THERAPY DALLAS

Psychological Services for Children, Adolescents, and Adults
12800 Hillcrest Rd A124, Dallas, TX 75230 • 214-755-6119 • www.therapydallas.com

GENERAL INFORMATION

Date: _____

CHILD/ADOLESCENT:

Name, Age: _____, _____ Birthdate: _____

Address: _____ Phones: (home) _____ msg ok ☐

_____ (child cell?) _____ msg ok ☐

PARENT(S):

Mother, Age: _____, _____ Father, Age: _____, _____

Address (if different from above): Address (if different from above):

_____ _____

_____ _____

Phones: (home) _____ msg ok ☐ Phones: (home) _____ msg ok ☐

(work) _____ msg ok ☐ (work) _____ msg ok ☐

(cell) _____ msg ok ☐ (cell) _____ msg ok ☐

Occupation: _____ Occupation: _____

Highest Grade/Degree: _____ Highest Grade/Degree: _____

Parents' marital status: ☐ married ☐ separated ☐ divorced ☐ never married

If divorced, please provide our office with a complete copy of your finalized divorce decree; additionally, please describe your custody arrangement: _____

SIBLINGS:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Please list any other people living in the home(s): _____

SCHOOL:

Name: _____ Grade: _____ Phone: _____

Primary Teacher(s): _____ School Counselor: _____

PEDIATRICIAN:

Name: _____ Phone: _____

EMERGENCY CONTACT(S):

Name, relationship to child: _____ Phone: _____

Name, relationship to child: _____ Phone: _____

REFERRAL SOURCE:

Referred by: _____ Phone: _____

Consent to acknowledge the referral? ☐ Yes ☐ No

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E-MAIL AUTHORIZATION

Although e-mail has become an increasingly popular mode of communication between healthcare offices/providers and patients, it's important you acknowledge that our office cannot guarantee the security of any information sent or received via e-mail. For this reason and others, our office aims to keep outbound e-mails relatively brief, and pertaining to practical (rather than clinical) matters. Please note that our therapists do not conduct therapy via e-mail, and cannot respond to urgent matters received by e-mail.

E-mails sent to info@therapydallas.com will be received and managed by our Office Manager, who will either respond directly to you (if the message pertains to non-clinical issues), or relay your message to your therapist (in the event your message pertains to clinical issues).

E-mail is not a foolproof means of communication and we cannot be responsible for misdirected e-mails either to or from our office. If you send an e-mail to us and it is not acknowledged within one business day (not counting weekends, holidays, or noticed vacations), you should assume that we have NOT received the e-mail and notify us immediately by calling our office at 214-755-6119. By signing below, you agree that we may use e-mail to communicate with you regarding practical matters – such as billing and scheduling – and **you agree to notify us independently if you send an e-mail and it is not acknowledged by the next business day.**

Please check one of the below options:

- ☐ I do not authorize e-mail communication with Therapy Dallas.
- ☐ I have read and understand the above information, and authorize e-mail communications with Therapy Dallas at the below e-mail address(es):

E-mail: _____ Name: _____

E-mail: _____ Name: _____

I understand this authorization is valid until (indefinite if left blank) _____ , that I may, via written request, withdraw my authorization at any time, and that I have a right to receive a copy of this authorization form.

_____
Patient's Name (Please Print)

_____ _____
Signature of Patient or Parent/Guardian Date

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AUTHORIZATION TO RELEASE/RECEIVE PERSONAL HEALTH INFORMATION*

CHILD'S NAME:_____ BIRTH DATE:_____

I, _____ hereby give my consent to Therapy Dallas to release and receive personal health information contained in my child's Clinical Record regarding:

☐ mental health ☐ medical history ☐ family history ☐ other: _____

To/from:

Psychiatrist: _____

Phone: _____

Prior Therapist: _____

Phone: _____

Evaluator: _____

Phone: _____

Other: _____

Relationship to Patient: _____

Phone: _____

Pediatrician: _____

Phone: _____

for the purpose(s) of ("Consultation" if left blank):

_____ .

In addition to authorizing my child's therapist to consult with the above-listed individuals *outside Therapy Dallas*, I also give my consent for my child's therapist to exchange with the below *Therapy Dallas therapist(s)* personal health information contained in my child's Clinical Record, for the purposes of clinical consultation:

Therapy Dallas Therapist(s): _____

_____

I understand that this authorization is valid for 1 year after the last date of service unless otherwise indicated here: _____ . I understand that I may, via written request, withdraw my consent at any time, and that I have a right to receive a copy of this authorization form. I also understand that the information being disclosed pursuant to this authorization to individuals outside Therapy Dallas may be subject to redisclosure by the recipient, and may no longer be protected by this privacy rule.

_____	_____	_____
Name of Parent/Guardian, relationship	Signature	Date
_____	_____	_____
Name of Parent/Guardian, relationship	Signature	Date

* Compliant with the *Health Insurance Portability and Accountability Act* (HIPAA).

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CREDIT CARD AUTHORIZATION FORM

Therapy Dallas requests that all patients keep an active credit card on file with our office. Once providing this information, you are welcome to continue paying by cash or check, in which case we will only charge your card in the below-listed circumstances. This form outlines our policies regarding fee collection; please read carefully and complete all fields. Our office manager and/or therapists are happy to address any questions you might have.

The fee for (patient name)_____ is $_____ for a 50-minute session.

I prefer to:

- ☐ Pay at the time of each session via credit card.
- ☐ Pay at the time of each session via cash or check, but authorize Therapy Dallas to charge my card in the event that I (or the individual bringing my child to session):
    - Do not arrive for a scheduled session (fee charged at time of session);
    - Forget payment in the form of cash or check (fee charged at time of session);
    - Cancel within 48 hours (fee charged at time of late notice).

CREDIT CARD INFORMATION:

Account Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name (as appears on card): _____

Account Number: _____ - _____ - _____ - _____

Exp. Date: _____ CVV2 (3 digit # on back): _____ Billing Zip Code: _____

Notice: In the event you do not arrive to 2 consecutive sessions and do not respond to our office's attempts to reach you by phone and/or e-mail, our office will not charge you for a 3rd missed session; rather, we will remove you from the calendar and will happily discuss rescheduling when you next reach out to our office.

By signing below, I certify that I am the authorized holder and signer of the above-listed credit card, and that all information I have provided is accurate. Additionally, I authorize Therapy Dallas to charge my card in accordance with the above-outlined policies.

Cardholder Signature: _____

Date: _____

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THERAPY CONTRACT and OFFICE POLICIES
Child/Adolescent

Welcome! This informed consent document provides useful information about our professional services, business policies, and ethical/legal responsibilities. It covers such topics as confidentiality, fees, telephone availability, and the like. Please take time to review it carefully; feel free to note any questions/concerns you might have so that you and your therapist can discuss them at your next meeting.

PSYCHOLOGICAL SERVICES

Psychotherapy varies considerably with respect to theoretical orientation, choice of intervention/technique, and duration of treatment. One may seek psychotherapy for a vast array of difficulties, discomforts, and/or curiosities. Moreover, beginning psychotherapy involves a thoughtful commitment of time, energy, and financial resources. It is therefore essential that in selecting a psychotherapist for your child or adolescent, you carefully consider the different treatment options and clinicians available to you.

Initial Evaluation: Our normal practice is to conduct an initial evaluation, which typically lasts 2-3 sessions. During these initial sessions, your child's therapist will gather information regarding your child's current difficulties and his/her social, emotional, academic, medical, and family history. Upon completing this evaluation, the therapist will discuss with you his/her initial diagnostic impressions and treatment recommendations, and outline an initial treatment plan. At this time, you and the therapist can both decide whether he/she is the appropriate clinician to meet your child's treatment needs.

Orientation: Our therapists are trained in a number of therapeutic modalities (including, but not limited to, Cognitive-Behavioral Therapy (CBT), psychodynamic therapy, play therapy, etc.), and will select appropriate therapeutic interventions based on your difficulties and needs. When providing therapy to children, our therapists typically require parent participation throughout therapy. Depending on your child's needs and progress, your child's therapist may wish to include you in many or (in some cases) all sessions; alternately, you may be asked to participate briefly at the start or finish of each session. In some cases, your child's therapist may recommend meeting exclusively with one or both parents, vs. meeting individually with your child.

Sessions: When psychotherapy is initiated, your therapist will typically schedule one 50-minute session per week. Our therapists are happy to schedule more frequent sessions if necessary, and to reduce the frequency of sessions (i.e., to once every 2-3 weeks) toward the end of therapy.

Because appointment scheduling involves the reservation of time specifically for you, it is important to **provide at least 48-hours notice** should you need to cancel or reschedule an appointment for any reason; otherwise, the full fee will be charged for missed sessions.

Sessions generally start on time. Occasionally, your therapist may be up to 10 minutes late. If your therapist begins a session late, he/she will make up the missed time in some mutually agreeable fashion, usually by extending the session (if convenient) or reducing the fee accordingly. Should your child arrive late to his/her appointment, the session will still end at the regularly scheduled time.

Termination: Because therapy is a highly individualized matter, it is often difficult to predict its exact duration. It is wise to inquire about the anticipated length of therapy, even though the answer

may not be precise. Typically, therapy ends when you and your child's therapist decide that your child has made satisfactory progress in achieving treatment goals.

Should you wish, at any time, to consult with or transfer your child to another therapist, we will be happy to assist you in finding a qualified clinician. With your written consent, our office will gladly provide another therapist with information regarding your child's treatment to-date and ongoing therapeutic concerns. You have the right to terminate your child's therapy at any time, but we recommend you discuss your plans to end therapy well in advance so that you, your child, and his/her therapist can review progress and process termination. In therapy – and especially in the world of a child -- good-byes are as important as hellos.

Alternately, your child's therapist may choose to terminate therapy earlier than predicted for one of the following reasons: parental inability to maintain a frequency of sessions recommended to support significant change, parental noncompliance with treatment plan, child's/family's need for services we are unable to provide, minimal progress despite appropriate treatment, and/or reasons related to your therapist's personal needs.

Participating in psychotherapy can have both benefits and risks; it is important to be well-informed of and to consider both. Potential risks include experiencing uncomfortable feelings, such as anxiety, sadness, or frustration. Psychotherapy often requires recalling unpleasant aspects of your or your child's past or present situation. Occasionally, a decision made during the course of therapy may be viewed positively by one family member, but negatively by another. Similarly, attempts to resolve issues that brought your child to therapy in the first place may result in unexpected or unintentional changes in interpersonal relationships. If you have any questions or concerns about the recommended treatment plan, therapeutic interventions/strategies, possible outcomes of treatment, or other issues, we encourage you to bring them to your therapist's attention so we can discuss them as they arise.

Potential benefits of psychotherapy (this is why you're here!) may include significant reductions in feelings of distress/anxiety/depression, improved quality of relationships, resolution of specific problems, enhanced coping and problem-solving skills, and increased understanding of one's vulnerabilities and strengths.

PROFESSIONAL FEES & PAYMENT

Currently, the fee for your therapist, _____,

is $ _____ for a 50-minute session. _____ (initial)

Any sessions scheduled for a shorter or longer time period will be prorated accordingly. Similarly, if your session runs longer than scheduled, we charge on a prorated basis for the additional time spent in session. Because we do not accept insurance, *payment is due at the time of each session,* and may be provided in the form of cash, check (payable to **Therapy Dallas**), or credit card. At the end of each month, our office will provide an itemized invoice showing diagnosis, dates of service, procedure code(s), and charges/payments. You will need these invoices if you seek insurance reimbursement (discussed below) or wish to report your costs for tax purposes. Our fees are subject to a small increase on January 1st of each year.

Additional Services: In addition to charging for a therapy session, it is our practice to charge the same fee (your therapist's aforementioned fee for a 50-min session) on a prorated basis for other professional services you may require, such as:

- telephone consultations lasting more than 5 minutes with you or professionals you have authorized;
- attendance at meetings/consultations with other professionals which you have authorized;
- transportation to/from said authorized meetings; and/or
- preparation of treatment summary reports.

Once authorization is procured, our therapists typically do not seek advance approval for periodic telephone conversations with individuals you have authorized (e.g., psychiatrists); these calls are typically infrequent and in service of enhancing your intervention. Charges associated with such professional services will be reviewed and due at the time of your next session.

It is neither our practice nor our specialty to participate in litigation -- divorce-related or otherwise. Whenever possible, we will avoid participation in litigation since our primary aim is to protect our patients' confidentiality and preserve the therapeutic relationship. Should you or your child's other parent subpoena your child's therapist, your therapist will charge her customary rate for all activities related to the legal proceedings (e.g., preparation time; record review/reproduction; transportation time to/from off-site meetings/events; participation in meetings, consultations, depositions, court appearances, etc.). We will bill *in advance* and expect payment from the parent who subpoenas the therapist prior to initiating any of the above activities; any balance remaining will be credited back to the paying parent upon the termination of our involvement in your litigation. In the event parental conflict arises over which parent is responsible for payment, we will pursue payment from the parent who has issued the subpoena.

CONFIDENTIALITY

It is important you know that your privacy in consulting with a licensed psychologist is protected by law, and your disclosures are generally held to be confidential. In the case of these sessions, you hold the legal right of privileged communication, which means that in a court of law, your psychologist may not reveal any information your have revealed in session, unless compelled by a court order or a valid subpoena.

In general, a mental health professional may not reveal any personally identifiable information about you to anyone, unless you first provide authorization by signing a consent form (exceptions discussed below). For example, in the event that it would be beneficial to discuss aspects of your child's treatment with a third party (e.g., consultant, referring psychiatrist, physician, etc.) and if you or your child would be personally identified, your child's therapist would first discuss this with you and obtain your written consent. Your child's therapist may occasionally find it helpful to consult about a case with other professionals. In these consultations, he/she will make every effort to protect your identity. The consultant is also legally bound to maintain confidentiality.

Exceptions to Confidentiality: There are circumstances when a psychologist may break confidentiality, or is required to break confidentiality. Should such a circumstance arise, your therapist will make every reasonable effort to discuss with you and your child his/her ethical or legal obligations to disclose confidential information before doing so. Exceptions to confidentiality include, but are not limited to, the following circumstances:

- If your child's therapist have reasonable suspicion that a minor/child, elderly person, or disabled person is being abused or neglected, your therapist must report this to the appropriate agency.
- If your child's therapist believes a client is threatening serious bodily harm to another, he/she is required to take protective actions, which may include notifying the potential victim, notifying the police, and/or seeking appropriate hospitalization for your child.
- If your child's therapist believes a client is threatening serious bodily harm to him/herself, your child's therapist may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.

Information Accessible by Our Office Manager and Support Staff: Our Office Manager interfaces regularly with new and current patients. Our office Support Staff (e.g., billing service, IT consultant, etc.) works behind the scenes to enhance patient services and ensure administrative efficiency. In the course performing their professional responsibilities, our Office Manager and Support Staff may have access to practical information in your clinical record necessary to perform adequately their work responsibilities; this information includes but is not limited to the following:

- Identifying information (e.g., name, date of birth, etc.)
- Contact information (e.g., phone number(s), e-mail address, mailing address, etc.)
- Patient Forms (e.g., Authorization to Release Information; General Information; Therapy Contract and Office Policies, etc.)
- Intake information (typically gathered during initial session)
- Billing information (e.g., statements, which may include diagnostic codes; outstanding balances; payment history, etc.)

Our Office Manager and Support Staff will *not* have access to your progress notes. Moreover, all staff employed by or working as an independent contractor with Therapy Dallas have signed a written agreement to keep confidential any and all information listed above.

Therapy with Minors: In treating children under 18 years of age, it is important to balance carefully your child's right to a confidential therapeutic relationship with your need for information about the therapy. When working with children and adolescents, our therapists typically find it beneficial to provide parents with general information about treatment progress via periodic verbal progress reports. Your child's therapist will often solicit your child's thoughts, feelings, and input regarding the content of these updates, as it is important to maintain an ongoing dialogue regarding your child's confidentiality. Please be assured that your child's therapist will contact you promptly if he/she believes there are issues concerning your child's safety or health. With respect to parents' confidentiality in the context of your child's therapy, your child's therapist may discuss with both parents any issues raised by one parent regarding your child's treatment and/or welfare (e.g., your child's therapist may discuss with your spouse/partner an issue you raised to the therapist regarding your child). Alternately, if one parent raises an issue irrelevant to your child's welfare, your child's therapist may keep this issue confidential. Finally, parents of children under 18 years of age have the legal right to examine a summary of treatment records.

Electronic Communications: When treating a child or adolescent through our office, our therapists may opt to communicate certain issues to parents via e-mail – typically issues related to scheduling, balance, etc. Alternately, you may wish to relay via e-mail certain information/ updates/requests/etc. to your child's therapist. Please note that it is our policy for all therapists to copy both parents -- and any designated caregivers – on any and all outgoing e-mails. In other words, when your child's therapist replies to one parent's e-mail, he/she will typically copy the other parent on this response. This policy is intended to facilitate efficient and open communication, and to keep both parents abreast of communications pertaining to your child and his/her treatment. Please also note that our therapists do not conduct therapy via e-mail, and cannot respond to urgent matters received by e-mail. Should you wish to discuss an urgent (yet non-emergent) matter, please call our office at 214-755-6119 ask to schedule a phone consultation. For more information regarding our telephone and e-mail policies, please see the relevant section below.

RECORD KEEPING

We are required by both the law and the standards of our profession to maintain appropriate treatment records. These may include diagnosis, therapy goals, progress in treatment, documentation of mandated disclosures (e.g., report of child abuse), and other information. You have a right to review and/or receive a copy of your child's records unless doing so would be likely to cause you or your child substantial harm, endanger your or your child's life or physical safety, or pose a significant risk of harm to another individual. Alternately, our office can prepare an appropriate summary of these records. Given their inclusion of professional language, these records may be difficult to interpret or understand. If you wish to review your child's records, we recommend you review them in your child's therapist's presence, to allow for adequate discussion of their content.

TELEPHONE AND E-MAIL AVAILABILITY AND CONFIDENTIALITY

Incoming calls and voicemails are received and managed by our Office Manager, who will either respond to you directly or forward your call/message to your therapist. Typically, our Office Manager returns any and all calls pertaining to non-clinical issues (e.g., scheduling, billing, etc.), and will forward to your therapist any messages pertaining to clinical matters. Telephone calls are typically returned within 24-48 hours, during normal business hours. Our therapists do not answer the phone if consulting with a patient or in a meeting, so your child's therapist typically will not be immediately available by telephone. We check voicemails frequently, however, and return calls as promptly as possible during business days. We generally do *not* return calls after 5:00pm on business days or on Saturdays or Sundays, unless the call is urgent, in which case we will return it as soon as reasonably possible.

E-mails sent to info@therapydallas.com will be received and managed by our Office Manager, who will either respond directly to you (if the message pertains to non-clinical issues), or relay your message to your therapist (in the event your message pertains to clinical issues). Your child's therapist may also provide you with his/her direct e-mail, in which case any e-mails sent to this particular address should route directly to your child's therapist. Although e-mail has become an increasingly popular mode of communication between healthcare offices/providers and patients, it's important you acknowledge that our office cannot guarantee the security of any information transmitted via e-mail. For this reason and others, our office aims to keep outbound e-mails relatively brief, and pertaining to practical (rather than clinical) matters. Please note that our therapists do not conduct therapy via e-mail, and cannot respond to urgent matters received by e-mail.

> **Responsible Use of Social Media:** Please note that our therapists and office staff do not communicate with patients and/or patients' families via text or social networking websites/applications (e.g., Facebook, etc.). This policy is intended to maximize confidentiality, support comprehensive record-keeping of office- and therapist-patient interactions, and promote in-session discussion of pertinent issues.

EMERGENCIES

It is important you understand that **we do not provide emergency services.** In an emergency situation, please call 911, contact your primary care doctor, or go to the nearest hospital emergency room. If your therapist is unavailable for an extended period of time (e.g., due to professional conferences or vacation), he/she will provide the name of another Therapy Dallas clinician whom you may contact if necessary.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to first evaluate your financial resources for covering the cost of treatment. Please be aware that you, and not your insurance company or third party payer, are responsible for full payment of the fee to which we have agreed.

> **Mental Health Coverage:** If you plan to use insurance, please check your coverage carefully regarding your mental health services. Some carriers will only pay for therapists pre-approved by them, or will reimburse at a lower rate for non-approved (or "out-of-network") providers. Some will only pre-authorize for a limited number of sessions, and it will be necessary to seek approval if additional sessions are needed. Finally, some carriers will reimburse for some diagnoses but not for others. If you plan to seek insurance reimbursement, it is important to clarify exactly what mental health services your insurance policy covers.

If you have questions/concerns about your coverage, we encourage you to clarify these with your insurance carrier. Our office will be happy to provide any information/assistance we can.

CONSENT FOR TREATMENT

Welcome! Despite the formal tone of this information, we are genuinely pleased to welcome you and your child to our practice.

After signing below, please return this document to our office (all pages included), either in person or via e-mail, fax, or traditional mail.

By signing this form, I acknowledge that I have read and understand the above information, have received a copy of the HIPAA Privacy Notice, and indicate that I hereby consent to treatment for my child. I agree to abide by its terms during our professional relationship and to meet all financial obligations.

_____	_____
Child's Name	Age

_____	_____	_____
Print Name, relationship to child	Signature	Date

_____	_____	_____
Print Name, relationship to child	Signature	Date

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Health Insurance Portability and Accountability Act (HIPAA) - PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In this Privacy Notice, "medical information" and "psychological information" mean the same as "health information." Health information includes any information that relates to:

1) your past, present, or future physical or mental health or condition;
2) providing health care to you; or
3) the past, present, or future payment for your health care.

Protecting Your Privacy

Psychologists must always manage psychological records with great concern for privacy and confidentiality. We are required by law to protect the privacy of your health information. This means that we will not use or disclose your health information without your authorization except in the ways we tell you in this notice. If we wish to use or disclose your health information in ways other than those stated in this notice, we will ask you for your written authorization. If you give such an authorization, you may revoke it at any time, but we will not be liable for uses or disclosures made before you revoked your authorization.

Although the security of psychological records has continuously been addressed by Psychology Codes of Ethics as well as by State and Federal laws, the rules have been considerably strengthened by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of HIPAA and your rights concerning privacy and your psychological records.

Who will observe these rules?

In our practice, the following individuals are required by HIPAA to comply with the privacy rules:

- Your treating therapist
- Any billing agency or collection agency that handles information about you (name and address, diagnostic codes, treatment codes, and consultation dates…but not actual clinical records)

YOUR RIGHTS REGARDING PSYCHOLOGICAL INFORMATION ABOUT YOU:

1. **The Right to Inspect and Obtain a Copy of Your Psychological Record**
   Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your consultations are documented in two ways: **1) The Clinical Record** (required), which includes the date of your consultations, your reasons for seeking therapy, your diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, and any reports to your insurance carrier; and **2) Psychotherapy Notes** (optional), which consist of specific content or analyses of therapy conversations (some of which may include sensitive information you have revealed that is not required to be included in your Clinical Record) and therapist's notes that may assist in treatment. Psychotherapy Notes are kept separate from your clinical record in order to maximize privacy and security.

   You have the right to inspect and receive a copy of your Clinical Record. Viewing your record is best done during a session, however, rather than on your own, in order to clarify any questions you might have at the time. We require that such a request must be submitted to our office in writing, and we charge a nominal fee for accessing and photocopying a patient's record. Psychotherapy Notes, however, if created, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of a treating therapist in tracking a session's many details – details that are far too specific to be entered in the Clinical Record. If your case manager or insurance company requests to see the psychotherapy notes, you have a choice about consenting (signing a Release of Information form) or denying access to them. If you refuse, it will not affect your coverage or reimbursement in any way, and your insurance company or HMO is obliged to provide payment, as usual.

2. **The Right to Request a Correction or Add an Addendum to Your Psychological Record**
   Correction: If you believe there is an inaccuracy in your clinical record, you may request a correction in writing. If the information is accurate, however, or it has been provided by a third party (e.g., previous therapist, primary care physician, etc.), it may remain unchanged, and the request denied. In this case, you will receive an explanation in writing, with a full description of the rationale. Additionally, you may request to place a copy of your written disagreement in your records.
   Addendum: You also have the right to make an addition to your record, if you think that it is incomplete.

3. **The Right to an Accounting of Disclosures of Your Psychological Information to Third Parties**
You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of disclosures, as you would have signed consent forms allowing them (e.g., to other psychotherapists, primary care physicians, specialists, etc.). This accounting must extend back for a period of six years.

4. **The Right to Request Restrictions on How Your Information is Used**
You have the right to request restrictions on certain uses or disclosures of your psychological information, beyond what the law requires. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. We do not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, and other exceptions specified in this notice.

5. **The Right to Request Confidential Communications**
You have the right to request that your therapist communicate with you about your treatment in a certain manner, or at a certain location. For example, you may prefer to be contacted at work, instead of home, or on a cellular telephone, to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office box, or at some other address. We prefer you submit such requests in writing, and be specific with respect to how/when/where to contact you.

6. **The Right to a Copy of This Notice Upon Request**
You have the right to request and obtain a copy of this Notice of Privacy Practices.

7. **The Right to Withdraw Permission to Disclose Health Information**
You have the right to withdraw permission you have given us to use or disclose health information that identifies you, unless we have already taken action based on your permission. In order to take effect, your request to withdraw permission must be submitted to our office in writing.

8. **The Right to File a Complaint**
You have the right to file a complaint if you believe your privacy rights have been violated. Complaints must be filed in writing, and may be addressed directly to your therapist, or to the Secretary of the Department of Health and Human Services (address: Office for Civil Rights, 200 Independence Ave., S.W. Washington, DC 20201). If you have any questions or concerns about this notice or your health information privacy, please do not hesitate to address them during session or contact our office by telephone (office: 214-755-6119).

9. **Right to be Notified in There is a Breach of Your Unsecured PHI**
You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

10. **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket**
You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

HOW WE MAY USE AND DISCLOSE YOUR PSYCHOLOGICAL INFORMATION:

For Treatment:
We will access your record and use psychological information about you to assist in the continuity of your treatment and services. We will not share this information with other health care professionals, however, unless you specifically request it or agree to it, and sign a consent form to that effect.

As Required by Law:
It is possible (but unlikely) that the Department of Health and Human Services may review how our office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as a part of providing evidence of compliance. Additionally, we may be required by law to may disclose health information about you in response to an order or subpoena issued by a regular or administrative court.

Limits to Confidentiality:
There are circumstances when a clinician may break confidentiality, or is required to break confidentiality and thus disclose your psychological information. This is accounted for under section 164.512 of the Privacy Rule and the state's confidentiality law. If a therapist believes you are the victim of abuse or neglect, or perceives you to be a danger to yourself or others, he/she may disclose health information about you to the appropriate agency or individual (e.g., government agency, police, family members, relevant healthcare providers who may assist in taking protective action). Please refer to our Therapy Contract and Office Policies for a more detailed description of the limits of confidentiality. Should such a circumstance arise, we will make every reasonable effort to discuss with you our ethical or legal obligations to disclose confidential information before doing so.

Business Associates:
Our office may contract with a billing agency or attorneys to attend to business aspects on an as-needed basis. In this case, there will be a written contract in place with the agency, requiring that it maintain the security of your information in compliance with the rules of HIPAA.

Changes to this notice:
Please note that this privacy notice may be revised from time to time. We will notify you of changes in the laws concerning your privacy and rights as we become aware of these changes. In the meanwhile, please do not hesitate to raise any questions or concerns you might have about your confidentiality.