



REQUEST FOR SERVICES

Name _____ DOB _____

Address _____ City _____ Zip _____

Email Address _____

Phone number _____ May we contact you? _____

Have you been here before? _____ If yes, under what name? _____

How did you hear about us? _____

The following services are offered to clients of the pregnancy center. Please indicate any service in which you have a particular interest.

Direct Services

____ Pregnancy test

____ Ultrasound

*Ultrasound is purely educational
In that it affirms life in the womb

____ Material Assistance

*Material assistance may include
diapers, baby clothes, and
basic toiletries

Information/Counseling

____ Pregnancy

____ Abortion procedure/risks

____ Adoption/Foster care

____ Parenting

____ Prenatal care

____ Post abortion

____ Other

Referrals

____ Medical Care

____ Social Services

____ Prof. counseling

____ Housing

____ Adoption/foster

____ Other

LIMITATION OF SERVICES

The Pregnancy center is staffed by volunteers who have received training as an advocate. The volunteers and paid staff, for the most part, do not have degrees in counseling nor are they licensed by the state, therefore, the counseling provided is not intended to be a substitute for professional counseling.

THE PREGNANCY CENTER DOES NOT PERFORM NOR REFER FOR ABORTION

To protect your privacy and the privacy of our peer advocates, any use of electronic recording devices during your peer session is not permitted.

The center services and resources are intended for all persons who genuinely seek our caring help. Any attempt to obtain services or resources from the center under false pretenses is also not permitted.

I understand that the pregnancy center will hold in strict confidence all the information I provide them except as required by law or when necessary to protect others or myself against a threat of harm.

I understand the above and willingly enter into a relationship of accepting help and assistance from the pregnancy center.

Your signature _____ Date _____



NOTICE OF PRIVACY PRACTICES

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

BECAUSE WE ARE NOT A MEDICAL CARE PROVIDER, AND ALSO DOES NOT ENGAGE IN ANY TRANSACTIONS THAT INVOKE COVERAGE OF THE HIPAA PRIVACY ACT, THE PRIVACY PRACTICES AND TERMS DESCRIBED IN THIS NOTICE ARE VOLUNTARILY UNDERTAKEN. THEREFORE, NOTHING IN THIS NOTICE SHOULD BE CONSTRUED AS CREATING ANY CONTRACTUAL OR LEGAL RIGHTS ON BEHALF OF CLIENTS. WE RESERVE THE RIGHT TO MODIFY OUR PRIVACY PRACTICES AND THIS NOTICE AT ANY TIME.

II. Safeguarding your protected health information

Individually identifiable information about your past, present, or future health or condition, and the provision of care to you is considered "Protected Health Information" (PHI). We will extend certain protections to your PHI. This notice explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we will only use or disclose the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

III. How we may use and disclose your protected health information

We use and disclose PHI for a variety of reasons. We may use and/or disclose your PHI for purposes of treatment or our center's care operations. For uses beyond that, we will ordinarily obtain your written authorization. The following offers more description and some examples of the potential uses and disclosures of your PHI:

Uses and disclosures relating to treatment or our center's care operations. We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. Your PHI may be shared with outside entities performing ancillary services to your treatment. Also, we may use and/or disclose your PHI as may be reasonably necessary in the course of operating our center. We may also send or communicate appointment reminders but subject to our normal confidentiality policies and any special instructions that you have given.

Uses and disclosures for which special authorization will be sought. For uses beyond treatment and operation purposes, we will ordinarily seek to obtain your authorization before disclosing your PHI. However, disclosure of your PHI may be made without your consent or authorization when required by law, when required for public health reasons, when necessary to avert a threat of harm to you or a third person or party, or when other circumstances may require or reasonably warrant such disclosure.

IV. **How you may have access to or control of your protected health information (PHI).**

The following is a description of the steps you may take to access or to otherwise control the disposition of your PHI:

To request restrictions on uses/disclosures: You may ask that we limit how we use or disclose your PHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You may ask that we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you will be permitted to inspect your protected health information upon written request. We will respond to your request within 30 days. If we deny your request for access, we will give you written reasons for the denial. If you want copies of your PHI, we will make reasonable efforts to accommodate any such request. You may designate selected portions of your PHI for copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reasons for the denial. If we approve the request for amendment, we will change the PHI and so inform you. We will also inform any others who have a need to know about such changes.

To find out what disclosures have been made: You may request for us to provide you with a list of all disclosures of your PHI which we have made except for such disclosures as have been made in connection with your treatment, our center's operations, or as specifically required by law. We will respond to your request within 60 days of receiving it.

To receive this notice: You may receive a paper or electronic copy of this notice upon request.

V. **Contact person:** If you have any questions or concerns about our privacy practices, please contact:

VI. **Acknowledgment:** I have reviewed this privacy policy notice: _____ (Date)

Printed Name _____

Signature _____



Acknowledgement of Receipt of Privacy Notice

I have read the privacy notice for Creative Choices Pregnancy Resource Center.

Please initial your preference regarding a copy of the privacy notice.

I received a copy of the privacy notice: _____

I declined a copy of the privacy notice: _____

Client signature: _____ Date: _____

Witness: _____ Date: _____



CLIENT INTAKE SHEET-MATERIAL ASSISTANCE ONLY

Today's date

General Information

Name _____

Address _____

City _____ State (NC) Zip _____

Phone _____

Email _____

May we contact you? Circle one: Y N

If yes, best time to call: _____

Baby's date of birth: _____

Sex of the baby? Circle one: M F

Baby's first name: _____

Previous visit? Circle one: Y N

Date of previous visit: _____

Referral source: _____

Marital Status: _____ Ethnicity: _____

Occupation: _____

Religious background: _____

Ages of other children: _____

Material needs received today (check all that apply)

Diapers/wipes _____

Baby clothes _____

Formula/food _____

Car Seat _____

Pack n play _____

Other _____ (describe) _____



Material aid parenting support group agreement

This document simply states that you have heard and understand the terms and limits of material aid. Material aid is given out on a one-time basis, and future visits will be through an incentive program after attending each course. I understand these courses to be once a month, and only then may I receive material aid.

Signature of client

Signature of staff/volunteer



CLIENT COMMENTS

Your name (optional) _____ Today's date _____

Would you take a moment to help us improve our services? We want to be as helpful as we can to women in this community, and having just been served here, you know better than anyone else how we are doing. Please respond honestly. Thank you for your feedback!

Who did you see today? _____

Did the individual seem interested in you and your needs? *He/she was..*

Very interested
 Somewhat interested
 Uninterested Unsure

Was this individual sensitive and respectful of your beliefs? *He/she was...*

Very sensitive
 Somewhat sensitive
 Insensitive Unsure

Did you feel that this individual understood your feelings and needs?

I felt that he/she understood me...

Very well
 Somewhat well
 Not very well Unsure

Did you feel comfortable talking to this individual about personal issues?

I felt...

Very comfortable
 Somewhat comfortable
 Uncomfortable Unsure

Was the information that this individual provided helpful to you?

The information was...

Very helpful
 Somewhat helpful
 Unhelpful Unsure

Were the center services (free pregnancy test, counseling, clothing, medical and legal referrals, etc...) helpful to you?

The services were...

Very helpful
 Somewhat helpful
 Unhelpful Unsure

Would you recommend the center to a friend who was facing a crisis pregnancy?

I would...

Strongly recommend it
 Somewhat recommend it
 Discourage it Unsure

What did you like best about the pregnancy center?

How could we be more helpful to someone in your situation?

Would you allow us, after getting written permission, to share information with others about your experience here?

Yes No

(If you answer "Yes", please include your name and other necessary information so that we may get in touch with you.)

Thank you for helping us do our best! Please use the back of this form if you need more space for comments.

2/25/19