



NYCPG Policies and Procedures for Problem Gambling Clinical Reimbursement for Private Practitioners

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Regional Problem Gambling Resource Centers
“Here to Help. No Barriers”

POLICIES AND PROCEDURES FOR PROBLEM GAMBLING PRIVATE PRACTITIONERS

The Problem Gambling Resource Centers (PGRCs) are programs of the New York Council on Problem Gambling (NYCPG) funded by the NYS Office of Addictions Services and Supports (OASAS). The OASAS System of Care for Problem Gambling treatment includes inpatient and outpatient programs who have a gambling designation on their operating certificate and a network of approved private practitioners. All outpatient services are available both in person and through telehealth and anyone is eligible to receive services regardless of ability to pay. The PGRC’s work in their regional communities to raise the awareness of problem gambling, support referrals to the OASAS system of care and collaborate with their local gaming facilities.

The following policies and procedures outline the Subcontracted-requirements of being eligible to receive referrals from the OASAS HOPEline and/or a PGRC.

Continued Eligibility Requirements:

- Be a licensed professional in good standing, licensed by the NYS Education Department. Accepted licensure includes- LMSW, LCSW, Certified Nurse Practitioner, Occupational Therapist, Physician, Physician Assistant, Registered Professional Nurse, LMHP, LMFT, Psychoanalysts, Psychologists, and Psychiatrists
- Report any complaints or misconduct related to your NYS Licensure to NYCPG within 30 days of notification.
- Provide services in New York State.
- Provide services through private practice or a group practice that does not receive any funding from NYS OASAS, NYS OMH, or any other state office. Practitioners providing consultation services unrelated to problem gambling, such as DWI assessment and screening are acceptable.
- Have your own malpractice insurance.
- Be on at least one insurance panel and/or provide a sliding scale fee for service.
- Provide three professional references.
- Participate in a site visit with PGRC staff.
- Complete all required trainings including:
 - The Application of Treatment Essentials for Problem Gambling (Online)
 - A Primer on Cognitive Behavior Therapy Webinar
 - Motivational Interviewing Primer Webinar
 - Problem Gambling Treatment Specialist – 60 Hour Core Curriculum
- Sign an NYCPG subcontract and Conflict of Interest form.
- Maintain an up-to-date account in the NYCPG Portal for practice information, client records, and billing.
- Complete training and become a registered user of the OASAS LOCADTR-G and submit a copy of your application and training completion certificate to your Program Manager.
- Utilize the OASAS LOCADTR-G for Level of Care Determination with each client (see further details in the separate [LOCADTR documents](#) provided)

Procedures for Obtaining Referrals

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Persons experiencing problems related to their (or others) gambling behavior can be “referred” to the PGRC and private practitioners in many ways. It is anticipated that referrals will come from the NYS HOPEline, area Casinos, the Criminal Justice System and through self-referral.

NYS OASAS operates a 24/7 confidential HOPEline that provides referrals for substance use and problem gambling services. The HOPEline will give out 3 referrals that will include OASAS gambling designated outpatient providers and the network of private practitioners. This means that you may receive a direct call from a person who obtained your information directly from the HOPEline or from a PGRC Program Manager.

If you receive a referral directly from the HOPEline or another external source that is NOT your PGRC Program Manager please process the caller as you would any other client calling your practice. Before your initial appointment with the client, contact your Program Manager so that an Engagement Form and client ID can be created in the Treatment Portal. Minimal information required to complete the Engagement Form includes first and last name, for full list of Engagement Form items needed to complete the Engagement Form, please see the chart below. If for any reason you are unable to take the caller on as a client, please refer them to your regional Program Manager and make your Program Manager aware of the situation.

First/Last Name
DOB
County of Residence
Email Address
Phone Number
Insurance Type
Primary Language

Additionally, ***Ask screening question for Binge Drinking-*** Given there is a high correlation between substance use and gambling problems and over 62+% of the clients seen by a private practitioner also have a co-occurring substance use, all should be screened using the NIAA single alcohol screen question (SASQ) *How many times in the past year have you had (4 for women, or 5 for men) or more drinks in a day?*” You can lead in with a prescreen of *How often did you have a drink in the past year.* A response of *one or more* warrants follow-up as a co-occurring referral. If you as the private practitioner do not have substance use treatment as an area of expertise, please refer the caller to your regional Program Manager.

Please be advised that there are no guarantees on the number of referrals you will receive during the duration of your subcontract agreement. As an approved private practitioner, you are welcome to obtain additional clients through your ongoing networking and notify your program manager as outlined above.

PGRC Administrative Support

Private practitioners should contact their assigned Program Manager to review client status regarding any administrative issues if needed. Program Managers are the support and direct point of contact for regional private practitioners. Their role is to assist both individuals and family members seeking help or information AND the regional treatment network. Your Program Manager will communicate with you about things like:

- Upcoming OASAS and/or NYCPG trainings, webinars, clinical supervision, listserv info, etc.
- Self-exclusion information including general information and sign- up forms.
- Regional recovery support group and self-help information.

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- Health insurance information.
- Legislative changes and updates.

***Please note that all client reporting in the treatment portal is required for you to remain active on the referral list regardless of whether payment for the client is received from NYCPG, this includes submitting monthly claims, which also serve as data collection forms.**

Ongoing Clinical Supervision

Private practitioners with active caseloads are strongly encouraged to attend ongoing clinical supervision via Zoom. Information and reminders about the zoom sessions are sent by the regional Program Manager to each private practitioner in the region regularly. Clinical supervision will be provided once per month in each region and includes case conferencing, ongoing training, and support. Clinical supervision will be facilitated by, and support provided by, a NYCPG approved Clinical Supervisor. The sessions allow for formalized and ongoing contact with other gambling treatment providers in the region. There are also two statewide clinical supervision sessions offered monthly if scheduling conflicts arise. Should a provider need additional support they can contact their regional Clinical Supervisor directly to request and schedule a one-on-one clinical supervision session.

Initial Contact- Engagement Session

Once referred to the PGRC, a client can call, text or email. Their message or call is directly answered by the PGRC Program Manager or attending staff. The purpose of this call is to establish rapport and offer the caller three referral options. Support can often require multiple but brief contacts to address language barriers and give referral options. Following the engagement session, a packet of information including the online resources and PGRC information will be offered to the individual and sent via email with their permission; (paper copies can also be requested).

During the engagement session, the Program Manager will gather availability information from the caller to schedule an initial assessment with the private practitioner selected by the client. The private practitioner should respond to the Program Manager’s inquiry regarding scheduling within 24 hours. The Program Manager will confirm an initial assessment appointment with the private practitioner and enter the information into the Portal. The Program Manager will confirm the appointment with the client.

The PGRC Program Manager will create a client activity record in the New York Council on Problem Gambling’s online data system (the NYCPG Portal) by entering the information from this engagement session. Once entered in the Portal, the client will be assigned an identification number **which will be used in place of any identifying information in ALL future written communications between the Program Manager and Private Practitioner.**

Please remember, if you receive a direct referral, feel free to begin working with the client as you would with any other client in your practice. Contact your Program Manager, who will create the initial client Engagement form and assign a client ID in the Treatment Portal.

Assessment

The assessment will be completed during the first session between the client and clinician. A second session can be utilized for the assessment if necessary. During the “Assessment” the clinician will focus on engaging the client and determining answers to what is required for reporting in the portal assessment section (see portal

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guidance manual). Client “Assessment” must include a financial assessment, completion of the LOCADTR-G, payment determination and SUD (Substance Use Disorder) screening, all of which must be documented.

Release of Information

The *PGRC Release of Information* is required. The release of information should be completed by the end of the initial assessment. The form should be maintained on file by the Private Practitioner. The *OASAS Notice of Privacy Practices* is also provided to the client during the assessment.

If a client is uncomfortable with or refuses to sign the release of information to NYCPG and NYSOASAS, the Private Practitioner should explore this further with the client, inform them of the purpose of the release and reassure them of the confidentiality they will receive in treatment. If a client continues to refuse to sign the release, please contact the Program Manager to discuss the specific case and next steps.

Once the client has completed an assessment session and agrees to attend treatment they are “Admitted” to PGRC treatment.

- Should the client and/or private practitioner determine services will not be continued beyond the initial assessment session, **do not complete the admission form**, the Program Manager should be informed immediately, and the case will be closed in the Portal.

Please wait until the client attends the second session to complete the Admission Form if the client will be admitted.

The Payment/Insurance Utilization Form will need to be completed at the same time as the Admission Form. This form specifies what the payment arrangement will be, along with an explanation to justify that arrangement.

Treatment Services for Admitted Clients

Each private practitioner will work with the client to develop a problem gambling treatment plan, which should be updated regularly (see attached sample). The private practitioner should utilize the LOCADTR-G to determine the most appropriate level of care. Allowable services for reimbursement from NYCPG include:

- Individual Treatment
 - In person
 - Teletherapy
- Couple/Family Treatment
 - In person
 - Teletherapy
- Group Treatment
 - In person
 - Teletherapy

Further clinical guidance can be found at <https://oasas.ny.gov/providers/problem-gambling-treatment>

*Please note, if insurance is being utilized, please consult the insurance company guidance on telehealth.

Group Therapy Procedures

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NYCPG facilitates referrals to group therapy for those clients who are interested in attending. This option is available to anyone currently receiving services as a client with an approved private practitioner.

All groups are facilitated by a qualified problem gambling professional (QPGP) as defined in the OASAS Part 857 Problem Gambling Treatment and Recovery regulations. Problem Gambling Resource Centers (PGRC) can help connect an individual to an appropriate group by being referred from their private practitioner.

How to Access Group Therapy Services

- Contact your local PGRC, Program Manager to find out what groups are available or to make a referral, by visiting this website and clicking on your client’s county location <https://nyproblemgamblinghelp.org/>
- The PGRC will gather basic client information and provide a connection to the group facilitator by having the facilitator directly contact the client
- Referring Private Practitioners are responsible for obtaining a signed release of information from their client for them to speak to the PGRC. Once a connection has been made to the group facilitator, a release should be obtained between the individual treatment provider and the group facilitator for ongoing communication and clinical updates.

Group Therapy Options

- Currently, all groups are offered virtually during the day and evening.
- Topic groups are available for anyone affected by gambling harms including the individual and loved ones including parents.
- For a list of current group offerings, please contact your PGRC.

How to Offer Group Therapy (open to existing clients)

- If you have a topic group you are interested in facilitating, please contact your PGRC for more information on the process

*A note on client contacts: If at any time during the process from referral throughout treatment there is a loss of contact (defined as no contact for 60 days or more) with the client, the treatment provider should contact the PGRC Program Manager so they can make three attempts to either engage or reengage the individual in services before the case is closed or the client is discharged. Treatment providers are encouraged to communicate regularly with their Program Managers, including when a loss of contact occurs with a client.

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Referrals to Other Services

Please contact your Program Manager if you need support in making referrals to mutual aid support such as Gamblers Anonymous, SMART Recovery or Gam-Anon or other support services. They can provide an accurate meeting list and possible meeting liaison. Referral to other outside services should be included as the private practitioner and client determine the need. Referrals from the private practitioner to other relevant services such as Psychiatric and/or medical care should be handled by the private practitioner in the same manner as they would for non-PGRC clients.

If there are any questions regarding referral resources, contact your PGRC Program Manager. Please recognize that PGRC Program Managers do not provide case management services.

Referral Protocol for Peer Support for those with Lived Experience with Gambling

Professional peer services allow individuals to draw from their personal experiences to provide help and support to those who are affected by gambling harms. The Problem Gambling Resource Centers (PGRC) can assist with connecting anyone who is experiencing harms relating to their gambling behaviors to someone who is a Certified Recovery Peer Advocate (CRPG) or Certified Recovery Peer Advocate-Provisional (CRPG-P) and has lived experience with problem gambling. The person does not have to be in treatment to receive services. For more information on OASAS Professional Peer Services, please visit <https://oasas.ny.gov/system/files/documents/2023/05/peer-support-services.pdf>.

How to Access Professional Peer Services

- Contact your local PGRC <https://nyproblemgamblinghelp.org/>
- PGRC staff will gather basic information and will provide a connection to a Peer Professional via warm transfer or having the Peer Professional directly contact the individual seeking services
- If you are calling on behalf of someone else, please make sure you have a signed release that is sent to the regional PGRC
- It is strongly encouraged that the individual seeking support reaches out directly for assistance

Additional Information about Professional Peer Services

- Services are currently available via video chat on a 1:1 basis
- Participants should have access to video chat
- Hours of availability are generally 3:00pm-8:00pm Mon-Fri and on weekends as available
- If services are needed in a language other than English, translation services can be provided upon request
- The person does not need to currently be in treatment to receive support

Reporting Requirements

Key Communications to be reported From Private Practitioner to Program Manager:

1. If you receive a referral from your regional Program Manager, you must confirm your availability for the initial appointment date and time with them within 24 hours.
2. If you receive a referral directly from the HOPEline or another external source that is NOT your PGRC Program Manager, please move forward with processing that client as you would any other client in your own practice. Contact your Program Manager to create an Engagement form and client ID in the Treatment Portal for the client.

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3. Assessment completed as scheduled:
 - a. If the client will not be admitted contact the Program Manager. Do not complete the admission form. Please wait to complete the Admission Form until after the second session if the client will be admitted.
 - b. If a client is admitted, complete the Admission Form within one week of attending the second session.
4. The client has a break in attendance or inconsistent attendance (known/unknown reason): A break in service is defined as 60 days or longer with no contact between clinician and client. Inconsistent attendance is marked by frequent cancellations or no showing appointments. Discuss with Program Manager. Include reason for the break in attendance in the Notes Box on the Admission Form if client will continue to participate in services, so IMS (Information Management Systems) is aware when they check on service lapses. If the client will not continue to participate in services, then include reason on the Discharge Form about why the lapse in treatment occurred. In either situation, the explanation will include the last date of contact with the client and where things were left with them.
5. The Payment/Insurance Utilization Form needs to be completed at Admission, and every six (6) months (or sooner if the payment arrangement changes).
6. The client is being discharged (known/unknown reason): If a client attends only 1 session, then the discharge form will not be completed, and the Program Manager will provide further instruction.
7. A former client has requested readmission: Contact Program Manager within 24 hours. The Program Manager will create a new Engagement Form in the Portal. Complete the Admission Form.
8. A family, friend or spouse is attending treatment (SO):
 - a. If SO is attending with the client, then enter this information in the Notes Box on the client claim form. This is considered a couple or family session and is billed under the primary client.
 - b. If SO is attending on their own, then the Program Manager will create a new client record for the SO. Sessions billed for the SO will be considered individual sessions and treated as such.
 - c. Please be advised that you cannot bill twice for the same service if both clients are admitted.

Admission Data

The PGRC Admission Data must be reported in the Portal after the initial assessment session and within one week of the client being considered admitted to treatment. The following data will be required in the database system:

Diagnostic Criteria on Admission Form

- Only use the Diagnostic Criteria Met at Admission box to list diagnostic criteria met for the individual with a gambling disorder. Select N/A for family members or others who are admitted to treatment.
- Only use the Diagnostic Criteria Met at Admission box to list criteria that were met At the TIME of ADMISSION.
- If diagnostic criteria for 312.31 were met at the time of admission, please indicate the issues bringing the individual to treatment in the Presenting Problems at Admission and/or Other Problems boxes.
- Should you want to provide the actual diagnostic code and any qualifiers, please use the Notes box to do so (i.e., “client meets criteria for diagnosis 312.31, mild, in sustained remission”). For any person who does not meet the full diagnostic criteria for gambling disorder, or is a family member, you should use the appropriate diagnosis from

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the DSM- V TR and also use the code Z72.6, which reflects distress with gambling.

- Use the Notes box to indicate any additional information you feel is relevant to the client's admission.

Discharge Data

The *PGRC Discharge Data Form* is required following the last treatment session or following 60 days of no contact from the client. This form is required to be completed in the Portal in the month in which the discharge took place. If a client is not attending treatment sessions but continues to respond to follow-up attempts, the private practitioner's input will be considered when determining if discharge is appropriate.

Diagnostic Criteria on Discharge Form

1. If there are fewer diagnostic criteria at discharge than there were at admission, then select "Yes" for *Diagnostic Criteria Met at Admission was Reduced*.
2. Also, if you select "Yes" for *Diagnostic Criteria Met at Admission was Reduced*, then a menu will appear, asking you to select which diagnostic criteria are met at discharge.
3. If no diagnostic criteria were present at admission and discharge, then select "N/A" for *Diagnostic Criteria Met at Admission was Reduced*.
4. For family members select "N/A" for *Diagnostic Criteria Met at Admission was Reduced*.
5. If a problem gambler is in remission when admitted to treatment (does not meet any diagnostic criteria), but relapses and meets diagnostic criteria at discharge, then select "No" for *Diagnostic Criteria Met at Admission was Reduced* and include a brief explanation in the notes box about the criteria that are met at discharge.

Monthly Claim Form

Policies and Procedures for Billing for Reimbursement

While it is imperative that we utilize insurance and a sliding scale when possible, so as not to tax the state funding being allocated to this program, clients suffering from problem and disordered gambling are particularly challenged financially. PAYMENT SHOULD NEVER BE A BARRIER TO TREATMENT IN THE PGRC PROGRAM.

Determining how the client will pay for treatment services is a clinical decision that will be made between the private practitioner and the client during the intake process and reassessed, at a minimum, every 6 months as part of the clinical treatment process. As is the current practice for all those seeking support for treatment, no one will ever be turned away based on inability to pay.

Billing Insurance

If a clinical decision is made to bill insurance, you will be reimbursed based on your contract with that insurance company. There will not be any additional reimbursement provided if the insurance company pays below the subcontracted rate with the NYCPG and/or if the client cannot afford the copay.

If the client's insurance is utilized, it is still a requirement to provide the client data in the portal so we may have an accurate picture of who is accessing services through this network.

The categories in the insurance section of the portal should be classified as below. A written justification should be provided and updated every 6 months based on the treatment process.

- Bill Insurance

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- High Deductible
- No Insurance
- Clinical determination is made, documented in chart, and justified in portal for requesting reimbursement from NYCPG/PGRC
- Client does not want to utilize their insurance

The following are more specified options that will be found for selection in the portal:

- I will bill the client’s insurance and the client will provide the required copay. NYCPG will not provide reimbursement.
- The client is uninsured. NYCPG will provide reimbursement.
- The client is uninsured and will utilize a sliding scale. NYCPG will provide reimbursement.
- The client has insurance, but there is a high deductible, and the client is unable to pay. NYCPG will provide reimbursement.
- The client has insurance but is not able to provide the required copay. NYCPG will provide reimbursement. Insurance will not be billed.
- I will not bill the client’s insurance at the request of the client. NYCPG will provide reimbursement. An explanation must be provided.
- The client has insurance that I do not accept. I was provided with this referral due to the circumstances selected below. NYCPG will provide reimbursement. Select all that are applicable.
 - Language preference
 - Religious preference
 - Cultural preference
 - Clinician specialty area
 - Client requested specific clinician
 - Other –provide explanation
 - The client will utilize sliding scale for reasons not specified on this form. NYCPG will provide reimbursement. An explanation is required.

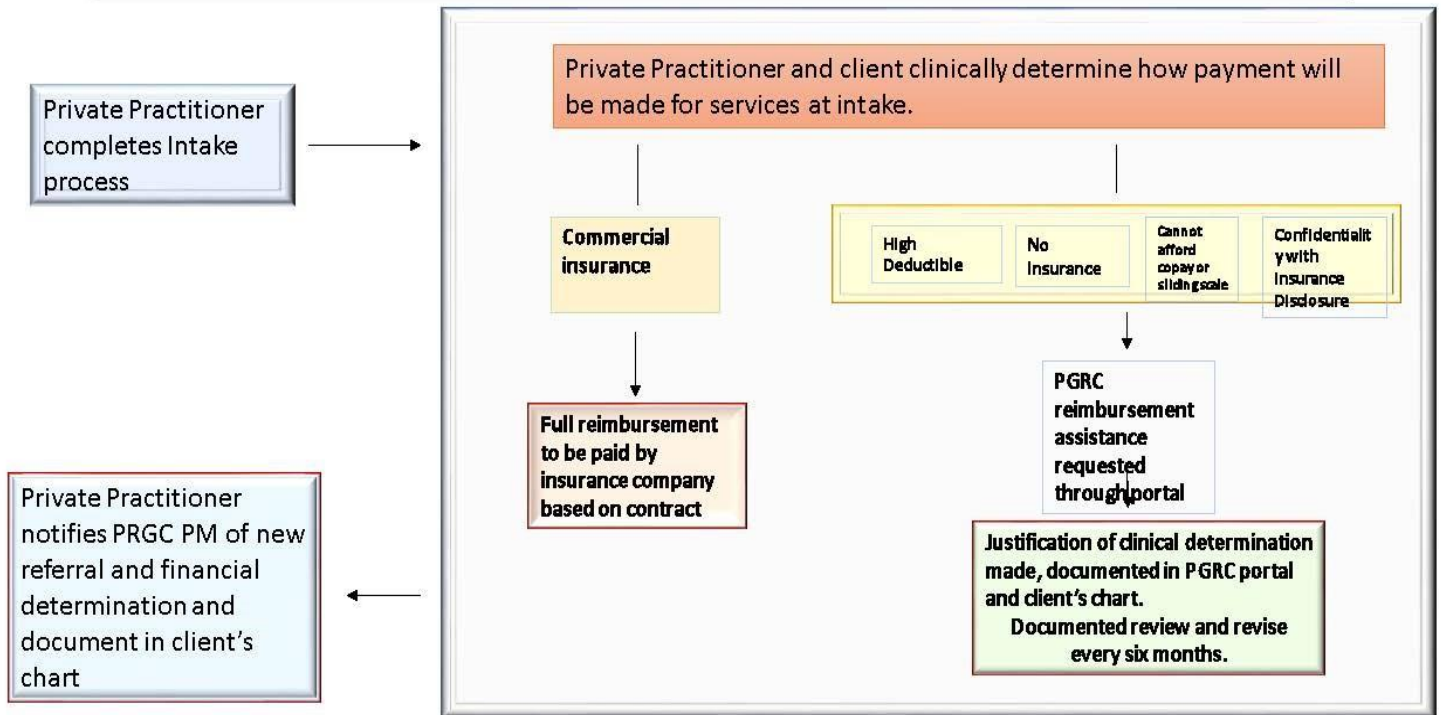
A clinical determination is made, documented in the client’s chart, and justified in the portal for requesting reimbursement from NYCPG/PGRC.

Continuation of Services Longer than One Year

Private Practitioners should document in writing in the portal justification for why it is clinically necessary to continue services beyond one year of treatment. The justification should also include a discharge plan.

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Reimbursement Determination by Private Practitioner for Problem Gambling Clients



A financial assessment should be completed every six months as part of the treatment process.

The pre-approved OASAS rates for reimbursement are listed below. Claims must be submitted by the 7th of the following month in order to be paid within that billing cycle. Late claims will be processed in a future billing cycle.

For Western, Finger Lakes, Central and Northeast regions, the following rates apply for individual, assessment, family and couple sessions

- 15 minutes = \$40.00
- 30 minutes = \$80.00
- 45 minutes = \$120.00
- 60 minutes = \$160.00
- 75 minutes = \$200.00
- 90 minutes = \$240.00
- Group sessions are half the cost of the above.

For Mid-Hudson, Long Island and NYC regions, the following rates apply for individual, assessment, family and couple sessions:

- 15 minutes = \$47.00
- 30 minutes = \$94.00
- 45 minutes = \$140.00
- 60 minutes = \$187.00

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- 75 minutes = \$234.00
- 90 minutes = \$280.00
- Group sessions are half the cost of the above.

Sliding Scale

In instances where self-pay is utilized, a sliding scale fee program will be implemented by the private practitioner. The PGRC will reimburse the private practitioner up to the pre-approved OASAS rate for the amount not covered through sliding scale self-pay.

Missed Appointments

If a client misses an appointment, it is the policy of the PGRC that no fee should be incurred to the client or to the PGRC. Program managers can contact clients prior to their initial appointment time with a reminder to decrease these instances.

Secondary Services

Secondary services, such as psychiatric care are NOT approved for reimbursement by the PGRC.

Processing Through Insurance

Diagnosis

All PGRC clients must have a gambling related problem as their primary issue for seeking treatment, regardless of whether they meet full criteria for **Gambling Disorder** as outlined in the DSM-V TR. If the client meets diagnostic criteria for another mental health issue in addition to their gambling related problems, the clinician can bill insurance under that diagnosis and include code Z72.6 to reflect distress with gambling as a secondary diagnosis. Any family member who is admitted to treatment with a diagnosis other than 312.31, must also have code Z72.6 indicated.

Insurance Reimbursement

In instances where insurance can be utilized, private practitioners should follow their existing practices for billing and utilizing insurance. Clients will be charged a co-pay should their insurance requires one.

In situations where insurance is utilized, private practitioners should still submit a claim form indicating \$0 due from NYCPG. This ensures that all treatment statistics are accurate in reporting.

If an insurance claim is denied, the clinician can seek payment from the PGRC retroactive for up to 6 months. Each case of insurance denial should be reported to the PGRC Program Manager. All rejections/denials should be challenged with the insurance company. Proof of insurance claim denial must be submitted with the revised PGRC Monthly Claim Form.

If the insurance company provides no documentation for the rejection, the private practitioner must provide a written explanation to be added to the client's Admission form.

Private practitioners should NOT submit for reimbursement if/when insurance is being utilized/processed. No

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amount will be reimbursed by NYCPG when an insurance claim is made.

NYCPG Payment Claim Audits

Each year NYCPG will conduct audits for private practitioners. The audit ensures that documentation is present for any sessions reported and claimed for payment by NYCPG. Prior to the audit, NYCPG staff will notify the clinician regarding the process and the required documentation. NYCPG payment claim audits will be conducted annually. The following information is assessed during the audit process:

1. Session notes or attendance sheet for each session claimed signed by client indicating dates of services*
2. Signed Release of Information form dated within the past year

*Signatures may be substituted in audits by electronic health records if telehealth software is verifying attendance.

If any audits are found to be noncompliant, a corrective action plan will be developed between the program manager and the clinician to obtain signatures.

NYCPG Utilization Review

Utilization Review is conducted to demonstrate that admission was appropriate to the level of care, clinically necessary services are being provided, and the patient still meets criteria for the level of care. Private Practitioners should document in writing in the portal justification for why it is clinically necessary to continue services beyond one year of treatment. The justification should also include a discharge plan.

Client Financial Assessment

The private practitioner needs to complete the Payment/Insurance Utilization Form upon admission, and the form needs to be completed every six months thereafter. The client’s portal record will accommodate multiple forms.

Client Confidentiality

PGRC Clinicians are Covered Entities (CE) under the Health Insurance Portability and Accountability Act(HIPAA). OASAS is identified as a Covered Entity per the contract with NYCPG. NYCPG is considered a Business Associate. See definitions below for further explanation.

- Covered Entity (CE) – Health Care Provider, Health Plan, Healthcare Clearinghouse.
- Business Associate (BA) – Provides services to CE involving the use of Protected Health Information (PHI).

NYCPG Program Managers and PGRC Clinicians are expected to share information about clients. Therefore, it is important to remember that individually identifiable health information cannot be shared without a signed release from the client. This information may also be referred to as Protected Health Information (PHI) and is defined as:

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- the individual’s past, present or future physical or mental health or condition.
- the provision of health care to the individual.
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

Individually identifiable health information includes many common identifiers (e.g., name, address, birthdate, Social Security Number).

The signed release must specifically state how the individual’s information can be used. NYCPG Program Managers and PGRC Clinicians are expected to follow the parameters for information sharing outlined in the release forms. PHI should not be included on the Engagement Form unless the release is signed. A Clinician should refrain from completing the Admission Form unless the release is signed.

See [HIPAA Privacy Summary for more details](#).

Upon signing release of information forms, the client must be provided with the *OASAS Notice of Privacy Practices*.

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PGRC FORMS

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Example Problem Gambling Session Note

One session note is required to be completed for each visit. This note is maintained in the client record but is not entered online.

Date of Service:

Provider ID:

Client ID:

Session Note

Type of Service:

Individual

Family

Group

DSM V Score:

Significant other

Problem Gambling 1-3 criteria met

312.31 Gambling Disorder

Mild 4-5 criteria met

Moderate 6-7 criteria met

Severe 8-9 criteria met

Episodic

Persistent

N/A

In early remission

In sustained remission

(Continued on next page)

Progress/ Update:

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(Narrative)

Decline

No Change

Improvement

Adjustment to Initial Goals:

Comments:

Private Practitioner Signature: _____

I hereby attest that the information completed by me in the preceding forms is true and correct to the best of my knowledge.

Client Signature: _____

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Release of Information Form

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____
(Patient's Name) Address (Date of Birth)

do hereby authorize _____ to release information

(Private Practitioner name/agency)

contained in my medical records (except psychotherapy notes) created by provider named above to the individual(s) or organization(s) listed below for the purposes of assessment, treatment, information management, and payment services related to participation in the Problem Gambling Resource Center

1. Name and Address of person(s) or organization(s) to whom disclosure is to be made:

New York Council on Problem Gambling
New York State Office of Addiction Services and Supports

The recipient is prohibited from re-disclosing these records without my authorization unless permitted to do so under State or Federal law.

This **Authorization for the Release of Confidential Information** shall become effective on the date of execution of my signature hereinafter, and this **Authorization**, which grants specific authority for the release of protected health information by Clinician Name, shall remain valid until (Date) for one calendar year upon which date this **Authorization** shall automatically expire. I retain the right to revoke this **Authorization** at any time by providing a written notice to Clinician Name, but I understand and agree that my consent to release information shall remain in effect until the date the revocation is date stamped in by the Medical Records Department, and any documents released previous to that date are considered to be authorized and approved by me. I also understand that any disclosure/release must comply with New York State law and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); and that re-disclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

Signature of Client or Participant

Signature of Representative

Printed Name of Client or Participant

Printed Name of Representative

Executed this _____ day of _____,
20_____.

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Example of Treatment Goals and Treatment Planning

You are expected to use your clinical expertise and work directly with the client to determine the appropriate treatment goals for each individual and/or family member, or significant other. The information below is intended to support you in developing appropriate, measurable, and realistic goals.

Treatment goals focused on improving the client’s life in the following areas:

1. Gambling Behavior
2. Family/ Social
3. Education/ Vocational
4. Legal
5. Mental/ Physical Health
6. Financial

Below is a sampling of examples of realistic and potentially attainable goals for individuals starting treatment for their gambling related problem:

Gambling Behavior:

- Decrease gambling involvement
 - Client will gamble less frequently
 - Client will spend less time on gambling activities overall
 - Client will spend less money on gambling activities

Family/ Social Issues:

- Improve social relationships
 - Client will focus on spending time engaged in positive activities with their family
 - Client will increase their positive, gambling free support system
 - Client will increase their time spent on positive, non-gambling activities

Financial Issues:

- Improve financial situation
 - Examine how their gambling has contributed to their financial problems
 - Develop a budget that incorporates some level of restitution, repayment
 - Client will entrust finances to their significant other or trusted family member

Regional Problem Gambling Resource Centers
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NYS Office of Addiction Services and Supports
Notice of Privacy Practices (NPP)

CONFIDENTIALITY NOTICE

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

General Information

Information about your treatment and care, including payment for care, is protected by one federal law: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) *

Under this law the program may not say to a person outside of the program that you attend the program, nor may the program disclose any information identifying you as problem gambling client or disclose any other protected information except as permitted by the federal laws referenced below.

The program must obtain your written consent before it can disclose information about you for payment purposes. For example, the program must obtain your written consent before it can disclose information to your health insurer to be paid for services. You must also sign a written consent before the program can share information for treatment purposes or for health care operations. However, federal law permits the program to disclose information in the following circumstances without your written permission:

1. To program staff for the purposes of providing treatment and maintaining the clinical record;
2. Pursuant to an agreement with a business associate (e.g., Clinical laboratories, pharmacy, record storage services, billing services);
3. For research, audit or evaluations (e.g., State licensing review, accreditation, program data reporting as required by the State and/or Federal government);
4. To report a crime committed on the program’s premises or against program personnel;
5. To medical personnel in a medical/psychiatric emergency;
6. To appropriate authorities to report suspected child abuse or neglect;
7. To report certain infectious illnesses as required by state law;
8. As allowed by a court order.

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NYS Office of Addiction Services and Supports
Notice of Privacy Practices (NPP) Continued

Before the program can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing. (NOTE: Revoking a consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

*** 42 U.S.C. § 130d et. seq., 45 C.F.R. Parts 160 & 164**

Your Rights

- Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health and treatment information. The program is not required to agree to any restrictions that you request, but if it does agree with them, it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
- You have the right to request that we communicate with you by alternative means or at an alternative location (e.g., another address). The program will accommodate such requests that are reasonable and will not request an explanation from you.
- Under HIPAA you also have the right to inspect and copy your own health and treatment information maintained by the program, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the program’s records, and to request and receive an accounting of disclosures of your health-related information made by the program during the six (6) years prior to your request.
- If your request for any of the above is denied, you have the right to request a review of the denial by the program Administrator.
- To make any of the above requests, you must fill out the appropriate form that will be provided by the program.
- You also have the right to receive a paper copy of this notice.

The Use of Your Information at the program

To provide you with the best care, the program will use your health and treatment information in the following ways:

- Communication among program staff (including students or other interns) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes.
- Reporting data to the NYS OASAS Problem Gambling Referral and Private Practitioner Data Base.

The Program’s Duties

The program is required by law to maintain the privacy of your health information and to give you notice of its legal duties and privacy practices regarding it. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. The program will provide current patients with an updated notice and will provide affected former patients with new notices when substantive changes are made in the notice.

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NYS Office of Addiction Services and Supports
Notice of Privacy Practices (NPP) Continued

CONFIDENTIALITY NOTICE

Complaints and Reporting Violations

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may register a complaint with the:

Office for Civil Rights

U.S. Department of Health and Human Services,

Jacob Javits Federal Building

26 Federal Plaza-Suite 3313

New York, New York, 10278

Voice Phone (212) 264-3313.

FAX (212) 264-3039.

TDD (212) 264-2355

OCR Hotlines-Voice: 1-800-368-1019

You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.