NBCC
New Brunswick & Burlington Counseling Center

Hope is the one thing that keeps us going!

NEW BRUNSWICK COUNSELING CENTER & BURLINGTON COMPREHENSIVE COUNSELING

SUBSTANCE USE PROGRAM

New Brunswick Counseling Center
320 Suydam Street
New Brunswick, NJ 08901
732-246-4025
732-246-1214 (Fax)

Burlington Comprehensive Counseling
605 High Street
Mt. Holly, NJ 08060
609-267-3610
609-267-9692 (Fax)

www.nbcounselingcenter.org

New Brunswick Counseling Center & Burlington Comprehensive Counseling

SUBSTANCE USE PROGRAM INTAKE FORMS

To better assist you, we ask that you answer the following questions along with the other questionnaires in this packet. After the initial screening questionnaire, there are additional forms that refer to the handbook and our commitment to you during your time with New Brunswick Counseling Center and Burlington Comprehensive Counseling. If you need assistance, please ask the receptionist staff or the staff member that you meet with for the screening.

Date:

Name

First Name | Middle Name | Last Name

Contact Information:

Phone Number | Email

Address

Street Address

City | State, Zip code

Marital Status

- ❑ Common Law
- ❑ Never Married
- ❑ Divorced
- ❑ Remarried
- ❑ Living Together
- ❑ Separated
- ❑ Married
- ❑ Widowed

Other Major Health Concerns:

New Brunswick Counseling Center & Burlington Comprehensive Counseling

Employment Status	**Housing Status**
❑ Employed Full Time (35+ hrs/week) ❑ Employed Part time (<35 hrs/week) ❑ Disabled ❑ Homemaker ❑ Retired ❑ Student ❑ Seasonal Employment ❑ Seeking Employment ❑ Unemployed	❑ Housed ❑ Homeless Shelter ❑ Doubling up (living with others/couch surfing) ❑ Transitional Housing ❑ Street (living on street, vehicle, outdoors, encampment) ❑ Other (reside in hotel/motel)

Military Affiliation

Have you or an immediate family member ever served in the U.S. Armed Forces? YES/NO _____

Relation to person serving (if applicable): _____

Branch:

From/To Dates: to

Additional accommodation required.

(NOTE: This is not a guarantee of provision, however, NBCC/BCC will do their best to accommodate any legally required provisions)

New Brunswick Counseling Center & Burlington Comprehensive Counseling

CASE MANAGEMENT/

NBCC/BCC can provide help or referrals for various needs. Place a check next to anything you would like help with so that we may gather more information to assist you to the best of our ability.

	Social Needs		**Health Needs**
	Protective Services		Health Education and Prevention
	Financial Assistance		Health Insurance
	Home Aid Services		Screening and Assessment
	Respite Care		Primary Care
	Shelter Services		Acute Care
	Foster Care		Long-Term Care
	Adoption		Dental Care
	Clothing		HIV Referral
	Food		Medication Assistance (Financial)
	Housing Issues	**Vocational Needs**	
	Utilities Assistance		Career Education
	Socialization		Vocational Assessment
	Recreation (YMCA, boy scouts, etc.)		Job Survival Skills
	Domestic Violence Services		Vocational Skills Training
Educational Needs			Career Counseling
	Psychological Testing		Job Finding and Placement
	Resource Classes	**Additional Needs**	
	Special Education		Self-Help and Support Groups
	Special Schools		Advocacy
	Home-Bound Instruction		Transportation
	Residential School		Legal Services/Documentation
	Alternative Programs		Volunteer Programs
	Associates Degree		Continuation of Care
	General Education Development (GED)		Reentry Organization/Halfway House
Behavioral Health Needs		**Other Concerns/Relevant Comments**	
	Recovery Support		
	Peer Support		
	Group Services		
	Higher Level of Care		
	Inpatient Care		
	Specialized Treatment (Trauma/DBT/Eating Disorders, etc.)		
	Hospitalization		

CLIENT RIGHTS

This agency formally endorses the recognition and belief in both the rights and responsibilities of patients as the foundation of the relationship between the patient and the agency. The agency, therefore, adopts the following:

Please note your rights as a consumer of New Brunswick Counseling Center Services:

1. The right to be informed of these rights, as evidenced by the client's written acknowledgment or by documentation by staff in the clinical record that the client was offered a written copy of these rights and given a written or verbal explanation of these rights in terms the client could understand.
2. The right to be notified of any rules and policies the program has established governing client conduct in the facility;
3. The right to be informed of services available in the program, the names and professional status of the staff providing and/or responsible for the client's care, and fees and related charges, including the payment, fee, deposit, and refund policy of the program and any charges for services not covered by sources of third-party payment or the program's basic rate;
4. The right to be informed if the program has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions, and to refuse to allow their participation in his or her treatment;
5. The right to receive from his or her physicians or clinical practitioner(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks(s) of treatment, and expected result(s), in terms that he or she understands;
    i. If, in the opinion of the medical director or director of substance abuse counseling, this information would be detrimental to the client's health, or if the client is not capable of

understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available;

ii. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record; and

iii. All consents to release information shall be signed by client or their parent, guardian or legally authorized representative;

6. The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment;

i. A client's refusal of medication or treatment shall be documented in the client's clinical record;

7. The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation;

8. The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as group, free from restraint, interference, coercion, discrimination, or reprisal;

9. The right to be free from mental and physical abuse, exploitation, and from use of restraints;

i. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures, unless the decision is made to terminate the client in N.J.A.C. 10:161B-16.2 accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated;

10. The right to confidential treatment of information about the client;

i. information in the client's clinical record shall not be released to anyone outside the program without the client's written approval to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2, and 290ee-2, and 42 CFR Part 2 §§ 2.1 et seq., and the provisions of the Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR Parts 160 and 164, unless the release of the

information is required and permitted by law, a third-party payment contract, a peer review, or the information is needed by DHS for statutorily authorized purposes; and

ii. The program may release data about the client for studies containing aggregated statistics only when the client's identity is protected and masked;

11. The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy;

i. The client's privacy also shall be respected when program staff are discussing the client with others;

12. The right to exercise civil and religious liberties, including the right to independent personal decisions;

i. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;

13. The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing), or ability to pay; or to be deprived of any constitutional, civil, and/or legal rights.

i. Programs shall not discriminate against clients taking medications as prescribed;

14. The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or other licensed clinician, or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment);

i. Transfers and discharges, and the reasons therefore, shall be documented in the client's clinical record; and

ii. If a transfer or discharge on a non-emergency basis is planned by the outpatient substance use disorder treatment program, the client and his or her family shall be given at least 10 days advance notice of such transfer or discharge, except as otherwise provided for in N.J.A.C. 10:161B-6.4(c);

15. The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge; and

16. The right to have access to and obtain a copy of his or her clinical record, in accordance with the program's policies and procedures and applicable Federal and State laws and rules.

New Brunswick Counseling Center retains the right to admit and treat only those clients who are appropriate to the agency's mission, capacity, and resources.

New Brunswick Counseling Center is a smoke-free environment.

Client Signature

CONFIDENTIALITY NOTICE

1. General Information and Legal Protections

Information about your health care, including payment for health care, is protected by two main federal laws:

- The **Health Insurance Portability and Accountability Act (HIPAA)**, and
- The federal **Confidentiality of Substance Use Disorder Patient Records** law, **42 C.F.R. Part 2** (Confidentiality Law").

Under these laws:

- New Brunswick Counseling Center (NBCC) and Burlington Comprehensive Counseling (BCC) **may not disclose** to anyone outside NBCC/BCC that you attend (or have attended) the program.
- We may not disclose any information that identifies you as an alcohol or drug user or disclose other protected health information, **except as permitted** by these laws and regulations.

For individuals who have received diagnosis, treatment, or referral for treatment from our substance use disorder programs, the confidentiality of drug and alcohol records is **strictly protected**. As a general rule, we may not tell anyone outside the program that you attend, nor disclose any information identifying you as an alcohol or drug user, unless:

a) you authorize the disclosure in writing, or

b) the disclosure is permitted by a valid court order and applicable law.

Violation of **42 C.F.R. Part 2** or **HIPAA (45 C.F.R. Parts 160 & 164)** is a **crime** and may be punishable by fines and/or incarceration.

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2. Written Consent for Disclosure

Before disclosing information about your **current treatment, past treatment, and/or treatment recommendations**, NBCC/BCC generally must obtain your **written consent**.

A valid written consent must specifically include:

1. **What information** is being disclosed.
2. **To whom** the information is being disclosed.
3. The **purpose/nature** of the disclosure.
4. The **time period or expiration date** during which the disclosure is allowed.
5. A statement regarding **re-disclosure** by the person/agency receiving the information (for substance use disorder records, further disclosure is generally prohibited unless permitted by law).

You may **revoke any written consent at any time** by telling us in writing. Once revoked, NBCC/BCC will no longer disclose your protected health information under that consent, except to the extent that action has already been taken in reliance on it.

You **may be denied services** if you refuse to consent to disclosure **needed for treatment, payment, or health care operations**, as permitted by law. You **will not be denied services** if you refuse to consent to disclosure for other, non-essential purposes.

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3. NBCC/BCC Responsibilities and Your Right to File a Grievance

NBCC/BCC are required by law to:

- **Maintain the privacy** of your health and treatment information.
- Provide you with information about our legal duties and privacy practices.

If you believe your privacy rights have been violated:

- You may file a **formal grievance** with a supervisor at either location (New Brunswick or Burlington) and request to speak with the **Clinical Director and/or Executive Director**.
- If your concern is not resolved to your satisfaction, you may contact:
    - The **New Jersey Department of Human Services / Division of Mental Health and Addiction Services (DMHAS)**
    - **CARF International**
    - The **Secretary of the U.S. Department of Health and Human Services**

You will **not be retaliated against** for filing a complaint or grievance.

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4. Your Rights Under 42 C.F.R. Part 2 and HIPAA
Under these confidentiality laws and regulations, you have the right to:

- **Request restrictions** on certain uses and disclosures of your health and treatment information (although NBCC/BCC is not always required to agree to all requested restrictions).
- **Request amendments** to health and/or treatment records maintained by NBCC/BCC, with some exceptions.
- **Request and receive an accounting of disclosures** made by NBCC/BCC for up to **six years** prior to the date of your request, as allowed by law.
- **Request copies** of your health and treatment information maintained by NBCC/BCC.
    - Psychotherapy notes and certain other information may be withheld or redacted if it is determined that access would be a serious detriment to you or others, in accordance with applicable law.

You **will be asked** to sign a written consent allowing NBCC/BCC to disclose treatment information to certain referring or monitoring agencies when applicable, such as:

- Parole / Probation
- Recovery Court / Drug Court
- Intoxicated Driver Resource Center (IDRC)
- Department of Children and Families (DCF)
- NJ Work First Substance Abuse Initiative (WSFAI)
- Other referral or oversight entities as appropriate

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5. Limitations to Confidentiality (Disclosures Without Your Written Consent)
Under certain circumstances, federal and state laws allow (or require) NBCC/BCC to **disclose information without your written consent**. Some of these circumstances include:

1. **Suspected abuse or neglect**
    - NBCC/BCC must notify the Division of Child Protection and Permanency (DCP&P) and/or the appropriate authority (e.g., Adult Protective Services, Elder Abuse Hotline) if there is **suspected child or elder abuse or neglect**.
2. **Threats of harm to others**
    - If a consumer makes a **serious threat to harm another person**, we may be required to notify that person and/or law enforcement, in accordance with applicable law (duty to warn/protect).
3. **Danger to self or others**

- If a consumer is determined to be at **imminent risk of harm to self or others**, we may inform someone who can intervene effectively. This may include a family member, law enforcement, the local **Mobile Crisis Screening Center**, or other emergency services, and may result in **psychiatric evaluation or hospitalization**.

4. **Medical emergencies**
    - Consumer records/information may be released to medical personnel in a **bona fide medical emergency** to the extent necessary to meet the emergency.
5. **Public health and infectious disease reporting**
    - In emergency situations (such as **COVID-19, Tuberculosis, Syphilis, or other reportable conditions**), information may be disclosed:
        - To a **public health authority**,
        - To persons at risk of contracting or spreading a disease (when permitted under state law),
        - To family, friends, or others involved in your care, and
        - In cases of **imminent danger**.
6. **Court orders and legal requirements**
    - When we receive a **properly executed court order** or as otherwise required by law, we may be compelled to release records. In these cases, we must comply with the order and cannot avoid producing records under existing privileged communication law.
7. **Supervision and quality review**
    - Therapists and other staff are required to share relevant information for **clinical supervision, case consultation, and utilization review** to ensure quality and appropriate care.
8. **Psychiatric screening and evaluation**
    - If a consumer is psychiatrically evaluated at a **psychiatric screening center** or similar facility, information may be shared with the screening center staff to facilitate evaluation and comply with federal and state law.
9. **Qualified Service Organizations / Business Associates**
    - Information may be shared pursuant to a written agreement with a **Qualified Service Organization (QSO)** or **Business Associate** that provides services (e.g., billing, data management, lab services) and is required to maintain confidentiality under applicable law.
10. **Within NBCC/BCC**
    - Information may be shared **among NBCC/BCC personnel** as needed to provide your care, coordinate services, and conduct agency operations.
11. **Research, audits, and evaluations**
    - Records may be reviewed for **research, state and federal audits, licensing reviews, and certification evaluations**. You may refuse to participate directly in research activities.
    - When the **Office of Licensing**, Medicaid, or other authorized agencies conduct a review, a consumer's clinical record may be examined.
12. **External review bodies**
    - Consumer records may, without their consent, be reviewed by:
      a) Appropriate **New Jersey State audit teams**
      b) Professional review or quality improvement staff within the organization
      c) **Accreditation reviewers** (e.g., CARF)
      d) **State or county medical examiner** in specific circumstances

13. **Deceased consumers**
    - Records of a deceased consumer who received services from NBCC/BCC may be released to the estate's **administrator or executor**.
    - If there is no administrator or executor, records may be released to the **next of kin** indicated in the consumer record.
    - A valid written authorization will be obtained from the appropriate next of kin (natural or adoptive parents, siblings, grandparents, family caregiver of record, spouse, or adult children), as required by law.
14. **Minors (consumers under age 18)**
    - Release of information about any consumer under the age of 18 that requires authorization will generally be determined by the **consumer's parent or legal guardian**, consistent with state law and confidentiality regulations.

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6. Questions and More Information
If you have **any questions** about this Confidentiality Notice, your privacy rights, or any of the information above:

Please ask your assigned counselor, nurse, or another NBCC/BCC staff member for an explanation.

You may request a copy of this notice at any time.

Client Signature

Privacy Policy and Consent to Use and Disclose Health Information

1. Our Legal Duty to Protect Your Privacy

NBCC/BCC have a **legal duty** to protect the privacy of your **Protected Health Information (PHI)**.

PHI includes any information that can identify you and relates to:

- Your past, present, or future physical or mental health or condition
- The health care services you receive
- Payment for those services

All employees, volunteers, staff, doctors, health professionals, and other personnel are **required by law** to protect the confidentiality of your health information and to follow the practices described in this notice.

We may change our privacy practices at any time. If we do:

- We will update this notice and post it in our lobby.
- You may request a **current copy** at any time from our front desk or by visiting **www.nbcounselingcenter.org**.

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2. How We May Use and Disclose Your PHI

We may use and disclose your PHI for the following purposes:

A. Treatment

We may use and share your PHI to provide, coordinate, or manage your care. For example:

- Your counselor may discuss your care with our medical staff.
- Our medical staff may review your medications and medical history.

Prescription Monitoring Program (PMP):

Upon admission and when clinically necessary, our medical department may check the **State Prescription Monitoring Program (PMP)** and DrFirst to see if you are receiving medications from another provider that may be unsafe with your medication-assisted treatment. If we need to contact your private physician, we will ask you to sign a **Release of Information (ROI)** to allow communication between our medical director and your prescriber.

B. Payment

We may use or disclose your PHI so that **services can be billed and paid for**. For example:

- We may send information to your insurance plan to:
    - Confirm eligibility or coverage
    - Determine medical necessity
    - Obtain pre-authorization or certification
    - Justify charges for care

Payers may include:

- Medicaid
- Medicare
- Commercial/private health insurance
- DCF
- Government grant funders

C. Health Care Operations

We may use and disclose PHI as needed to **run our programs and improve services**, for example:

- Quality assessment and improvement
- Reviewing performance and qualifications of clinicians
- Training of students under supervision
- Licensing, accreditation, and audits
- General administrative activities

We may combine health information from many clients to:

- Decide what services to offer or discontinue
- Evaluate new treatments or programming
- Compare our services with other providers and look for ways to improve

When we use combined data for these purposes, information that identifies you is **removed whenever possible**.

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3. Other Uses and Disclosures Allowed Without Your Written Permission

The law allows (and sometimes requires) us to use or disclose your PHI without your signed authorization in certain situations, including:

A. Emergencies

- In an emergency, we may share your PHI to provide necessary care- for example, with paramedics or emergency room staff.

B. Appointment Reminders

- We may contact you (by phone, mail, or text) to remind you of **appointments**.

C. Research / Program Evaluation

Under strict safeguards and approval processes, we may use or disclose limited PHI for:

- Research or program evaluation (e.g., comparing outcomes of different treatments)

Any research project involving your PHI is subject to a **special approval process**. If a researcher will see your **name, address, or identifiable information**, or if you are being asked to participate in experimental treatment, we will **ask for your specific permission**.

D. Abuse and Neglect

We will report suspected:

- Child abuse or neglect
- Elder or vulnerable adult abuse
- Certain forms of domestic violence

to the appropriate authorities, as required by law.

E. As Required by Law

We will disclose PHI when required by **federal, state, or local law**, including:

- Court orders signed by a judge
- Certain public health reporting
- Other specific legal requirements

F. To Avert a Serious Threat

We may use or disclose PHI when necessary to **prevent or lessen a serious and imminent threat** to your health or safety, or the health and safety of others. We will only share information with someone able to help prevent the threat (e.g., police, crisis team, potential victim).

G. Health Oversight Activities

We may disclose PHI to government agencies that oversee:

- The health care system

- Government benefit programs (e.g., Medicaid/Medicare)
- Licensing and civil rights compliance

H. Legal and Law Enforcement Situations

- **Legal proceedings:** We may disclose PHI if we are ordered to do so by a court.
- **Law enforcement:** We may disclose PHI when:
    - Reporting a crime on our premises, or
    - Responding to an imminent and dangerous situation, or
    - When required by law.

I. Medical Examiners

We may provide PHI to a medical examiner to:

- Identify a deceased person
- Determine cause of death, when required

J. Inmates

If you are an **inmate** or under custody of law enforcement, we may disclose PHI to:

- The correctional institution or
- The law enforcement official

if necessary for your care, safety, or security.

K. Workers' Compensation

We may disclose PHI as needed to:

- Comply with **Workers' Compensation** or similar programs, when we have your signed Authorization for Release of Information.

L. Uses and Disclosures Requiring Your Written Authorization

Any **use or disclosure not described in this notice** will generally **require your written authorization**.

- You have the right to **revoke** an authorization **at any time**, in writing.
- If you revoke, we will stop using or disclosing information under that authorization, except for actions already taken in reliance on it.

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4. Health Information Exchange (HIE)

NBCC/BCC may participate in **Health Information Exchanges (HIEs)**, which allow secure electronic sharing of PHI with other authorized providers and health plans for:

- Treatment
- Payment
- Health care operations
- Other purposes allowed by law

PHI shared through an HIE may include:

- Diagnoses, medications, allergies
- Lab results
- Health plan enrollment and eligibility

It may also include **sensitive information**, such as mental health information, HIV/AIDS-related information, and family planning information.

Participation is voluntary and subject to your right to opt out.

- If you **do not opt out**, NBCC/BCC may share your information with HIEs, as allowed by law.
- If you **opt out**, your information **will not be shared through an HIE**, including in emergencies.
- Opting out does **not stop** sharing of PHI through other secure means permitted by law (such as secure fax).

More information:

- NJ Health Information Network (NJHIN): https://www.njii.com/healthcare/new-jersey-health-information-network-njhin/
- NJ Prescription Monitoring Program (NJPMP): https://www.njconsumeraffairs.gov/pmp

To opt out of HIE data sharing:

- NBCC (New Brunswick): 732-246-4025
- BCC (Burlington): 609-267-3610

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5. Your Rights Regarding Your Health Information

You have the following rights:

A. Right to Inspect and Copy

You may request to **inspect or obtain a copy** of PHI used to make decisions about your care or payment.

- Request must be **in writing** to your treating counselor or physician.
- We may charge a **reasonable fee** for copies and mailing.
- In certain cases, we may deny your request; some denials may be reviewed by another licensed professional.

B. Right to Amend

You may request that we **amend (correct)** PHI if you believe it is inaccurate or incomplete.

- Request must be **in writing**, with an explanation of why you believe it is incorrect.
- If we deny your request, we will provide a **written explanation** and options for:
  - Submitting a **statement of disagreement**, or
  - Having your request and our denial attached to future disclosures of that PHI.

C. Right to an Accounting of Disclosures

You may request an **accounting (list)** of certain disclosures of your PHI made by NBCC/BCC (not including disclosures for treatment, payment, or operations).

- Request must be **in writing** to your primary counselor.

D. Right to Request Restrictions

You may request that we **limit** how we use or disclose your PHI for treatment, payment, or operations, and/or not share information with certain family members or others.

- We are **not required** to agree to all requested restrictions.
- If we **agree in writing**, we must follow the restriction unless allowed to change it by law or mutual agreement.

E. Right to Request Confidential Communications

You may request that we **contact you in a specific way or place**, such as:

- Only at work
- Only by mail
- Only at a certain phone number
- Requests must be **in writing** to your counselor or physician.
- You do not need to give a reason, but you must clearly specify **how or where** we should contact you.

F. Email, Text, and Other Communications

If you choose to communicate by email or text:

- We cannot guarantee that email/text is **completely secure or confidential**.

- Shared email accounts may allow others to see your messages.
- NBCC/BCC are **not liable** for misaddressed, misdelivered, or interrupted messages due to factors beyond our control.
- Email/text should be used only for **routine, non-urgent matters** and **not** for emergencies or clinical treatment.

G. Right to a Paper Copy of This Notice

You may request a **paper copy** of this Notice of Privacy Practices at any time.

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6. Consent and Right to Revoke

By signing our consent form, you:

- Authorize NBCC/BCC to **use and disclose your PHI** for treatment, payment, operations, and as described in this notice.
- Acknowledge that you have been **offered or given a copy** of this Notice of Privacy Practices.

Client Signature

INTERIM MANAGED ENTITY (IME) CONSENT

I, the undersigned individual, authorize **New Brunswick Counseling Center (NBCC)**, **Rutgers University Behavioral Health Care (UBHC)** in its capacity as the **Interim Managed Entity (IME)**, and the **New Jersey Department of Human Services / Division of Mental Health and Addiction Services (NJ DHS/DMHAS)** to communicate with and disclose to one another information about my substance use treatment.

Purpose of Disclosure

The purpose of this authorized disclosure is to:

- Provide me with **better, more coordinated care**, and
- Allow for the **evaluation, management, and authorization** of my treatment.

I understand that information will be exchanged verbally and electronically through the **New Jersey Substance Abuse Monitoring System (NJSAMS)**, a secure computer system, and that my information will be maintained within NJSAMS.

Confidentiality and Legal Protections

I understand that my medical records are protected under federal and state law, including:

- **42 C.F.R. Part 2 -** Confidentiality of Substance Use Disorder Patient Records, and
- **The Health Insurance Portability and Accountability Act of 1996 (HIPAA)** – 45 C.F.R. Parts 160 & 164.

My records **cannot be disclosed without my written consent** unless otherwise permitted or required by these laws and regulations.

Conditions of Services

I understand that:

- I **may be denied services** if I refuse to consent to a disclosure that is necessary for **treatment, payment, or health care operations**.
- I **will not be denied services** if I refuse to consent to a disclosure for **other purposes** not related to treatment, payment, or health care operations.

I acknowledge that I have been offered or provided a copy of this form.

Description of Information to Be Disclosed / Released

By signing this form, I authorize the disclosure of:

- **All of my health information**, including:
    - Substance use / drug and/or alcohol treatment records
    - Medical records
    - Mental health treatment records
    - Records of any other conditions for which I may have received treatment

This authorization includes any information maintained in **NJSAMS** related to my treatment episode(s).

Term, Expiration, and Revocation

- This signed Consent will **expire one (1) year from my discharge date** from NBCC (or the relevant treatment episode), and will remain in effect until that date, unless revoked earlier.
- A reminder of my rights will be sent out **once per year**. I may also request a copy of this consent at any time from my primary counselor.
- I understand that I may **revoke this consent at any time**, except to the extent that action has already been taken in reliance on this authorization.
- To revoke this consent, I must notify NBCC (or my primary counselor) **in writing**.

Acknowledgment and Signature

By signing below, I acknowledge that:

- I have read (or had read to me) and understand this IME Consent form.
- I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.
- I understand my rights regarding the confidentiality of my substance use and health information and the limits of those rights under applicable law.
- I voluntarily authorize the disclosure and exchange of information as described above.

Client Signature

TELEHEALTH CONSENT

Purpose and Overview

New Brunswick Counseling Center (NBCC) and Burlington Comprehensive Counseling (BCC) offer counseling and behavioral health services through **telehealth**. Telehealth allows clients to receive care using a **secure, HIPAA-compliant video platform**.
This form outlines your **rights, responsibilities, and the conditions** under which telehealth services are provided.

- Telehealth sessions are conducted through the **MyEvolv Telehealth Portal**.
- You will receive a **secure link via email** approximately **10 minutes before** your scheduled session.
- Sessions are **45 minutes** in length unless otherwise indicated.

Technology and Access

- You will need:
  - A **reliable internet connection**
  - A **device with audio and video capability** (computer, tablet, or smartphone)
  - A **private space, free from distractions and interruptions**
- Telehealth sessions are conducted through **MyEvolv**, a HIPAA-compliant platform that meets **federal and state privacy requirements**.
- If you experience **technical issues**, your counselor will attempt to reach you by **phone** to re-establish the session or **reschedule**.
- If connection problems persist, your counselor will follow up with you to explore **alternative care options**, which may include in-person sessions.

Scheduling and Attendance

- Telehealth sessions are held to the **same professional standard** as in-office sessions.
- You are expected to:
  - Log in **on time**
  - Be **appropriately dressed**
  - **Not** be under the influence of drugs or alcohol
- If you do not join your session within **15 minutes** of the scheduled start time, your counselor may consider the session a **no-show**.
- **Repeated missed appointments** may result in:
  - Temporary **suspension of telehealth privileges**, and
  - A requirement to **resume in-person sessions** to continue services.

When Telehealth May Not Be Appropriate

Telehealth may not be suitable for all clients or situations. In consultation with you, your counselor, and clinical supervision, telehealth services may be **limited or discontinued** if:

- You do not have a **safe, private, or stable environment** for sessions.
- You experience a **psychiatric or medical emergency** requiring a higher level of care.

- There are **repeated missed appointments**, non-engagement, or ongoing technical problems.
- Your provider determines that **in-person care is clinically necessary** or more appropriate.

If telehealth is discontinued, your counselor will help coordinate an **appropriate plan for ongoing care**, which may include in-person treatment or referral to another provider.

Confidentiality and Privacy

- The confidentiality of all client information is protected by **federal and state law**, including **HIPAA**, **42 C.F.R. Part 2**, and **N.J.A.C. 10:37**, as applicable.
- MyEvolv Telehealth is a **secure platform**, but as with all technology, there are potential risks (e.g., unauthorized access, data breaches). NBCC/BCC takes **reasonable steps** to prevent such occurrences.
- You are responsible for:
  - Ensuring your **physical location provides adequate privacy**
  - Making sure **no unauthorized persons** are present during your session unless pre-approved by your counselor
- **Recording of sessions** by clients or staff is **strictly prohibited** without prior **written consent**.

Email, Phone, and Other Technology

- Email communication through **Microsoft Outlook** is **encrypted** and is intended **for scheduling and administrative purposes only**, not for clinical counseling.
- Telehealth sessions **cannot be conducted by phone (voice-only)** per New Jersey Department of Health regulations, except in **emergencies** when approved by clinical supervision and consistent with current regulations.
- **Text messages** may be used for **appointment reminders or confirmations only**, not for clinical communication or crisis support.

Client Rights and Informed Consent

By agreeing to telehealth services, you acknowledge that:

1. You understand that the **laws protecting confidentiality** (HIPAA, 42 C.F.R. Part 2, and state law) also apply to telehealth.
2. You have the right to **withhold or withdraw consent** for telehealth at any time **without affecting your right to future care**, though the form of care (e.g., in-person only) may change.
3. You understand that **outcomes from telehealth cannot be guaranteed**, and telehealth may have both benefits and limitations.
4. Your provider may **modify or discontinue telehealth** if it is determined to be unsafe, clinically inappropriate, or not sufficiently private/confidential.
5. You agree to **notify your counselor** of any changes in your **contact information, emergency contact, or physical location**, particularly prior to or at the start of each telehealth session.

Emergency Procedures During Telehealth Sessions

If you experience a **mental health emergency**, you agree to take one or more of the following actions immediately:

- Call **988** (National Suicide & Crisis Lifeline)
- Call **911**
- Go to the **nearest emergency department**
  Contact your **Emergency Contact Person (ECP)** on file

You agree to:

- Provide your **current physical address** at the start of each telehealth session, and
- Identify:
  - The **nearest hospital/emergency department**, and
  - The **nearest police department** to your location during the session.

If your counselor determines that telehealth is **no longer clinically appropriate** or safe, services will be transitioned to **in-person care** or another appropriate **level of care**. You will receive **follow-up communication** to help ensure your safety and continuity of treatment.

Consent Acknowledgement

I have read and understand the information provided above regarding telehealth services at **New Brunswick Counseling Center** and **Burlington Comprehensive Counseling**. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I **voluntarily agree** to participate in telehealth services through the **MyEvolv Telehealth Portal** under the terms described in this consent.

Client Signature

ADVANCE DIRECTIVE

What is an Advance Directive?

An **advance directive (AD)** is a legal document you can complete to help ensure that your preferences for medical treatment are followed if you become unable to make your own health care decisions.

If you are **under the age of 18**, your legal **next of kin** (usually a parent or legal guardian) will make these decisions for you, and you do not need to complete this section.

Your advance directive only goes into effect **after** a physician has evaluated you and determined that you are unable to understand:

- Your diagnosis
- Your treatment options
- The possible benefits and risks of those options

Types of Advance Directives in New Jersey

New Jersey recognizes two main kinds of advance directives. You may choose to complete **one or both** of these:

1. Proxy Directive (Durable Power of Attorney for Health Care)

A **proxy directive** is a document you use to appoint a person to make health care decisions for you if you become unable to make them yourself.

- This applies whether your inability is **temporary** (for example, due to an accident) or **permanent** (for example, due to a serious illness).
- The person you appoint is called your **health care representative**.
- Your health care representative is responsible for making the same decisions **you would have made** under the circumstances, based on your known wishes and values.
- If they cannot determine what you would want in a specific situation, they should base decisions on **what they believe is in your best interest**.

2. Instruction Directive (Living Will)

An **instruction directive**, often referred to as a **Living Will**, is a document you use to tell your physician and your family:

- The kinds of situations in which you **would or would not want** life-sustaining treatment, and
- Your **beliefs, values, and general care preferences**.

This document guides your physician and family when they must make health care decisions for you, including situations not specifically described in your directive.

Mental Health Advance Directives

A **Mental Health Advance Directive** is a type of advance directive that focuses on **psychiatric care and treatment**.

Anyone can become unable to make decisions because of mental illness. People who are **currently receiving mental health treatment**, or who may need it in the future, can use a Mental Health AD to:

- Direct their **future treatment**
- Give guidance and reassurance to **family and friends**
- Ensure their wishes are known even if they cannot express them later

Who can execute an AD?

- Any **competent adult** can execute an AD.

- In New Jersey, this generally means a person **18 or older** who does **not** have a legal guardian, or a **minor who has been emancipated** (for example, by court order or another event that establishes financial independence).

Can I Change or Revoke My Advance Directive?
Yes. You may change or revoke your AD **at any time** by:

- Creating a **new advance directive**, or
- Informing a member of your treatment team, your proxy, your doctor, or your lawyer that you want to change or revoke it.

If you have registered your AD with the **Division of Mental Health and Addiction Services (DMHAS)**, you should notify DMHAS if you change or revoke your directive.
If you are an **inpatient in a psychiatric facility**, you can change or revoke your AD if your doctor determines that you are **competent** to do so at that time.

Will Hospitals or Agencies Honor the Advance Directive?
In general, hospitals and agencies will **follow your advance directive** if:

- You have become unable to make decisions, and
- The requested treatment is **available, medically appropriate, and lawful**.

A hospital or agency may **not** honor an AD if:

- The treatment you request is not available, even with a transfer
- The treatment is **not medically sound** in your case
- The directive would **violate a court order or law**
- The requested action would likely **harm you or someone else**

In a **life-threatening emergency**, there may not be enough time to review your directive or contact your proxy before treatment is given. However, as soon as the emergency is stabilized, the hospital or agency will follow your AD as closely as possible.

Is There a Special Form?
No specific single form is required. However:

- Hospitals and agencies can supply a form and help you complete it.
- A member of your treatment team or a **peer advocate** can assist you.
- You may also download forms from the **DMHAS website** or other reputable sources.

In general, an AD must be:

- **In writing**
- **Signed and dated**
- Witnessed by at least **one person**

An AD may include:

- The name of a **proxy/health care representative**, and
- Your **specific instructions** and **preferences** for treatment.

You do **not** have to carry your AD with you. You may:

- Register it with **DMHAS** so it can be accessed in an emergency through Centralized Admissions at **609-777-0317**
- Share copies with your **proxy**, **family**, and your **treatment providers**

Useful Resources

- **DMHAS – Advance Directive Information (English/Spanish)**
  www.state.nj.us/humanservices/dmhas/resources/mental/pad/ ↗
- **Wellness Recovery Action Plan (WRAP)**
  www.wellnessrecoveryactionplan.com ↗
- **New Jersey Psychiatric Advance Directive Registry (NJPAD)**
  www.state.nj.us/humanservices/dmhas/resources/mental/pad/ ↗
- **New Jersey Division of Mental Health and Addiction Services**
  222 South Warren Street, PO Box 700
  Trenton, NJ 08625-0700
  Phone: **800-382-6717**
- **National Resource Center on Psychiatric Advance Directives**
  www.nrc-pad.org ↗
- **Temple University Collaborative on Community Inclusion**
  http://tucollaborative.org ↗
- **The Bazelon Center for Mental Health Law**
  www.bazelon.org ↗
- **Disability Rights New Jersey**
  www.drnj.org ↗

NBCC/BCC Policy on Advance Directives

It is the policy of **NBCC/BCC** to **accept advance directives** from clients.
However, within our level of care and scope of practice:

- Staff will **always administer CPR** and
- **Call 911** for Emergency Medical Services in a medical emergency.

If you share your advance directives with us:

- We will **place a copy in your medical record**, and
- We will **provide them to Emergency Medical Services** upon their arrival when appropriate.

Please note: **NBCC/BCC staff always resuscitate** in a medical emergency situation.

Youth Under Age 18

For individuals **under the age of 18**:

- In the event of a **medical or psychiatric emergency on-site**, a **parent or guardian will be contacted immediately**.
- Staff will **not accompany** the youth to the hospital.
- Ideally, the **parent/guardian will meet the youth at the clinic** for transport or will meet them **directly at the hospital**.

How NBCC/BCC Will Address Advance Directives with You

As part of intake or ongoing care:

- Staff may ask whether you **currently have an advance directive**.
- If you **do have one**, you may choose to **provide a copy** to NBCC/BCC so it can be placed in your medical record.
- If you **do not have an advance directive**, you may ask for **more information** or assistance, and staff can refer you to resources and forms.

You are **not required** to complete an advance directive in order to receive services at NBCC/BCC, but we encourage you to consider your options and discuss any questions with your treatment team.

Client Signature

NOTICE OF NON-DISCRIMINATION / CHARITABLE CHOICE

Notice of Non-Discrimination

No provider of substance use services that receives federal funds from the **U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)** - including **New Brunswick Counseling Center (NBCC)** and **Burlington Comprehensive Counseling (BCC)** - may discriminate against you on the basis of:

- Your religion
- Your religious beliefs
- Your refusal to hold any religious belief
- Your refusal to participate in any religious practice

You cannot be denied services, treated differently, or pressured to participate in religious activities because of your beliefs or lack of beliefs.

Charitable Choice

Under federal **Charitable Choice** protections:

- NBCC and BCC **may not require** you to take part in religious activities (such as prayer, worship, or religious groups) as a condition of receiving substance use treatment services.
- If you **object to the religious or non-religious character** of NBCC or BCC, federal law gives you the right to request a **referral to another provider** whose services are more consistent with your preferences.
- NBCC and BCC are required to:
    - Take your objection seriously, and
    - **Assist you, within a reasonable period of time**, in locating and referring you to an **accessible, alternative substance use treatment provider** whose services are of **equal value**, to the extent such services are available.

You will **not be penalized or lose eligibility for services** because you request such a referral.

Client Signature

COUNSELOR CREDENTIAL DISCLOSURE FORM

In accordance with the New Jersey Office of the Attorney General, Division of Consumer Affairs — **State Boards of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee, Professional Counselor Examiners Committee, and Social Work Examiners** (hereinafter referred to as "the State licensing body") **—** New Brunswick Counseling Center (NBCC) and Burlington Comprehensive Counseling (BCC) have advised me of the following:

In accordance with Regulations **13:34-3.3, 13:34C-3.2(e), 13:34C-13.1(g), and 13:44G-3.1**, I understand that:

- I may receive counseling services from a staff member who is **not** a:
    - Licensed Marriage and Family Therapist (LMFT)
    - Licensed Professional Counselor (LPC)
    - Licensed Clinical Social Worker (LCSW)
    - Licensed Clinical Alcohol and Drug Counselor (LCADC)
- Instead, my counselor may be one of the following, licensed or credentialed in the State of New Jersey:
    - Licensed Associate Counselor (LAC)
    - Associate Marriage and Family Therapist (AMFT)
    - Licensed Social Worker (LSW)
    - Certified Alcohol and Drug Counselor (CADC)
    - Counselor in training
    - An intern enrolled in a **master's degree program** in one of these professions

Furthermore, I understand that:

- Any such counselor **will remain under the clinical supervision** of an appropriately licensed and/or certified supervisor, as required by Regulations **13:34-3.3(b), 13:34C-6.2(c), 13:34C-13.1(g), and 13:44G-8.1(g)**.
- Clinical supervisors **have access to my treatment records**, and the supervising clinician is **ultimately responsible for all aspects of my treatment.**

Client Signature

GRIEVANCE PROCEDURE

(Grievances / Complaints / Suggestions)

"Patient" or "client" includes the person receiving services and, if the client is a minor, their parent or legal guardian.

Your Rights

- You have the **right to complain** about your services, treatment decisions, or how you have been treated **without fear of retaliation** or barriers to services.
- You may also make **suggestions** about agency rules, regulations, or protocols.
- If you are being considered for **administrative discharge**, you may request a **"fair hearing"** to review the decision, except in cases of violent or threatening behavior.

How to File a Grievance

Step 1 – Talk to Your Counselor or Staff Person

- First, bring your concern to the **person providing your service** (your counselor, nurse, etc.).
- They will try to meet with you **within 2 business days** to discuss your concern and work on a solution.

If you do not feel comfortable speaking with them directly, you may ask to speak with their **supervisor** instead.

Step 2 – Talk to a Supervisor

- If the concern is **not resolved** with the person providing your service, you may ask to speak with the **supervisor**.
- You can share your grievance **verbally or in writing**.
- The supervisor will:
  - Listen to your concerns
  - Review relevant information
  - Talk with involved staff as needed
- A meeting with the supervisor should be offered **within 5 business days**.
- After the meeting, you will receive a **verbal response and/or a follow-up letter** summarizing the outcome.

In most cases, any negative action related to your grievance will be **put on hold** until a final decision is made, unless there is a **serious health or safety risk**.

Step 3 – Talk to the Program/Department Director

- If you are **not satisfied** with the supervisor's response, you may ask to speak with the **Program/Department Director**.
- The Director will review your grievance, speak with staff involved, and, if requested, **meet with you (generally within about two weeks)**.
- You will receive a response explaining the Director's decision.

Step 4 – Talk to the Executive Director & Outside Agencies

- If you are still **not satisfied** after speaking with the Director, you may **write to the Executive Director**.
- The Executive Director will:

    - Review your grievance
    - Offer to meet with you (usually within about **one week** of the request)
    - Provide you with a **final written response**
- If the matter cannot be resolved within the agency, the Executive Director will give you contact information for **outside agencies** where you can file a complaint.

External Complaint Resources (Selected)
You may contact any of the following at any time:

- **Mental Health Complaint Hotlines**
    - Southern Region: **609-777-0763**
    - Northern Region: **973-977-4397**
- **NJ Division of Mental Health and Addiction Services – Ombudsperson**
    - Phone: **609-438-4321**
- **DMHAS Substance Use Treatment Complaint Line**
    - Toll-free: **1-877-712-1868**
- **County Mental Health Administrators**
    - Middlesex County: **732-745-4373**
    - Burlington County: **609-265-5383**
- **Department of Children and Families – Office of Advocacy**
    - Toll-free: **1-877-543-7864**
- **NJ Child Abuse Hotline** (24/7)
    - **1-877-NJ-ABUSE (1-877-652-2873)**
- **Mental Health Association of NJ (Information & Referral)**
    - Toll-free: **1-877-294-HELP (or 1-877-294-4357)** or **1-877-285-2844** (local resources)

In an **emergency**, always call **911** or go to the **nearest emergency room**.

Client Acknowledgment
I have read and understood the information above about the **Grievance Process** at NBCC/BCC. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

Client Signature

DRUG SCREENING CONSENT

Laboratory Name: Atlantic Diagnostics Laboratory

New Brunswick Counseling Center (NBCC) and Burlington Comprehensive Counseling (BCC) utilize **drug screening** as a routine and required part of Substance Use Disorder (SUD) treatment and our Drug Screening Only Program.

Drug Screening Protocol

- Drug screens are used to **monitor treatment progress** and support clinical decision-making.
- Drug screens are **collected on-site** by a **contracted laboratory** (Atlantic Diagnostics Laboratory) and sent for analysis.
- Drug screens may be **oral fluid** or **urine** and may be collected:
    - At **admission**, and
    - On an ongoing basis (e.g., **weekly, biweekly, or monthly**) as determined by your treatment plan and program requirements.
- **Drug screens are required** in order to participate in NBCC/BCC services.

Refusal Policy

- If you **refuse** to provide a requested drug screen, it will be treated as a **"positive" result** for program purposes.
- **Continued refusal** to provide drug screens may result in **termination from treatment** at this agency.

Drug screening is intended to be **part of your treatment**, not a punishment. It will be conducted in a **professional and respectful manner**.

You should be **prepared to provide a specimen** if and when requested by staff.

Information Shared with the Laboratory

I understand that NBCC/BCC will share the following information with the contracted laboratory **solely for the purposes of testing and claim submission**:

- Name
- Date of Birth
- Social Security Number
- Medicaid/Medicare/Insurance number (if applicable)
- Diagnostic code(s) and other information necessary for billing and processing

If you are a **Medicaid or Medicare recipient**, the contracted laboratory will submit claims to your **insurance company** for payment of the drug screen services.

Tampering and Manipulation

Any attempt to **tamper with, substitute, or otherwise manipulate** a drug screen specimen or result may result in:

- A clinical review of your case, and
- Possible **termination from the program**, consistent with agency policy.

Release of Results to Outside Entities

Drug screen results are considered **confidential health information** and are protected by **HIPAA** and **42 C.F.R. Part 2** (where applicable).

When required or requested by an **outside provider or referring source**, NBCC/BCC will only release your drug screen results if:

- There is a valid **Release of Information (ROI)** signed by you (or your legal guardian, if applicable), unless otherwise permitted or required by law.

Examples of outside entities that may receive results with your signed authorization include:

- Department of Children and Families (DCF)
- NJ Work First Substance Abuse Initiative (WSFAI)
- Recovery Court / Drug Court
- Probation / Parole
- Other referring agencies or oversight entities

Acknowledgment

I understand the information above regarding drug screening at NBCC/BCC, including:

- The purpose and requirements of drug screening
- How and when drug screens are collected and used
- What information is shared with the contracted laboratory
- The consequences of refusal or tampering
- How and when results may be shared with outside entities

Client Signature

COMMUNICABLE DISEASE TESTING INFORMATION
(Tuberculosis and Sexually Transmitted Diseases)

New Brunswick Counseling Center (NBCC) and Burlington Comprehensive Counseling (BCC) comply with New Jersey licensing regulations regarding communicable disease screening and reporting.

As required by these regulations:

- NBCC/BCC **offer free testing** for:
  - **Tuberculosis (TB)**
  - **Sexually Transmitted Diseases (STDs)**
- Certain **positive test results must be reported** to the appropriate **local and/or state Health Departments** for follow-up testing, contact tracing where indicated, and offers of appropriate treatment.

Communicable disease screening is part of:

- The **initial admission assessment**, and
- **Subsequent annual physical examinations** during your treatment episode.

NBCC/BCC use a **separate standardized screening tool** to assess your current symptoms, risk factors, and history related to TB and STDs. That tool guides decisions about testing, referrals, and follow-up.

Symptoms to Report to Staff

Please tell a staff member or your medical provider **as soon as possible** if you are currently experiencing, or have recently experienced, any of the following symptoms:

- Persistent cough
- Chills
- Unexpected weight loss
- Fever
- Fatigue or unusual tiredness
- Loss of appetite
- Night sweats
- History of a previous **positive TB test**
- History of a previous **positive STD test**

These symptoms are used as **clinical screening information only** and will be reviewed by medical staff as part of your assessment and ongoing care.

Masking and Infection Control

To protect the health and safety of all patients, visitors, and staff:

- Any person who is **actively coughing** and/or reporting symptoms suggestive of TB may be asked to:
  - **Wear a protective mask** while in NBCC/BCC facilities, and
  - Cooperate with further medical evaluation and/or testing until their tuberculosis status can be fully evaluated and confirmed.

Additional infection control measures may be implemented as needed based on clinical assessment and public health guidance.

Education and Testing for STDs

- **Education about STDs** (including prevention, safer sex practices, and treatment options) is **available upon request**.

- You may ask to be **referred for STD testing at any time** during your episode of care. Staff will assist you with referrals to appropriate testing sites if testing is not performed on-site.

Confidentiality and Reporting

- Your health information, including any testing and results for TB and STDs, is protected under **HIPAA** and **42 CFR Part 2** when applicable.
- Certain communicable diseases, including TB and specific STDs, are **reportable by law** to the appropriate Health Department.
- Reporting is done in accordance with **New Jersey public health requirements** and is used to support follow-up care, public health surveillance, and prevention.

If you have any questions about communicable disease testing, reporting, or your rights, please speak with your **primary counselor**, **nurse**, or **medical provider**. They can provide more information, written materials, and referrals as needed.

Client Signature

HIV INFORMATION AND NOTIFICATION

I understand the following information about HIV (Human Immunodeficiency Virus) and AIDS:

1. **Effect on the Immune System**
   If I become infected with HIV, my immune system will be weakened, and I may have much more difficulty fighting off infections and diseases.
2. **Treatment and Prognosis**
   AIDS (Acquired Immunodeficiency Syndrome) is a serious, potentially fatal condition. However, **modern HIV medications (antiretroviral therapy)** are helping people with HIV/AIDS live **longer, healthier lives**.
3. **How HIV Is Transmitted and How to Reduce Risk**
   - HIV can be passed to others through **unprotected sexual activity** and through **sharing needles or other injection equipment**.
   - I can greatly reduce my risk of infection, and the risk of passing HIV to others, by:
     - Practicing **safer sex** (using condoms and other barrier methods), and
     - **Not sharing needles**, syringes, or other drug-use equipment.
4. **HIV Testing**
   - I can be tested for HIV by having a sample of my **blood (or other approved specimen)** analyzed for HIV infection.
   - **New Brunswick Counseling Center (NBCC) and Burlington Comprehensive Counseling (BCC) offer HIV testing on their premises** as part of comprehensive care, when clinically appropriate and available.
5. **Importance of Early Testing**
   It is important to be tested **early** for HIV infection for at least three reasons:
   A) I can be infected and **not know it** (HIV may have no symptoms for a long time).
   B) I can infect others **unless I take steps to protect them**.
   C) If I am infected, I need **early medical care and counseling** to stay as healthy as possible and reduce the risk of transmitting HIV to others.
6. **Protection Against Discrimination**
   If I am HIV-positive (HIV+), or if someone believes or assumes I am HIV+, it is **against the law** to discriminate against me in areas such as:
   - Housing
   - Employment
   - Credit
   - Public accommodations
   - Health or social services
7. **Voluntary Nature of HIV Testing**
   - In most situations, HIV testing is **voluntary**.
   - There are limited exceptions (such as certain individuals convicted of specific crimes, certain minors under state law, or some medical emergencies).
   - In general, HIV testing can only be performed after I have **given informed consent**.
8. **On-Site Testing and Community Referrals**
   - If I choose to have an HIV test, I may be able to receive **HIV testing on-site at NBCC/BCC**, when offered and clinically appropriate.

- If on-site testing is not available, or if I prefer, I can be referred to an appropriate local agency where **both pre-test and post-test counseling** will be available, along with information about prevention, treatment, and support.

9. **Confidentiality of HIV Information**
   I understand that my personal HIV information, along with other information maintained by this facility about my treatment, is **confidential** and protected by:
   - **Federal law (42 C.F.R. Part 2)**, and
   - **HIPAA** (Health Insurance Portability and Accountability Act), especially as these laws apply to the treatment of substance use disorders and mental health conditions.

Testing Information and Referrals

I have been informed that my **drug use and/or behaviors** may place me at **higher risk** for contracting HIV, and I have been encouraged to have an **HIV antibody test** due to this risk. I have also been informed of the importance of being tested **annually for Tuberculosis (TB) and Hepatitis C**, especially if I have risk factors. When available and appropriate, **NBCC/BCC may provide HIV testing directly on-site** as part of my care.

In addition, I have been informed that I may also seek HIV testing through the following community resources:

New Brunswick Counseling Center (NBCC) is advising me that I may seek HIV testing through:

- **Chandler Clinic**
  Phone: **732-235-6700** or **732-235-6717**

Burlington Comprehensive Counseling (BCC) is advising me that I may seek HIV testing through:

- **Burlington County Health Department**
  Phone: **609-265-5548**

These agencies can provide HIV testing, counseling, and additional referrals as needed.

Acknowledgment

I, the client, have been given information about HIV, HIV testing, and ways to reduce my risk. I understand that I may contact NBCC/BCC staff at any time to:

- Ask questions about HIV or other communicable diseases, and
- Request assistance with **on-site HIV testing (when available)** or with **referrals** for HIV, TB, and Hepatitis C testing.

Client Signature

FINANCIAL POLICY
The client agrees to pay for all services in full at the time services are provided by our office, unless other arrangements are made in advance.

Client Financial Policies

- You are required to present a **valid insurance card** at intake and as needed throughout your care. You are responsible for informing New Brunswick Counseling Center (NBCC) or Burlington Comprehensive Counseling (BCC) of any **changes in your insurance** (carrier, policy number, coverage, etc.).
- You reserve the right to **opt out of using contracted insurance** and accept full financial responsibility for services rendered. In this circumstance, you will be required to **complete a waiver** and provide **payment in full** for services at the time they are rendered.
- **Commercial Insurance Carriers:**
    - You are responsible for obtaining any **referrals and pre-authorizations** required by your insurance plan.
    - We will bill **in-network insurance carriers** on your behalf.
    - Any **co-payments, co-insurance, deductibles, and outstanding balances** are due **prior to checking in** for your appointments.
    - Your agreement with your insurance carrier is a **private contract** between you and the carrier. We do not routinely research why a carrier has not paid or why it has paid less than anticipated.
    - If your insurance carrier has not paid within a reasonable period or denies coverage, **all fees become due and payable in full by you.**
- **Medicare:**
    - Our office is a **Medicare participating provider** and we will bill Medicare on your behalf.
    - Any **deductibles, co-insurance amounts, or non-covered services** are your responsibility and will be due as services are rendered.
- **Medicaid:**
    - Our office is a **Medicaid participating provider** and we will bill Medicaid on your behalf.
    - You are responsible for informing us of any changes in your Medicaid eligibility or managed care plan.
    - Any services not covered or denied due to loss of eligibility may become your financial responsibility as allowed by law and plan rules.
- **Out-of-Network Insurance:**
    - If we are **out of network** with your insurance carrier, you are responsible for paying your fee **at the time of service**.
    - Upon request, you may submit claims to your insurance company for possible reimbursement, subject to your plan's out-of-network benefits.

Payments and Collections

- **Client balance statements** will be sent monthly. Please pay any balance shown on your statement **within 15 days** to keep your account in good standing.
- If you need a **payment plan**, you may contact the **billing department** to discuss options.
- Unpaid balances may **jeopardize your status as a client**, and your case may be placed on hold or closed until payment arrangements are made.

- Our office accepts the following forms of payment: **cash and credit cards** (and any other methods you choose to add, e.g., debit, HSA cards).

If your balance is not paid according to the terms of this policy:

- Our office may refer your account to an **outside collection agency**.
- If your account is turned over for collections, you agree to pay **all additional fees** incurred in the collection of the debt, including **collection agency fees and reasonable attorney's fees**, as permitted by law.
- The client is ultimately **responsible for all fees** for services rendered.

By receiving services, you acknowledge that you have read, understand, and agree to the above financial policy for payment of professional fees.

Cancellation / Missed Appointment Policy

Once a counseling or clinical service is scheduled, **a specific time is reserved for you.** It is extremely important that you keep your appointment, as **missed appointments prevent others from receiving services and increase program costs.**

- If you cannot keep your appointment, please **call at least 24 hours in advance** so that your time can be offered to another client.
- **Ongoing services cannot be provided** for clients who frequently miss or cancel appointments without adequate notice.

Missed / Late-Cancelled Appointments

- It is expected that **payment be made at the time of each visit.**
- New Brunswick Counseling Center / Burlington Comprehensive Counseling **may bill a fee for appointments that are missed or cancelled without 24 hours' notice**, except where prohibited by your insurance plan or by law.
- Repeated missed appointments and/or **non-payment of fees** may result in:
    - Appointments being placed on **same-day or walk-in status only**, and/or
    - **Suspension or termination of services**, with appropriate referrals offered.

Client Acknowledgment

I have read and understand the **Financial Policy** and **Cancellation/Missed Appointment Policy** of New Brunswick Counseling Center / Burlington Comprehensive Counseling. I agree to abide by these policies and understand that I am ultimately responsible for all fees for services rendered, in accordance with my insurance coverage and applicable laws.

Client Signature

Staff Signature: Date:

Patient Health Questionnaire (PHQ-9)

Patient Name: _____ **Date:** _____

	Not at all	Several days	More than half the days	Nearly every day
1. Over the *last 2 weeks*, how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all ☐	Somewhat difficult ☐	Very difficult ☐	Extremely difficult ☐

PHQ-9* Questionnaire for Depression Scoring and Interpretation Guide

For physician use only

Scoring:
Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all	(#) _____ x 0 =	_____
Several days	(#) _____ x 1 =	_____
More than half the days	(#) _____ x 2 =	_____
Nearly every day	(#) _____ x 3 =	_____

Total score: **_____**

Interpreting PHQ-9 Scores

Minimal depression	0-4
Mild depression	5-9
Moderate depression	10-14
Moderately severe depression	15-19
Severe depression	20-27

Actions Based on PH9 Score

Score	Action
< 4	The score suggests the patient may not need depression treatment
> 5 - 14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment
> 15	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment.

* PHQ-9 is described in more detail at the McArthur Institute on Depression & Primary Care website www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score *(add your column scores)* =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Scoring

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%) and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med.* 2006;166:1092-1097.

Patient name: _____

Date of birth: _____

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? ◯ Never ◯ Currently ◯ In the past

I	II	III	IV
0-3	4-9	10-13	14+

(For the Provider)

Scoring and interpreting the AUDIT:

1. Each response has a score ranging from 0 to 4. All response scores are added for a total score.

2. The total score correlates with a risk zone, which can be circled on the bottom left corner.

Score	Zone	Explanation	Action
0-3	I – Low Risk	"Someone using alcohol at this level is at low risk for health or social complications."	Positive Health Message – describe low risk drinking guidelines
4-9	II – Risky	"Someone using alcohol at this level may develop health problems or existing problems may worsen."	Brief intervention to reduce use
10-13	III – Harmful	"Someone using alcohol at this level has experienced negative effects from alcohol use."	Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available)
14+	IV – Severe	"Someone using alcohol at this level could benefit from more assessment and assistance."	Brief Intervention to accept referral to specialty treatment for a full assessment

Positive Health Message: An opportunity to educate patients about the NIAAA low-risk drinking levels and the risks of excessive alcohol use.

Brief Intervention to Reduce Use: Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhance his/her motivation to change behavior. Brief interventions are typically 5-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up: Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow up. The recommended behavior change is to cut back to low-risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

Brief Intervention to Accept Referral: The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: www.sbirtoregon.org

***** Johnson J, Lee A, Vinson D, Seale P. "Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study." Alcohol Clin Exp Res, Vol 37, No S1, 2013: pp E253–E259

Drug Abuse Screening Test (DAST-10)

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months…		**Please Circle**	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you *ever* experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.		**Score:**	

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low Level	Monitor, re-assess at a later date
3-5	Moderate level	Further Investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment