RESPONSIBLE PARTY'S SIGNATURE
RELATIONSHIP TO PATIENT (Parent, Guardian, etc)	TODAY"S DATE

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TEEN'S MEDICAL INFORMATION AND Rx ALLERGIES	
PRIMARY CARE DOCTOR NAME	
DOCTOR ADDRESS	
DOCTOR PHONE	
PHARMACY	
PHARMACY ADDRESS	
PHARMACY PHONE	
PLEASE LIST ALL MEDICATION ALLERGIES	
PLEASE LIST ANY CURRENT MEDICAL PROBLEMS	
PLEASE LIST ALL CURRENT MEDICATIONS (PSYCHIATRIC AND MEDICAL)	
PLEASE LIST ANY HOSPITALIZATIONS FOR MEDICAL/SURGICAL REASONS. INCLUDE WHEN AND WHY.	
HAS THE PATIENT HAD HEARING TESTED? IF SO, WHEN AND WHAT WERE THE RESULTS?	
HAS THE PATIENT HAD VISION TESTED? IF SO, WHEN AND WHAT WERE THE RESULTS?	
HAS THE PATIENT EVER HAD AN INJURY TO THE HEAD? IF SO, WHEN? WAS THERE LOSS OF CONSCIOUSNESS AND FOR HOW LONG?	

CENTRE FOR
COUNSELING
OF AVENTURA

THE CENTRE FOR COUNSELING OF AVENTURA, INC.
DISCLOSURE STATEMENT

Dear Parents/Guardians:

Please be advised that this letter is intended to inform you that The Centre for Counseling of Aventura, Inc. is under the ownership of Lori Grabois, MD and Lee Pravder MD. The office has psychiatrists, psychotherapists, and psychologists that are independent practitioners within this office. Be aware that they are neither controlled nor supervised by this group for the services that they provide. In addition, it is important that we make it clear that The Centre for Counseling of Aventura, Inc. is not in partnership or responsible for the billing of the psychiatrist, therapists, or psychologists other than Lori Grabois, MD and Lee Pravder, MD.

This letter is intended for informational purposes only. If you have any questions in regards to this letter, please feel free to speak with the office manager.

I, _____ , certify that I have read this disclosure statement.

(PATIENT OR PARENT/GUARDIAN NAME)

PARENT/GUARDIAN SIGNATURE

DATE

WITNESSED

DATE

CENTRE FOR
COUNSELING
OF AVENTURA

NOTICE OF PRIVACY PRACTICES RECEIPT F3.2B

THE CENTRE FOR COUNSELING OF AVENTURA, INC.
21110 BISCAYNE BLVD., SUITE 304
AVENTURA, FL 33180
PHONE: 305-932-5500 FAX: 305-935-0466
ANN-MARIE ANDERSON, PRIVACY OFFICIAL

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN
	TODAY'S DATE
RELATIONSHIP TO PATIENT (PARENT, GUARDIAN)	

FOR PRACTICE USE ONLY:

PATIENT CHART NO/ID	

SIGNATURE OF PRACTICE EMPLOYEE DATE:

CENTRE FOR COUNSELING OF AVENTURA, INC.

Notice of Privacy Practices

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

Original Effective Date: April 14, 2003- Last Reviewed: October 12, 2015.
A federal regulation, known as the "HIPAA Privacy Rule, "requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or PHI. " This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

USE AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEATLH CARE OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

Treatment: We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with our health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an X-Ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. In emergencies, we may use and disclose PHI to provide the treatment you need.

We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about you to a physician that we refer you to so that the other physician may treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval form your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate their care. We may us PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives and educational classes.
- Reviewing and evaluation the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skill
- Cooperating with outside organizations that assess the quality of the care that we provide.
- Cooperating with outside organizations that evaluate, certify or license health care providers or staff in a particular field or specialty. For example, we may us or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing.
- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our practice's future operations.
- Resolving grievances within our practice.
- Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- Business planning and development, such as a cost-management analyses.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating "de-identified" information, regardless of whether we will use the de-identified information.
- Creating a "limited data set" of information directly identifying a patient. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include: reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health care provider or company.

We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangements the joint care provided by a hospital and the physicians who see patients at the hospital.

Communication From Our Office: We may contact you for your appointments, to provide you with information about treatment alternatives, other health-related benefits or services that may be of interest to you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE TO OBJECT

Individuals Involved in Your Care or Payment for Your Care:

- We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, we may make these types of uses and disclosures of PHI
- We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.
- If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object.

- If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment.
- We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification.
- We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other things that contain PHI about you.

Other uses and disclosures we can make without your written authorization or opportunity to agree or object
We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: We may use and disclose PHI as required federal , state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or doses regulated by the federal Food and Drug Administration (FDA) or other activities related to qualify, safety , or effectiveness
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency.
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Special Government Functions: Under certain conditions, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the President of the United States and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

Worker's Compensation: We may disclose PHI as authorized by worker's compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Disclosure Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (these requests are described in Section III of this Notice).

Incidental Disclosures: We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

Limited Data Set Disclosures: We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public heath, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

Other uses and disclosures of protected health information requiring your authorization: All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at anytime, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment, and health care operations. You may also request additional on our disclosure of PHI to certain individuals in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict: (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restrictive both); and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request

in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only reasonable requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting or Disclosures: You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and before April 14, 2003. If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed in this Notice.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following address and phone number:

Privacy Official – Ann-Marie Anderson
Centre for Counseling of Aventura, Inc.
21110 Biscayne Blvd, Suite 304 Aventura, FL
33180 Telephone (305) 932-5500

This notice was published and first became effective on April 14, 2003.