



Welcome!

At Milestones Nutrition and Behavioral Health, we focus on overall wellness of the mind and body. Whether you are here for nutrition, therapy, or both, we are so glad you are here.

Melissa Smith RDN, LDN Director of Nutrition and Behavioral Health strives to help individuals enhance overall health by encouraging a healthy relationship with food while also helping navigate meal preparation, manage diabetes and/or explore what's missing in a person's intake related to their specific needs/goals. Melissa collaborates with primary care physicians, endocrinologists and any additional outside providers to ensure synchronicity in care and optimal health.

Dana Baker MS, LCPC exhibits a natural sense of compassion and empathy, and is passionate about helping individuals instill positive change in their lives. Dana utilizes an integrated therapeutic approach with her clients including Cognitive Behavioral Therapy (CBT), Solution-Focused Therapy, Dialectical Behavioral Therapy (DBT) & Client-Centered Therapy. Dana is passionate about helping individuals find peace with their bodies and food through self-esteem improvement and confidence building. Dana believes that healing begins with a strong foundation and is an important factor in facilitating change. Dana provides individual and group therapy, specializing in anxiety, depression, eating disorders, self-esteem struggles, trauma, self-harm, life transitions, grief, loss and relationship challenges.

We provide a warm and inviting space where individuals feel accepted, supported, and safe at Milestones. Please take note of the following information prior to your arrival:

- A mask is required at Milestones.
- Upon arrival, wait comfortably and your clinician will be out shortly.
- If you are feeling ill, please notify your clinician to reschedule without charge.
- Arrive a few minutes early and don't forget your paperwork.
- Bring your ID, insurance card, and a credit card you would like to have on secure electronic file.
- If you are running late or need to reschedule, please call our office at 217-239-2839.
- Restrooms are located straight ahead outside of our office door.
- Our Wi-Fi network is SFYMCA-Guest and the password is YMCAguest.

We understand that first appointments can be overwhelming and even scary. Please let us know if you have any questions or concerns regarding services or treatment. We look forward to working together and helping you achieve your goals.

In health, Melissa Smith RDN, LDN & Dana Baker MS, LCPC



# MILESTONES

## Nutrition & Behavioral Health

A service of the Stephens Family YMCA

3015B Village Office Place, Champaign, IL 61822

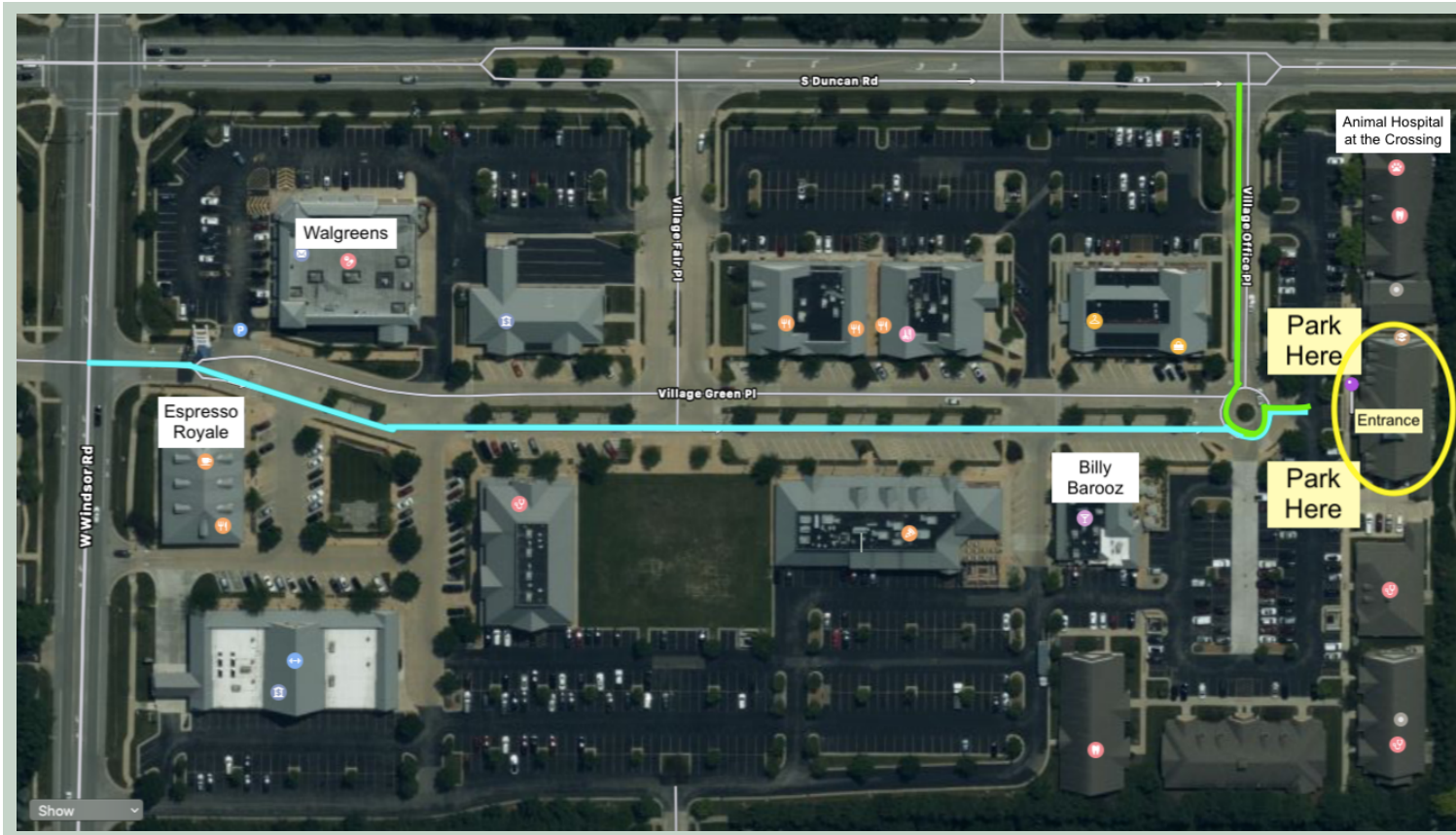
fax: 217.356.7964 | www.sf-ymca.net

Melissa Smith RDN, LDN - Director of Nutrition and Behavioral Health

Dana Baker MS, LCPC

Phone: 217.239.2839 ext. 303

Email: melissa@ccymca.net / dana@ccymca.net



### Directions:

- Look for the entrance with 2 pillars - this will be the entrance in the middle straight across from the roundabout. Reference the picture on the right.
- Once entered building, walk straight past the stairwell.
- Milestones is the door on the right.





Stephens Family YMCA Clinic  
3015B Village Office Place, Champaign, IL 61822  
fax: 217.356.7964 | www.sf-ymca.net

Melissa Smith RDN, LDN - Director of Nutrition and Behavioral Health, Dana Miller LCPC  
Phone: 217.239.6085 ext. 128 | Email: melissa@ccymca.net

---

## Confidential Client Information

Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to omit, please feel free to do so.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Billing Address/City/State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ SS#: \_\_\_\_\_

Education (grade completed, any postsecondary): \_\_\_\_\_

Gender: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Policy Holder Name and DOB: \_\_\_\_\_

Policy Holder SSN: \_\_\_\_\_

Policy Holder Address: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Who may we thank for your referral? \_\_\_\_\_



## Stephens Family YMCA Clinic

3015B Village Office Place, Champaign, IL 61822

fax: 217.356.7964 | www.sf-ymca.net

Melissa Smith RDN, LDN - Director of Nutrition and Behavioral Health | Dana Baker MS, LCPC

Phone: 217.239.2839 ext. 303 | Email: melissa@ccymca.net / dana@ccymca.net

---

### Patient Demographic Form

**Please provide your primary reason for seeking help at Milestones.**

Nutritional Health

Behavioral Health

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check any symptoms that you have experienced in the last month.**

Obsessive thoughts

Purging

Panic/Phobia/Fears

Worry

Bingeing/Not Eating

Sleeping too much/too little

Depression: Feeling Hopeless, Worthless

Anxiety: Specific, Social, General

Isolating: wanting to be alone

Difficulty going in public places or leaving your house.

Anger, explosive behavior such as yelling, throwing things, hitting, kicking, etc.

Suicidal Urges: Feeling like you want to or will kill yourself.  
Plan    No plan

Nightmares, bad dreams, night terrors, or flashbacks (memories from the past that pop in your mind).

Homicidal thoughts/urges: feelings or thoughts of wanting to hurt/kill someone else

Mania/Excessive energy: being able to go on little or no sleep.

Suicidal Ideation: thoughts of dying or killing yourself.



**MILESTONES**  
 Nutrition &  
 Behavioral Health  
 A service of the Stephens Family YMCA

3015B Village Office Place, Champaign, IL 61822  
 fax: 217.356.7964 | www.sf-ymca.net

Melissa Smith RDN, LDN - Director of Nutrition and Behavioral Health | Dana Baker MS, LCPC  
 Phone: 217.239.2839 ext. 303 | Email: melissa@ccymca.net / dana@ccymca.net

**AUTHORIZATION FOR CREDIT CARD USE FORM**

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Credit Card Type:** \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ American Express

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVV:** \_\_\_\_\_ (last 3 digits located on the back of the credit card)

**Amount to Charge:** \$ \_\_\_\_\_ (USD)

\_\_\_ Charge at time of service OR \_\_\_ Other (please specify): \_\_\_\_\_

I, \_\_\_\_\_, Date of Birth: \_\_\_\_\_, authorize Milestones Nutrition and  
(Name of Patient) MM/DD/YYYY

Behavioral Health Clinic, a service of the Stephens Family YMCA, to charge the amount listed above to the credit card provided herein at the time of service, unless otherwise indicated. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

This document is valid for one year from the date signed below.

**Cardholder - Please sign and date below.**

Signature

Date

*Note: A copy of your receipt will be sent to your email on file.*





Stephens Family YMCA Clinic  
3015B Village Office Place, Champaign, IL 61822  
fax: 217.356.7964 | www.sf-ymca.net  
Melissa Smith RDN, LDN - Director of Nutrition and Behavioral Health, Dana Miller LCPC  
Phone: 217.239.6085 ext. 128 | Email: melissa@ccymca.net

## NOTICE OF PRIVACY PRACTICES

THIS INFORMATION DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW THIS DOCUMENT CAREFULLY**

When you or your child receives health care services (such as speech therapy, developmental, occupational, physical, social work, nutrition and interpretation or translation) through **Young Men's Christian Association of Champaign County dba Stephens Family YMCA**, personal and health information about you will be compiled either through Early Intervention (EI) or the parent/guardian of the child. Information may also be compiled about your pregnancy.

Stephens Family YMCA is required by law to maintain the privacy of your and your child's health information and to inform you of its duties and privacy practices. This notice describes some of the ways in which Stephens Family YMCA may use or disclose your or your child's personal health information, and the rights you have concerning your or your child's health information.

### **Health Information Includes and Relates to:**

- You or your child's past, present, and future physical, medical and mental health conditions;
- You or your past, present, or future payment for the care or services your child received; and
- Care and services provided to you or your child.

This notice is effective beginning May 15, 2020. Stephens Family YMCA is required to follow the terms of this notice until the notice is revised. Stephens Family YMCA reserves the right to revise or change the contents of this notice at any time. If it does so, the new notice will be sent to you within 30 days after the effective date of the change. The new notice will state "Revised" and will include the date the change became effective.

### **Use or Disclosure of Personal Health Information**

Most of the purposes for which Stephens Family YMCA uses or discloses your or your child's health information are described in the Release of Information Form. This notice **DOES NOT** replace that consent form.

#### **A. USES OR DISCLOSURES WITH PRIOR CONSENT**

Stephens Family YMCA will continue to obtain your consent for most uses and disclosures, including the following:

**Treatment:** We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with providers, nurses, service coordinators and/or a third party for treatment purposes. We may also disclose protected health information to physicians who may be treating you or your child. In some cases, we may also disclose your protected health information to people outside the facility who may be involved in your medical care, such as other therapists, health care workers, family members, or others we use to provide services that are part of your care.



Payment: Your or your child's protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the sessions we have scheduled. We may disclose protected health information to your health insurance company to determine whether you or your child is eligible for benefits or not. In order to get payment for the services we provide to you or your child, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review.

Health Care Operations: This means the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff in meeting your needs.

## **B. USES OR DISCLOSURES WITHOUT PRIOR CONSENT**

Certain Health Care Operations: Stephens Family YMCA may use or disclose or disclose your or your child's health information as required for certain health care operations. For example, we may use your or your child's health information to conduct quality assessment activities.

When Required By Law: Stephens Family YMCA may disclose your or your child's health information as required by federal, state, or local laws. For example, we may disclose information pursuant to a Federal Grand Jury subpoena.

Government Benefit Programs: Stephens Family YMCA may use or disclose your or your child's health information as needed for the administration of a government benefit program such as Medicaid.

Federal Oversight and Monitoring: Stephens Family YMCA may disclose your or your child's health information to an office or agency of the federal government in connection with the federal government's oversight or monitoring activities.

In an Emergency: Stephens Family YMCA may disclose your or your child's health information to medical or law enforcement personnel if the information is needed to prevent immediate harm to you or your child.

Other Uses of Information/Revocation Rights: Other uses and disclosures of health information not covered by this notice or the laws that apply to Stephens Family YMCA will be made only with your written authorization. If you provide Stephens Family YMCA with your permission to use or disclose your or your child's health information, you may revoke that authorization in writing at any time. Should you revoke the authorization, Stephens Family YMCA will no longer use or disclose your or your child's information for any reasons that require your written authorization. NOTE: Stephens Family YMCA may not take back any disclosures it has already made prior to your processing your revocation request.

## **C. DESTRUCTION OF PHI:**

PHI is maintained on file for six years for ALL clients following discontinuation of health services. PHI is stored in locked file cabinets and/or secured digital files at Stephens Family YMCA home office located at 2501 Fields South Drive Champaign, IL 61822. Following the six year period and discontinuation of services, digital files will be deleted and paper files destroyed through a shredding process.

### **Your Rights Regarding Health Information**

Right to Inspect and Copy: You have the right to inspect and receive a copy of the health information that Stephens Family YMCA has about you or your child in most situations. This includes medical and billing records. You must submit your request in writing to Stephens Family YMCA and include a time period for which you wish to review your records.

Right to Request Amendment: You have a right to ask Stephens Family YMCA to amend the health information it has collected or maintains about you or your child if you feel it is incorrect or incomplete. If your request is approved, your request and the amendment will become part of your or your child's permanent record. You must submit your request in writing to our office. You must state the reason you are requesting an amendment.

Right to a List of Types and Locations: You have a right to request a list of the types and locations of health information about you or your child, collected, used or maintained by Stephens Family YMCA.

Right to Receive an Accounting of Disclosures: You have a right to request a list of each time Stephens Family YMCA has disclosed personal health information about you, on or after May 15, 2020 for reasons **other than** treatment, payment or health care operations, or certain other reasons as provided by law. You must submit your request in writing to Stephens Family YMCA. Your request must state a time period that may not be longer than six years.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information that Stephens Family YMCA uses or discloses about you or your child for treatment, payment and health care operations. You must submit your request in writing to Stephens Family YMCA, and indicate what information you want limited and to whom the limits apply. **NOTE:** Stephens Family YMCA is not required to agree to your request.

Right to Request Communication Methods: You have a right to request that Stephens Family YMCA communicate with you in confidence about your or your child's personal health information in a different means or at a different location. For example, you may request that Stephens Family YMCA contact you with confidential information only at work or by mail, or communicate with you in your own language if you are non-English or limited-English speaking.

Right to Receive Additional Copies of this Notice: You have a right to receive additional copies of this Notice upon request. To request additional copies, please contact Stephens Family YMCA.

Right to File a Complaint: If you believe Stephens Family YMCA has violated your privacy rights, you have the right to complain to the Privacy Officer of Stephens Family YMCA, or the U.S. Department of Health and Human Services.

### **PRIVACY OFFICER**

To receive additional information or to file a complaint with Stephens Family YMCA, please contact the Privacy Officer at Stephens Family YMCA. The phone number is 217.239.2849. If you wish to file a complaint with the U.S. Dept. of Health and Human Services, please write to:

Region V, Office for Civil Rights  
U.S. Dept. of Health and Human Services  
233 N. Michigan Avenue, Suite 240  
Chicago, Illinois 60601

### **NOTICE OF PRIVACY PRACTICES**

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



Stephens Family YMCA Clinic

3015B Village Office Place, Champaign, IL 61822

fax: 217.356.7964 | www.sf-ymca.net

Melissa Smith RDN, LDN - Director of Nutrition and Behavioral Health, Dana Miller LCPC

Phone: 217.239.6085 ext. 128 | Email: melissa@ccymca.net

---

I have received the attached Stephens Family YMCA Notice of Privacy Practices.

---

Client Name

---

Date of Client's Birth

---

Signature of Client or Parent/Legal Guardian Relationship to Client

---

Date

---

Witness (if not signed by client) Signature

---

Date

**RETURN TO Stephens Family YMCA either via clinician, email: melissa@ccymca.net or Fax 217.356.7964.**



**Stephens Family YMCA Clinic**

3015B Village Office Place, Champaign, IL 61822

fax: 217.356.7964 | www.sf-ymca.net

Melissa Smith RDN, LDN - Director of Nutrition and Behavioral Health, Dana Miller LCPC

Phone: 217.239.6085 ext. 128 | Email: melissa@ccymca.net

---

**AUTHORIZATION TO RELEASE/EXCHANGE  
PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_, Date of Birth: \_\_\_\_\_, authorize \_\_\_\_\_  
(Name of Patient) MM/DD/YYYY (Name of Clinician)

of Stephens Family YMCA to disclose and/or obtain protected health information and records including, but not limited to, my diagnoses and treatment progress with:

NAME, TITLE AND ADDRESS OF PERSON/ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PURPOSE OF DISCLOSURE/EXCHANGE:**

\_\_\_ The purpose of this disclosure of information is to improve assessment, facilitate treatment planning, share information relevant to your health, and when appropriate, coordinate treatment services.

\_\_\_ If other purpose, please specify: \_\_\_\_\_

**DESCRIPTION OF INFORMATION TO BE DISCLOSED/OBTAINED SHALL BE LIMITED TO THE SPECIFIC TYPES OF INFORMATION:** (Please check all that apply)

\_\_\_ Diagnosis \_\_\_ Discharge/Transfer Summary \_\_\_ Treatment Plan and/or Summary

\_\_\_ Continuing \_\_\_ Care Plan \_\_\_ Consultation \_\_\_ Progress Notes

\_\_\_ Medication Management Information \_\_\_ Drug/Alcohol Treatment \_\_\_ Diagnosis

\_\_\_ Laboratory Results \_\_\_ Demographic Information

\_\_\_ Medical History and Current Findings \_\_\_ Educational Information

\_\_\_ Other: \_\_\_\_\_

SENSITIVE INFORMATION:

I understand that information in my record may include information relating to (1) behavioral or mental health services; (2) treatment for alcohol or drug abuse/dependence; and (3) sexually transmitted diseases or HIV/AIDS.

RIGHTS:

- I understand that my records are confidential and protected under federal regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations or under legal compulsion.
- I understand that I can refuse to sign this authorization.
- I understand that I may inspect or obtain a copy of the information used or disclosed, as provided in 45 Code of Federal Regulations section 164.524.
- I understand that I may revoke this authorization at any time by sending write and date notification to Steven’s Family YMCA. However, the revocation will not be effective to the extent that prior action has been taken in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has legal right to contest the claim.
- I understand that I have the right to inspect the disclosed information at any time.

REDISCLASURE: I understand that the staff at Steven’s Family YMCA are legally required to keep my protected health information confidential. Federal and/or Illinois Law *generally* prohibits recipients of my health information from re-disclosing such information except with appropriate written authorization of the patient and/or legal guardian or as specifically required or permitted by law. However, if I have authorized the disclosure of my protected health information to someone who is not legally required to keep it confidential, I understand that it could be re-disclosed and no longer protected by state or federal privacy laws. Steven’s Family YMCA is not responsible for any disclosure by third parties and I knowingly consent to release the information.

EXPIRATION: I understand that this authorization, unless otherwise revoked in writing, will remain valid until (not to exceed 1 year): \_\_\_\_\_  
(If not specified, permissions will expire one year from now the date signed.)

---

Signature of Patient	Date
----------------------	------

---

Signature of Parent, Guardian or Personal Representative (If patient under 18 or if somebody has been granted Power of Attorney)	Relationship to Patient	Date
---	-------------------------	------

---

Signature of Clinician	Date
------------------------	------