Wellness Center For Older Adults
2018-2019 Senior Counseling Admission Form

Name: _____   **Phone:** ( )_____ / _____

Address: _____   **City:** _____

State: _____ **Zip:** _____ **County:** _____ **Male:** _____ **Female:** _____

Birthdate: _____ / _____ / _____   **Age:** _____   **Are you a Veteran? Yes** _____ **No** _____

Email: _____

How did you hear about the Wellness Center for Older Adults? _____

Race/Ethnicity:

Do you consider yourself to be Hispanic? Yes ____ **No** ____ **Also, please select the racial categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply :**

- ☐ **American Indian/ Alaskan Native**
- ☐ **Asian**
- ☐ **Black or African American**

- ☐ **Native Hawaiian or Other Pacific Islander**
- ☐ **White**
- ☐ **Other**

In Case of an Emergency Please Notify

Name: _____   **Relationship:** _____

Address: _____   **City:** _____   **State/Zip:** _____

Home Phone: ( )_____ / _____   **Work Phone:** ( )_____ / _____

I hereby give my permission for the **Wellness Center For Older Adults** to deliver services to me (or above named adult under my guardianship). By my signature I acknowledge that all information I have provided is true and correct to the best of my knowledge.

Date: _____   **Signature:** _____

Wellness Center for Older Adults
Privacy Rule Notification

Dear Client:

The **HIPAA (Health Insurance Portability and Accountability Act)** 1996 mandated by Congress has created national standards to protect your medical records and other personal health information. This rule enables you to:

- ❖ Find out how your health information will be used by the Wellness Center For Older Adults.

- ❖ Examine and obtain a copy of your health records and request corrections from the Wellness Center For Older Adults.

- ❖ Control certain uses and disclosures of your health information by the Wellness Center For Older Adults.

Client records are secure and available to only those individuals who need them to carry out treatment, payment or healthcare operations and activities. Wellness Center For Older Adults' personnel have access to only the minimum client information that is necessary to do their job. Disclosure is made only to individuals who need to know the information in order to treat the client, conduct the practice's operations, or obtain payment for services. Written authorization is obtained from the client before disclosing information for any purpose other than treatment, payment or practice/facility operations.

I have read and received a copy of the Wellness Center For Older Adults' Privacy Rule Policy.

Client Signature: _____

Date: _____