

Center of Unlimited Possibilities
14998 Cleveland, Suite G **Spring Lake, MI 49456**

NOTICE OF PRIVACY PRACTICES AND CONSENT FORM
FOR
PSYCHOTHERAPIST/PATIENT
PROTECTED HEALTH INFORMATION

The Center of Unlimited Possibilities, aka Unlimited Possibilities LLC (CUP) is committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices (the Notice) describes your rights about your health care records. It contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that CUP provide you with a copy of this Notice to keep for yourself. The Notice explains HIPAA and its application to your personal health information in greater detail. The law also requires that CUP obtain your signature acknowledging that CUP has provided you with this information before the end of your first session. *Although these documents are long and sometimes complex, it is very important that you read them carefully.* We can discuss questions you have about the procedures at any 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 CUP unless we have taken action in reliance on it; if there are obligations imposed on CUP 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 psychotherapist and patient, and the particular problems you are experiencing. There are several methods therapists at CUP may use 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 we talk about both during our 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. Our 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 our work 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 whenever they arise. If your doubts persist, we will be happy to refer you to another mental health professional for a second opinion.

MEETINGS/SCHEDULING

We normally conduct an evaluation that will last from 2 to 4 sessions. During this time, you and the therapist can decide if the therapist is the best person to provide the services that you need in order to meet your treatment goals. We define a "therapy hour" as a 50-minute appointment session. If psychotherapy is begun, you will usually schedule one 50-minute therapy session per week (one appointment

of 50 minutes duration at one time), although some sessions may be longer or more frequent. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless your therapist and you 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.** (If it is possible, we will try to find another time to reschedule the appointment.) If you need to call to schedule an appointment, please call our office at 616.842.0264. If it is necessary for us to return your call, please advise us as to the number you may be reached and whether or not we may leave a message. Due to our desire to keep information confidential, we are sensitive to leaving messages.

PROFESSIONAL FEES

You will be charged for services according to the current rate schedule and fee scale. Our hourly fees range from \$110 to \$250. 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 we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 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 us. If you become involved in legal proceedings that require our involvement, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if one of our therapists is called to testify by another party. (Because of the difficulty of legal involvement, we charge \$100 per hour above the therapist's normal hourly fee for preparation and attendance at any legal proceeding.)

CONTACTING CUP

Due to our work schedules, we are often not immediately available by telephone. The CUP business office is open from 10:00 a.m. to 5:00 p.m. Tuesday through Friday, except for holidays. We will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician, the nearest emergency room and ask for the psychologist or psychiatrist on call, or call 911. If your therapist will be unavailable for an extended time, she can provide you with the name of a colleague to contact at CUP, if necessary. You may contact therapists by e-mail, however, please note that therapists will **not** respond to your e-mail. Do **not** use e-mail for emergency contact.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychotherapist. In most situations, we 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 advance written consent. Your signature on this Agreement provides consent for those activities, as follows:

- We may occasionally find it helpful or necessary to consult other health and mental health professionals about a case. (i.e. clinical supervisor). During a consultation, we make every effort to avoid revealing the identity of our patient. The other professionals are also legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless

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your therapist feels that it is important to your working relationship. We will note all consultations in your Clinical Record (which is called "PHI" in our Notice of Privacy Practices).

- Group therapy participants are expected to protect privacy and confidentiality of other group members.
- You should be aware that we employ administrative staff. In most cases, we need to share protected information with these individuals for administrative purposes, such as scheduling, billing, and quality assurance. 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.
- We also have contracts with an accounting firm, billing firm and computer firm. As required by HIPAA, we have formal business associate contracts 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 name of the 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 herself/himself, we may be obligated to seek hospitalization for her/him, or to contact family members or others who can help provide protection.

There are some situations where we are 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 the professional services we provided you, the psychologist-patient privilege law protects such information. We cannot provide any information without your written authorization or your legal representative's 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 us to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.
- If a patient files a worker's compensation claim, and we are providing services related to that claim, we must, upon appropriate request, provide appropriate reports to the Workers Compensation Commission or the insurer.

There are some situations in which we are legally obligated to take actions that we believe are necessary in an attempt to protect others from harm, and we may have to reveal some information about a patient's treatment. These situations are unusual in our practice.

- If we have reason to believe that a child under 18 years of age whom we have examined is or has been the victim of injury, sexual abuse, neglect or deprivation of necessary medical treatment, the law requires that we file a report with the appropriate government agency, usually the Office of Child Protective Services and/or the local police department. Once such a report is filed, we may be required to provide additional information.
- The law requires that we file a report with the appropriate state official, usually a protective services worker, if we have reason to believe that any adult patient who is either vulnerable and/or incapacitated and who has been the victim of abuse, neglect or financial exploitation. Once such a report is filed, we may be required to provide additional information.
- If a patient communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim, and we believe that the patient has the intent and ability to carry out such threat, we must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we 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 we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and we are not qualified attorneys. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, we keep PHI 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 we 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 involve danger to yourself and others or where information has been supplied to us by others confidentially, you may inspect and/or obtain a copy of your Clinical Record, for as long as the PHI is maintained in the designated record set, 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 the presence of your psychotherapist, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, we are allowed to charge a copying fee of \$.20 per page. If the copying of the requested records exceeds 5 minutes, there will be an additional charge of \$3.00 per every 5 minutes of time it takes to copy the requested records. 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.

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In addition, we also keep a set of Psychotherapy Notes. These Notes are for our own use and are designed to assist us in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, our analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to your psychotherapist that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes 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. You may inspect and/or obtain a copy of your Psychotherapy Notes unless we determine that such access is clinically contraindicated.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that we amend your record (must be made in writing); requesting restrictions on what information from your Clinical Record 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 Notice of Privacy Practices, and our privacy policies and procedures. Your psychotherapist 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. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment, and the child's attendance at scheduled sessions. We 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 we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections the child may have.

BILLING AND PAYMENTS

You will be expected to pay for your initial session before it is held by cash, check or cashiers check. Subsequent visits are to be paid by cash or check at the beginning of each session. Payment schedules for other professional services will be agreed to when they are requested. For any returned checks, CUP will charge a \$25 processing fee. The bank will also automatically apply any additional fees.

If your account is more than 60 days overdue 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 the patient's 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

CUP does not participate with any insurance. Therefore, it is your responsibility to bill your insurance company for direct 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 may provide some coverage for mental health treatment. 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.

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.

You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we 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. Although 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. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

Once you 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].

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Official at CUP, or with the Office for Civil Rights ("OCR"), U.S. Department of Health and Human

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Services. There will be no retaliation for filing a complaint with either the Privacy Official or OCR. The address for the OCR is Office for Civil Rights, U. S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington, D.C. 20201

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices and Consent Form.

Patient/Parent/Guardian's Signature

Date

Witness

Date

Therapist: Amy West, MSW, LMSW, ACSW, CSAT
Michigan Licensure # 6802080579
Clinical Supervision by William P. Kooistra, PhD

(Revised 6/8/2007)