

Arizona Renewal Ranch, L.L.C.
Dr. Ilana Oren, Ph.D. L.M.T.
2915 E. Baseline Road, Ste. 101, Gilbert, AZ 85234
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NEW CLIENT INFORMATION FORM
For Private Pay and Hypnosis

Today's Date _____

Client Information

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ Cell Phone/Beeper: _____
State: _____ Zip: _____ Email Address: _____
Fax Number: _____

Social Security # _____ Gender: Female Male
DOB: _____ Age: _____ Occupation: _____
In case of emergency, please contact: _____ Employer: _____
_____ I am under a doctor's care for: _____
Relationship: _____ Doctor's Name: _____
Phone Number: _____ Medications: _____

Contact Information

May we send written materials to your home? Yes No
How did you hear about us? Insurance Company Friend Client of ours
 Website Dr./Professional Other
May we email you? Yes No
May we leave a discreet message:
At your **home phone**? Yes No **Work phone**? Yes No **Cell phone**? Yes No
Person who referred you? _____
May we thank this person for their referral? _____
Address: _____

Therapist to Complete

COUNSELING:

- Individual – intake: 90791 or 90834
- Family, Couples - 90847
- Hypnotherapy - 90880
- I.O. P - 90808

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STRESS INVENTORY

Below is a list of issues experienced by some people at various times. Please read each one carefully and mark the square under “HIM” or “HER”, with the number for the ‘response’ that best describes how much that issue or problem has distressed or bothered you during the past seven (7) days, including today. Fill in the square with only one number per issue/problem and do not skip any items.

	Not at all	A little bit	Moderately	Quite a bit	Extremely	HER	HIM	How much were you distressed by the following:
1	0	1	2	3	4			Body aches
2	0	1	2	3	4			Faintness or dizziness
3	0	1	2	3	4			Feeling no interest in things
4	0	1	2	3	4			Nervousness or shakiness inside
5	0	1	2	3	4			Pains in heart or chest
6	0	1	2	3	4			Feeling lonely
7	0	1	2	3	4			Feeling tense or keyed up
8	0	1	2	3	4			Nausea or upset stomach
9	0	1	2	3	4			Feeling blue
10	0	1	2	3	4			Suddenly scared for no reason
11	0	1	2	3	4			Trouble catching your breath
12	0	1	2	3	4			Feelings of worthlessness
13	0	1	2	3	4			Spells of terror or panic
14	0	1	2	3	4			Numbness or tingling in parts of your body
15	0	1	2	3	4			Feeling hopeless about the future
16	0	1	2	3	4			Feeling so restless you couldn't sit still
17	0	1	2	3	4			Feeling weak in parts of your body
18	0	1	2	3	4			Thoughts of ending your life
19	0	1	2	3	4			Feeling fearful

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Notice of Privacy Practices
Effective April 14, 2003

This notice describes how counseling information about you may be disclosed and how you can get access to this information. Please review it carefully.

The privacy of your counseling information is important to us. You may be aware that U.S. government regulations established a privacy rule ("HIPAA") governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

Use and Disclosure of Protected Information

Federal law provides that we may use your counseling information (protected health information) for treatment of you, without further specific notice to you, or written authorization for you. For example, if we refer you to a specialist, we may provide records to that specialist.

Federal law provides that we may use your counseling information to obtain payment for our services without further specific notice to you, or written authorization by you. For example, under your health plan, we are required to provide them with a diagnosis code for your visit and a description of the services rendered.

Federal law provides that we may use your counseling information for health care operations without further specific notice to you, or written authorization by you. For example, our accountants may see your name, dates of treatment, and procedure codes during audits of our books or we may use your information for financial services, quality assurance, risk education and claim management purposes without medical professional liability insurer.

We may use or disclose your counseling information, without further notice to you, or specific authorization by you, where:

- 1.required by law;
- 2.required for public health purposes;
- 3.required by law to report child abuse;
- 4.required by a health oversight agency for oversight activities by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct;
- 5.required by law in judicial or administrative proceedings;
- 6.required by law enforcement purposes by law-enforcement official
- 7.required by a coroner or medical examiner

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8. permitted by law to a funeral director;
9. permitted by law for organ donation purposes;
10. permitted by law to avert a serious threat to health or safety;
11. permitted by law and required by military authorities if you are a member of the U.S. Armed Forces

We will continue to follow Arizona State law with respect to information regarding HIV/AIDS.

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner.

Other uses of disclosures of your counseling information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

Rights That You Have

You have the right to request restrictions (45 CFR 164.522) on certain of the uses or disclosures above. Except as stated below, we are not required to agree to such restrictions.

Although your health record is the property of Arizona Renewal Ranch, the information belongs to you. You have the right to inspect this information (a reasonable fee will be charged) under the supervision of a member of the ARR staff. You have the right to obtain copies of your counseling information (a reasonable fee will be charged) (45 CFR 164.422 and 45 CFR 164.524). You have the right to amend the health record as provided in 45 CFR 164.528.

You have the right to request a summary of any disclosures we make of your counseling information, except for: disclosures we make to you, or to carry out treatment, payment, or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR 164.502 or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or for public health purposes after being de-identified or limited to remove personally identifiable information, or disclosures made before April 14, 2003.

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Requests for the above must be made in writing to the attention of the Privacy Officer. You have the right to obtain a paper copy of this notice from our office.

Obligations That We Have

We are required by law to maintain the privacy of protected counseling information and to provide individuals with notice of our legal duties and privacy practices. We provide training to our employees to enforce and comply with the above law.

We are required to abide by the terms of this notice as long as it is currently in effect. We reserve the right to revise this notice, and to make a new notice effective for all protected counseling information we maintain. Any revised notice will be posted in our office, and copies will be available there.

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint, in writing, with us. Complaints should be directed to our privacy officer.

The privacy office is our Office Manager. If you desire further information or have any questions or concerns, you may contact her at: 480-776-0626, ext. 25. No retaliatory action will be taken against you for any complaint you may make.

Signature: _____

Date: _____