

**BUCKS COUNTY PSYCHOLOGICAL
INFORMATION FOR CLIENTS BROCHURE**

CLIENT NAME: _____

CLIENT DOB: _____

CLIENT ADDRESS: _____

Welcome (or welcome back) to Bucks County Psychological! I appreciate your giving me the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure talks about the following:

- *What the risks and benefits of therapy are.*
- *What the goals of therapy are, and what my methods of treatment are like.*
- *How long therapy might take.*
- *How much my services cost, how I handle money matters, Good Faith Estimates/Expected Cost of Financial Responsibility*
- *Other important areas of our relationship.*

After you read this brochure, we can talk about how these issues apply to you. This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

About Psychotherapy

I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My theoretical approach is based on a variety of techniques including cognitive-behavioral therapy, motivational interviewing, psychodynamic therapy, drug & alcohol therapy, and family/couples therapy.

The goals of my treatment are to help people experience relief from the symptoms or problems they are experiencing by 1) identifying the causes of their concerns, 2) developing the motivation to address them, and 3) learning specific coping strategies to problem-solve and address these problems.

I may take notes during our meetings. You may find it useful to take your own notes and also to take notes outside the office. You could also tape-record our meetings to review at your leisure at home.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want

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to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our time together, we will discuss the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

If treatment is being sought for the abuse of drugs or alcohol, sometimes it is important to objectively evaluate whether a person is currently using by conducting urine drug screen. We typically recommend an outside agency like Quest Diagnostics or Arc Point labs if testing is needed.

Most of my clients see me once a week for a period of time that we mutually determine together. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, **I ask that you agree now to meet then for at least one more session** to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my clients are.

This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

About Confidentiality (FOR ALL PRACTICES RELATED TO HIPAA, READ MY PRIVACY PRACTICES FORM BELOW)

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In gen-

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eral, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. Due to a change in law (Act 31) psychologists are now legally mandated to report suspected child abuse in a wider range of situations than was the case up until now. This paper is to inform you of the new requirements that went into effect in December, 2014.
5. If I have reason to suspect, on the basis of my professional judgment, that a child is or has been abused, I am required to report my suspicions to the authority or government agency vested to conduct child abuse investigations. I am required to make such reports even if I do not see the child in my professional capacity. I am mandated to report suspected child abuse if anyone aged 14 or older tells me that he or she committed child abuse, even if the victim is no longer in danger. I am also mandated to report suspected child abuse if anyone tells me that he or she knows of any child who is currently being abused.

Release of Records:

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician by telephone or in writing, concerning services that are being provided by me unless you request that notification not be made. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients' records 15 years after the end of our therapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent

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medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

About Our Appointments

The very first time I meet with you, we will need to give each other much basic information. Following this, we will usually meet for a 45-minute session once or twice a week, then less often. We can schedule meetings for both your and my convenience. I will alert you in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least 48 hours notice. *Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know 48 hours in advance. I will waive the fee for the first missed session with a reminder of my policy. Thereafter, it is at my discretion to charge a full session fee with less than 48 hours notice of cancellation.* Your insurance will not cover this charge.

I will reserve a regular appointment time for you into the foreseeable future. I also do this for my other patients. Therefore, I am rarely able to fill a cancelled session unless I have several weeks' notice. Please note

You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible.

I cannot be responsible for any personal property or valuables you bring into this office.

Fees, Payments, and Billing

We ***do not*** accept "in-network" insurance at Bucks County Psychological, meaning that we are not contracted as paneled providers with ***any*** insurance companies. Prospective clients cannot use their insurance copay to pay for our services as one could if they were using their in-net-

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work insurance coverage. We can, however, help you to submit “out-of-network” statements if that is a part of your benefits, which means that insurance companies will allow you to work with therapists who are not specifically contracted/paneled with your insurance. Out-of-network benefits typically involve meeting a deductible set by your insurance (for example, one thousand dollars) and once met the insurance company will pay for a portion of the therapy or “co-insurance” at the rates that your insurance company set (for example, sixty percent of an insurance companies rate for a psychotherapy session). At the time of our first call and before your first appointment, this will have been explained to you so that you verify your out-of-network insurance coverage by calling the customer service number on the back of your insurance card or literature.

No Surprises Act

The “No Surprises Act,” enacted January, 2022 aims to reduce the likelihood that patients may receive a “surprise” medical bill by requiring that providers inform patients of an expected charge or good faith estimate for a service before the service is provided or upon request. Bucks County Psychological orally provided a good faith estimate to you at the time of our first call. Within 24 hours of the initial appointment scheduling, we sent you this “Good Faith Estimate” or “Expected Cost” included in this client brochure so you are aware of your expected charges within a year, other intervals, or the ability to calculate the cost of therapy for yourself.

Good Faith Estimate/Expected Cost Estimate

BCP’s Associates fees for a 45/50-minute psychotherapy session is approximately \$180-200 (unless negotiated at the time of the call). For the purpose of 1) a good faith estimate, 2) an expected cost estimate, or 3) a financial invoice you plan to submit to your insurance company, your statement will include a CPT Code for a 45-minute session (90834), BCP’s Employer Identification Number (EID, 27-2787045), your Associates National Provider Number (NPI), their license numbers, and the ICD diagnostic code (_____).

It is impossible to determine the length of a therapy during an initial intake discussion. Moreover, issues that arise in therapy can shorten or lengthen its duration. We, however, want you to be aware of the potential costs involved and have devised three ways to understand your estimated/expected charges. This includes 1) multiplying my fee per session by how many sessions you might expect to meet together (e.g., \$200 x Quantity of Sessions= Estimated Cost)); 2) multiplying by my fee of \$200 by 10-session increments (i.e., \$200 x 10 sessions = \$2000); 3), multiply my fee of \$200 by 52-sessions that might occur over the span of a year (i.e., \$200 x 52-sessions = \$10,400). We suggest using the 52-session estimate as a conservative Good Faith Estimate/Expected Cost Estimate.

Disclaimer or “No Surprises Act”

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate. The information provided in the good faith estimate is only an estimate and that actual items, services, or charges may differ from the good faith estimate. You have the right to initiate a patient-provider dispute resolution process if the actual billed charges substantially exceed the expected charges included in the good faith estimate.

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The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

Payment for services is an important part of any professional relationship. This is even more true in therapy. One treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for the amount that we both agree upon at the time of each session. If you need to reschedule an appointment, you are responsible to contact me 24 hours prior to start of the appointment time. I may charge up to 100% of the session fee for missed sessions in which there is no notification given. If you have an unpaid balance or are unable to pay for sessions, it is at Dr. Coren’s discretion to discontinue service if this financial responsibility is not met. Prior to discontinuation, I will provide a referral to a lower cost therapist or facility and offer a reduced fee follow-up session to determine if an appointment with the referral provider has been scheduled. If you need paperwork completed (e.g., disability form completion, written evaluations related to testing) beyond the normal paperwork that is required for psychotherapy (e.g., treatment planning, progress notes, treatment summary), there will be a charge of \$37.50 per 15 minute increments of time spent on such reports. Time will always be rounded upwards to the 15 minute increment (e.g., If 5 minutes are spent working on a report, the time will be rounded up to 15 minutes).

Psychologist’s Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will notify you in writing by mailing you the revisions.

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Complaints:

-If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Pennsylvania State Board of Psychology, P.O. Box 2649, Harrisburg, PA 17105-2649 Phone - (717) 783-7155

-You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The agency listed above can provide you with the appropriate address upon request.

-If there is a breach of your confidentiality, then I must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless I (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

-If you are self-pay, then you may restrict the information sent to insurance companies. Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases unless it is for purposes already mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.).

-You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

If You Need to Contact Me

I cannot promise that I will be available at all times. You can always leave a message on my answering machine, and I will return your call as soon as I can. Generally, I will return messages daily except on Sundays and holidays.

If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call one of the following community emergency agencies, the county mental health office at, or the crisis center at:

Lenape Valley Foundation

500 North West Street Doylestown
PA 18901-2366
(215) 345-5327

Horsham Clinic

722 East Butler Pike
Ambler, PA 19002
(215) 643-7800

Doylestown Hospital

595 W State St
Doylestown, PA 18901
(215) 345-2200

Grandview Hospital

Lawn Avenue and Almont Road
Sellersville, PA 18960
(215)-257-6551

If I Need to Contact Someone about You

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If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you —perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else.

Other Points

As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life—relationships, changes, concerns, attitudes, and other areas. If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners [note that this name differs across states], the organization that licenses those of us in the independent practice of psychology.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

CLIENT BROCHURE SIGNATURE FORM

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change, and that I was given all information regarding fees, fee structures, good faith estimates/expected charges estimate, and ways to resolve fee concerns and information regarding the “No Surprises Act”.

If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I acknowledge that I have been given documentation on Notice of Privacy Practices and have been given opportunities to ask about this.

I have been given the “Acute Alcohol/Other Drug Overdose” handout and 1) understand that abusing prescription medication, narcotic, and/or alcohol is potentially fatal and 2) understand that I should contact 911, Poison control (1-800-222-1222), or go to my local emergency room in the event that I believe that an overdose might be happening.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

XXX _____
Signature of client(s) (or person acting for client)

_____ **Date**

XXX _____
Printed name

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Therapists Signature

**Notice of Pennsylvania Psychologists' Policies and Practices to
Protect the Privacy of Your Health Information**

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions: "PHI" refers to information in your health record that could identify you.

"Treatment, Payment and Health Care Operations"

– Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

- Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. "Use" applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If I have reasonable cause, on the basis of my professional judgment, to suspect abuse of children with whom I come into contact in my professional capacity, I am required by law to report this to the Pennsylvania Department of Public Welfare.
- Adult and Domestic Abuse: If I have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), I may report such to the local agency which provides protective services.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- Worker's Compensation: If you file a worker's compensation claim, I will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of

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this Notice). On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will notify you in writing by mailing you the revisions. V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Pennsylvania State Board of Psychology, P.O. Box 2649, Harrisburg, PA 17105-2649 Phone - (717) 783-7155

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The agency listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. Addendum that goes into effect September 23, 2013:

If there is a breach of your confidentiality, then I must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless I (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

If you are self-pay, then you may restrict the information sent to insurance companies. Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases unless it is for purposes already mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.). You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

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I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mailing you the revisions.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT STATEMENTS

By my signature below, I _____ acknowledge that I received a copy of 1) Notice of Pennsylvania Psychologists' Privacy Policies and Practices and 2) Consent and Disclosure Statement for therapists name: _____

Signature of client (or personal representative)

Witness

Date

Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____ Relationship to Client: _____

OFFICE USE ONLY

I attempted to obtain written acknowledgment of receipt of my Notice of Psychologists' Policies and Practices, acknowledgment could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining the acknowledgment

Other (specify)

This form will be obtained in your medical record

ACUTE ALCOHOL / OTHER DRUG OVERDOSE: Don't Wait – Get Help!

When a teen or adult is suffering from acute alcohol poisoning as a result of drinking too much too quickly or mixing alcohol with other drugs, or has overdosed on drugs, his/her life may depend on your quick action!

How do you tell the difference between “drunk” and alcohol/drug poisoning?

Someone who has overdosed on alcohol or other drugs may show one or more of the following: snoring or gurgling breathing in someone who appears to be asleep; no response to shaking, to calling of his/her name or to pain; bluish lips, toenails or fingernails (caused by lack of oxygen;) cold, clammy or bluish skin (caused by poor circulation;) very slow and shallow breathing or no breathing at all; a pulse that is very slow, faint or absent; seizures (jerking movements or eyes rolling back;) or extreme confusion. The person may be suffering from alcohol or other drug poisoning if the person cannot be awakened, or if he/she vomits while passed out and does not wake up during or after vomiting. If the person is breathing slowly or irregularly - less than 8 breaths a minute or 10 seconds or more between any 2 breaths, ***the person is in serious trouble and needs immediate help!***

WHAT SHOULD YOU DO TO HELP?

- ◆ **FIRST - CALL 9-1-1 IMMEDIATELY.** Do not hesitate, don't try to diagnose the situation yourself, don't think about any legal or social ramifications; the person's life depends on your quick response! Call 911 and ask them to send an ambulance immediately. If you know or suspect that other drugs may have been taken, tell the ambulance personnel. Drugs or substances that may have been used should be sent to the emergency room with the person.
- ◆ Stay with or have someone stay with the person; if you must leave to call 911 try to return as quickly as possible. If there are no signs or suspicion of trauma or injury, gently turn an unconscious person on the side, one knee forward, hands and other leg outstretched. Loosen clothing that may impede breathing. If there may be trauma or injury, avoid moving the person.
- ◆ Watch his/her breathing closely. If he/she stops breathing, perform rescue breathing. If he/she has no pulse, perform CPR. If you don't know how, CALL FOR HELP and try to find someone who does know rescue techniques.
- ◆ If inhalants may have been involved, CAREFULLY remove bags or other paraphernalia that may provide vapors or impede breathing. *(Be careful to protect yourself and other bystanders from possibly inhaling fumes or vapors!)*

The American Association of Poison Control Centers (<http://www.1-800-222-1222.info/poisonHelp.asp>) has a national 24-hour toll-free hotline for poison emergencies: 1-800-222-1222. Calls are connected to the nearest certified regional poison center, which will provide information for problems involving poisoning. ***If someone may have overdosed, don't wait – CALL 911 IMMEDIATELY!***

DO NOT:

- ◆ ***Do not wait for things to get better or for the drug to wear off - call an ambulance!*** Every second lost increases the chance of permanent brain damage or death.
- ◆ Do not put the person into a bath tub – he/she could drown and it will not help. (However, if someone has overdosed on stimulants, especially “Ecstasy,” and his/her body feels very hot; you can use water-soaked cloths to cool him/her while waiting for the ambulance to arrive.)
- ◆ Do not try to make the person vomit—he/she might inhale the vomit and suffocate.
- ◆ Do not give coffee or anything by mouth - it will not wake up someone who has overdosed and may make him/her vomit.
- ◆ Do not inject or give stimulants to counter the effects of heroin or depressants.
- ◆ Do not inject saline or any other substances – it will not awaken a person who has overdosed.
- ◆ Do not leave the person alone except if necessary to summon help. Stay with him or her until help arrives.
- ◆ Be aware that the effects of “antidotes” such as nalcen or naltrexone usually do not last as long as the effects of depressant drugs such as heroin, and the effects of the overdose are likely to reoccur after the “antidote” effects have worn off. In some cases the “antidote” makes the situation worse. ***Obtain medical help – call an ambulance!***