

**Women's Personal Growth & Therapy Center, P.C.
Eastside Therapy and Counseling**

Confidential Personal Data

NAME: _____ DATE: _____
 last first middle

HOME ADDRESS: _____ CITY _____
STATE: _____ ZIP CODE: _____

PHONE: _____

DATE OF BIRTH: _____ AGE: _____
GENDER: _____ female
 _____ male

Employer: _____

Your Current Position: _____

Please describe in your own words your reason(s) for requesting services:

CURRENT RELATIONSHIP STATUS:

_____ Single	_____ Widowed
_____ Divorced	_____ Separated
_____ Married	_____ Living together

ETHNIC BACKGROUND

_____ Native American	_____ African America
_____ Asian	_____ Hispanic
_____ Caucasian	_____ Other

CURRENT RELIGION/SPIRITUAL PREFERENCE: _____

EDUCATIONAL LEVEL ATTAINED: _____

FAMILY INFORMATION:

Spouse/Partner: _____

Children:

Please describe any other significant issues that have affected your personal development.

MEDICAL INFORMATION:

Primary Care Physician _____ Date of last Physical Exam: _____

Psychiatrist _____

Are you currently being treated for any medical or physical condition? YES _____ NO _____
If YES, please briefly describe the condition and treatment; include any prescription medication
That you are currently taking.

Have you experienced any significant physical or medical problems in the past? YES ___ NO ___
If YES, please indicate the problem: _____

How would you describe your present eating patterns and habits? _____

How would you describe you present sleeping patterns and habits? _____

How would you describe your present exercise patterns and habits? _____

Do you presently, or have you in the past, used alcohol/tobacco? YES _____ NO _____

If YES, please explain: _____

PREVIOUS THERAPY

Have you had any prior counseling? YES _____ NO _____ If YES, please identify: with
whom, _____, when, _____, duration, _____
_____ area(s) of concern/treatment _____,
medication(s) prescribed, _____.

Additional information that you believe is pertinent:

**Women's Personal Growth & Therapy
Eastside Therapy and Counseling**

4660 Marsh Rd

Okemos, MI 48864

Phone: (517) 347-2126 or (517) 349-5675

Fax: (517) 347-7892

Client Consent/Refusal:

**For release of Protected Health Information to another active
treating Behavioral Health Clinician at WPG/ETC.**

Please sign one statement

I consent to have my Protected Health Information released to my other treating Behavioral Health Clinician(s) at WPG/ETC.

Client signature _____ Date _____

I refuse to consent to have my Protected Health Information released to my other treating Behavioral Health Clinician(s) at WPG/ETC.

Client signature _____ Date _____

**Please sign one separate Authorization Form for each treating Behavioral Health
Clinician**

Women's Personal Growth & Therapy, P.C. / Eastside Therapy and Counseling

PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

Welcome to our practice. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods that may be used to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things that are talked about both during sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what your therapy will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, you should discuss them with your therapist whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

THERAPY MEETINGS

Your therapist normally conducts an evaluation that will last from 1 to 2 sessions. During this time, you and your therapist can both decide if your therapist is the best person to provide the services that you need in order to meet your treatment goals. If psychotherapy is begun, your therapist will usually schedule one 45-50 minute session per week at a time you both agree on, although some sessions may be longer or more frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 8 hours advance notice of cancellation [unless you and your therapist both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. See appendix A.**

PROFESSIONAL FEES

Our hourly fees for services are listed at the end of this agreement. In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if your therapist works for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 05 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of your therapist. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if your therapist is called to testify by another party. [Because of the difficulty of legal involvement, we charge \$200 per hour for preparation and attendance at any legal proceeding.]

CONTACTING YOUR THERAPIST

Due to our work schedules, we are often not immediately available by telephone. While we are usually in our office between 9 AM and 5 PM, we probably will not answer the phone when we are with a patient. When we are unavailable, our telephone is answered by an answering service [machine, voice mail, or by our secretary] that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. [In emergencies, you may try therapists at their home numbers.] If you are unable to reach your therapist and feel that you can't wait for your therapist to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If your therapist will be unavailable for an extended time, your therapist will provide you with the name of a colleague to contact, if necessary.

PSYCHIATRIC SERVICES: (See WELCOME TO PSYCHIATRIC SERVICES WITH WPG.PC., which will be provided prior to your first appointment with the Psychiatrist)

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a mental health provider. In most situations, mental health providers can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- A mental health provider may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, a provider will make every effort to avoid revealing the identity of a patient. The other professionals are also legally bound to keep the information confidential. If you

don't object, your provider will not tell you about these consultations unless your provider feels that it is important to your treatment. The provider will note all consultations in the patient's Clinical Record (which is called "PHI" in our Notice of Privacy Practices).

- You should be aware that that your provider practices with other mental health professionals and that we employ administrative staff. In most cases, your provider will need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- The clinic also has contracts with Cathy Rector, CPA and Neil McLean, attorney. As required by HIPAA, we have a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and/or a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to harm himself/herself, the mental health provider may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where the mental health provider is permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the mental health provider-patient privilege law. Your mental health provider cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your mental health provider to disclose information.
- If a government agency is requesting the information for health oversight activities, your mental health provider may be required to provide it for them.
- If a patient files a complaint or lawsuit against the Clinic and/or their mental health provider, the mental health provider may disclose relevant information regarding that patient in order to defend ourselves.
- If we are being compensated am being compensated for providing treatment to you as a result of your having filed a worker's compensation claim, your mental health provider must, upon appropriate request, provide information necessary for utilization review purposes.

There are some situations in which a mental health provider is legally obligated to take actions, which he/she believes are necessary to attempt to protect others from harm and he/she may have to reveal some information about a patient's treatment. These situations are unusual in our practice.

- If the mental health provider has reasonable cause to suspect child abuse or neglect, the law requires that he/she file a report with the Family Independence Agency. Once such a report is filed, the mental health provider may be required to provide additional information.
- If the mental health provider has reasonable cause to suspect the "criminal abuse" of an adult patient, he/she must report it to the police. Once such a report is filed, he/she may be required to provide additional information.
- If a patient communicates a threat of physical violence against a reasonably identifiable third person and the patient has the apparent intent and ability to carry out that threat in the foreseeable future, a mental health provider may have to disclose information in order to take protective action. These actions may include notifying the potential victim (or, if the victim is a minor, his/her parents and the county Department of Social Services) and contacting the police, and/or seeking hospitalization for the patient.

If such a situation arises, the mental health provider will make every effort to fully discuss it with you before taking any action and he/she will limit our disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you and your mental health provider discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and your mental health provider is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

[For mental health providers who elect to keep Psychotherapy Notes] You should be aware that, pursuant to HIPAA, mental health providers keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that disclosure would physically endanger you and/or others or makes reference to another person (unless such other person is a health care provider) and your mental health provider believes that access is reasonably likely to cause substantial harm to such other person [or where information has been supplied to me confidentially by others], you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. [Your mental health provider may sometimes be willing to conduct this review meeting without charge.] In most circumstances, we are allowed to charge a copying fee of \$2.00 per page. The exceptions to this policy are contained in the attached Notice Form. If we

refuse your request for access to your Clinical Records, you have a right of review [except for information supplied to your mental health provider confidentially by others], which your mental health provider will discuss with you upon request.

In addition, your mental health provider will also keep a set of Psychotherapy Notes. These Notes are for his/her own use and are designed to assist him/her in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of his/her conversations with patients, his/her analysis of those conversations, and how they impact on your therapy. They also may contain particularly sensitive information that patients may reveal to the provider that is not required to be included in the patient's Clinical Record. [They also may include information from others provided to the provider confidentially.] These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that your mental health provider amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. Your mental health provider will be happy to discuss any of these rights with you.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that patients over 14 can consent to (and control access to information about) their own treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually our policy to request an agreement from any patient between 14 and 18 and his/her parents allowing his/her provider to share general information with parents about the progress of treatment and the child's attendance at scheduled sessions. His/her provider will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless the provider feels that the child is in danger or is a danger to someone else, in which case, the provider will notify the parents of our concern. Before giving parents any information, the provider will discuss the matter with the child, if possible, and do their best to handle any objections he/she may have.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.]

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. [If such legal action is necessary, its costs will be included in the claim.]

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, we will do our best to find another provider who will help you continue your psychotherapy.]

You should also be aware that your contract with your health insurance company requires that your mental health provider provide it with information relevant to the services that he/she provides to you. Your mental health provider is required to provide a clinical diagnosis. Sometimes he/she is required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, your mental health provider will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your mental health provider will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions.

It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above [unless prohibited by contract].

FEEES:

<u>Psychotherapy</u>	Intake: _____
	Individual: _____
	Family: _____
<u>Non-legal</u>	Other: \$130/hr.
<u>Legal</u>	Services: \$200/hr. plus costs

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND APPENDIX A AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE. [If Agreement is sought before treatment or evaluation begins]

Patient

Witness

Date

Date

Appendix A

INVOICE FOR MISSED APPOINTMENT

CLIENT NAME:

DATES OF MISSED APPOINTMENT(S):

Fee for each missed appointment is: \$

Balance due immediately: \$

Please remit payment to:

**WPG or ETC
4660 Marsh Road
Okemos, Michigan 48864**

Missed appointments are charged back to the client and cannot be billed to insurance companies. Insurance companies do not honor that fee. Missed appointments are charged to the client because most often the provider's schedule is full and others may have been turned away. Also, this fee is assessed because we feel it is the client's responsibility to cancel in a timely fashion (24 hours notice) except in an emergency. We appreciate your cooperation with this policy. If you feel your bill needs to be further discussed please contact your provider. Thank you.

I understand I will receive this invoice if I do not give the established notification prior to canceling a session.

Client Signature

Date

Witness Signature

Date

Women's Personal Growth & Therapy, P.C. / Eastside Therapy and Counseling

Notice of Privacy Practices

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

We 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 we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 our [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

We may use or disclose PHI for purposes outside of treatment, payment, or 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 we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. In addition, “*Psychotherapy Notes*” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI and are not available to you.

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

III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse* – If we have reasonable cause to suspect child abuse or neglect, we must report this suspicion to the appropriate authorities as required by law.
- *Adult and Domestic Abuse* – If we have reasonable cause to suspect you have been criminally abused, we must report this suspicion to the appropriate authorities as required by law.
- *Health Oversight Activities* – If we receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, we must disclose the relevant PHI pursuant to that subpoena or lawful request.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization 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 communicate to us a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If we believe that there is an imminent risk that you will inflict serious physical harm on yourself, we may disclose information in order to protect you.
- *Worker's Compensation* – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

We may use or disclose Psychotherapy Notes without your consent or authorization in the following circumstances:

- *Treatment* - If helpful in your treatment, we may use this information.
- *Training* - If helpful in my continuing education or training, we may use or disclose this information to improve my skills.
- *Legal defense* - If we need to defend myself in a legal action or proceeding brought by you, we may use or disclose this information.
- *HHS determination* - If HHS requires this information regarding compliance to the Privacy Rule, we may use or disclose this information.
- *Legal Requirement* - If required by law, we may use or disclose this information.
- *Health oversight* - If there are oversight activities with respect to me, we may use or disclose this information.
- *Decedents* - To the extent permitted under state law, we may use and disclose this information as requested by medical examiners and/or coroners.

IV. Patient's Rights and Health Care Providers' Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are 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 us. On your request, we 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. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we 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. On your request, we 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.

Health Care Providers' Duties:

- We are 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.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will inform you of the revision and will hand you a copy, upon your request, at a subsequent therapy session. If you are no longer an active patient and send a written notice to exercise your rights regarding your PHI, we will mail or fax a copy of the revised Notice to the address or fax # you specify.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact us (Women's Personal Growth & Therapy) at (517) 347-2126 to discuss your concerns and to receive further information on the complaint process.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We 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.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by informing you of the revision and will hand you a copy, upon your request, at a subsequent therapy session. If you are no longer an active patient and send a written notice to exercise your rights regarding your PHI, we will mail or fax a copy of the revised Notice to the address or fax # you specify.

**Women's Personal Growth & Therapy, P.C.
Eastside Therapy and Counseling**

Authorization for Counseling/Psychotherapy and/or Psychiatric Treatment

Client Name _____

Address _____

I hereby authorize _____ to treat

_____. I understand confidentiality
(your name)

of all information will be maintained according to professional **and HIPAA** standards. I understand psychotherapy sessions are 50 minutes. I understand I may withdraw from treatment at any time.

Client Signature _____ Date _____

Witness _____ Date _____

I have been afforded blank copies that I have signed.

Client Signature

Date