

Partners In Well-Being Insurance Company Questionnaire

PRIMARY INSURANCE INFORMATION:

Name of Insurance Company: _____
Claims Address: _____
Payer ID#: _____ Mental Health Benefits & Eligibility Phone Number: _____
Policy Holder's Name: _____ ID # _____ Group # _____
Patient's Name: _____ DOB: _____ Date of Appointment: _____
Date Insurance Company Called: _____ Spoke to: _____
Does patient have outpatient mental health coverage? Y N Start Date _____ End Date _____
Pre-Auth Required? Y N Referral Required? Y N Any limit on visits? Y N
If so, how many? _____ Calendar Year or Benefit Year (circle one) How many used? _____
Is there a deductible? Y N If so, how much? _____ Individual _____ Family _____
Has deductible been met? Y N Coverage %? _____ Co-Pay Amt. _____
Co-Ins % _____ Authorization /Reference # _____
Does primary forward info to secondary? Y N N/A
Authorized Procedure Codes: 90801 90804 90862 90805 90806 90807 Other: _____
Other Limitations: _____

SECONDARY INSURANCE INFORMATION:

Name of Insurance Company: _____
Claims Address: _____
Payer ID#: _____ Mental Health Benefits & Eligibility Phone Number: _____
Policy Holder's Name: _____ ID # _____ Group # _____
Patient's Name: _____ DOB: _____ Date of Appointment: _____
Date Insurance Company Called: _____ Spoke to: _____
Does patient have outpatient mental health coverage? Y N Start Date _____ End Date _____
Pre-Auth Required? Y N Referral Required? Y N Any limit on visits? Y N
If so, how many? _____ Calendar Year or Benefit Year (circle one) How many used? _____
Is there a deductible? Y N If so, how much? _____ Individual _____ Family _____
Has deductible been met? Y N Coverage %? _____ Co-Pay Amt. _____
Co-Ins % _____ Authorization /Reference # _____
Does primary forward info to secondary? Y N N/A
Authorized Procedure Codes: 90801 90804 90862 90805 90806 90807 Other: _____
Other Limitations: _____

Instructions: Use this form when you call your insurance company to verify your eligibility and benefits for mental health or behavioral health services. Try to fill out all of the information on the form as this will expedite payment of fees and reduce time spent answering questions and filling out forms before your appointment. Be sure to bring your insurance card(s) with you to your appointment so the office can take copies for your file. We need this information to properly bill your insurance company. Remember, fees not covered by insurance are the responsibility of the patient and/or the account guarantor.

PARTNERS IN WELL-BEING, PC, INC.

Bruce Tapper, PhD Jeffrey T. Collins, MD Mejah Soong, MD
281A Lane De Chantal
Port Townsend, WA 98368
Tel: (360) 379-3500 Fax: (360) 379-8866

PROVIDER-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 your 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.

PSYCHIATRIC/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 we 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.

TREATMENT PLANNING

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we 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 us. 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, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion. Other professionals may be consulted with the patient's permission, or by case review

Maintaining the patient's anonymity. We will charge our full hourly rate and will break down the hourly costs if we work for periods of less than one hour. You will be given a 10% discount when paying at the time of service. The insurance company may or may not reimburse for such consultations. Whenever possible, case notes from other providers will be reviewed during the session and shared with the patient. In addition, the treatment plan is formulated throughout the first few sessions of evaluation and will be shared with the patient for their opinion and ability to adhere to the treatment plan. Over the course of treatment, the provider will work with the patient to revise and update the treatment plan.

MEETINGS

We normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if we are the best practitioners to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one 50-minute session

(one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. We also conduct medication evaluations in a 20 minute session.

ADDRESSING FAILED APPOINTMENTS

Once an appointment hour is scheduled, you are expected to pay for it unless you provide 24 hours [1 day] advance notice of cancellation, unless we 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. Most often, we allow one failed appointment and then charge the full hourly rate for subsequent no-show fees that you are responsible for.

WAIT TIMES

Partners in Well-Being provides immediate service to patients deemed to be a psychiatric “emergency” by the provider. Patients who are deemed “urgent” will be seen within 24 hours. Referrals from other providers will be seen within two weeks.

PROFESSIONAL FEES

Our hourly fee is \$175.00 for all providers except Dr. Jeffrey Collins, MD and Dr. Mejah Soong, MD, whose fees are \$200.00 per hour. 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 participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$500.00 per hour for preparation and attendance at any legal proceeding. A retainer of the full amount of anticipated charges is required for all legal work, and reports are not released until the account is paid in full.

CONTACTING US

Due to our work schedule, 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 patients. Our lunch hour is from 1:00pm to 2:00pm each day; the phones will be off during that time although you may leave messages on the answering machine. When we are unavailable, our telephone is answered by our receptionist or by voice mail. After hours our calls are forwarded to our cell phones. We frequently monitor our calls. 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 us of some times when you will be available. If your provider is not available you may ask to speak with one of the other providers in the office. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room, and ask for the mental health professional or physician on call. If we will be unavailable for an extended time, our receptionist will know how to reach us. You may also leave a voice mail message. However, it is important to remember that **if it is an emergency, we request that you go to the nearest emergency room and ask for the physician or mental health professional on call.**

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a mental health provider. 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 state law and/or HIPAA. Without your signature on a proper Authorization form, we may disclose information in the following situations:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. If we consult with a professional who is not involved in your treatment, we make every effort to avoid revealing your identity. These professionals are legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called “PHI” in our Notice of Provider's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that we practice with other mental health professionals and that we employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and

quality assurance. All mental health professionals employed by this corporation are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed in writing not to release any information outside of the practice without the permission of a professional staff member. We also contract with a janitorial service that has signed a confidentiality agreement. However, our computers are inaccessible and we lock all records in filing cabinets when they are not in use. Bookkeepers and accountants have no access to patient names, account information, or treatment records. Every effort is made to provide security of the confidential information stored in this office and on our computer system/network.

- We have contracts with other services: 1) a local computer systems engineer; 2) a computer medical billing consultant in another state; 3) a local transcription service; and 4) a regional collection agency. 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 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 you are involved in a court proceeding and a request is made for information concerning the professional services we have provided you, such information is protected by the provider-patient privilege law. We cannot provide any information without 1) your written authorization; 2) you informing us that you are seeking a protective order against our compliance with a subpoena that has been properly served on us and of which you have been notified in a timely manner; or 3) a court order requiring the disclosure. If you are involved in or contemplating litigation, you should consult with your attorney about likely required court disclosures.

There are some situations where we are permitted or required to disclose information without either your consent or authorization:

- 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 the services we are providing are relevant to the injury for which the claim was made, we must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect you and/or 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 reasonable cause to believe that a child has suffered abuse or neglect, the law requires that we file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, we may be required to provide additional information.
- If we have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that we file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, we may be required to provide additional information.
- If we reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.

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 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 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 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 the unusual circumstance that we conclude disclosure could reasonably be expected to cause danger to the life or safety of the patient or any other individual, or that disclosure could reasonably be expected to lead to the patient's identification of the person who provided information to us in confidence under circumstances where confidentiality is appropriate, 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. In most situations, we are allowed to charge a copying fee of 83 cents per page for the first 30 pages and 63 cents per page after that, and a \$20 clerical fee. We may withhold your Record until the fees are paid. The exceptions to this policy are contained in the attached Notice Form. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.

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 us 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 signed, written Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless we determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably be expected to lead to your identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law.

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 we 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. We are 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. Since privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is usually our policy to request an agreement from the parents that they consent to give up 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 his/her 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 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. In circumstances of unusual financial hardship, we may be willing to negotiate a payment installment plan. Payment may be made by cash, check, or credit card.

Monthly statements will be sent to you around the 1st of each month. A finance charge of 1.5 % (or 18% per annum) will be assessed on charges that are your responsibility and are 30 days past due. If we have not received payment on your account for more than 30 days, or if your balance is over \$250.00, we will send written notice and request that you pay the balance using one of the approved payment methods. If arrangements for payment have not been agreed upon within the next 30 days, 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 the costs will be included in the claim.]

Often such problems are avoided by filing a copy of a current and valid credit card with us. **We offer the Easy Pay System where you may authorize us to charge your credit card for services rendered by this office that are your responsibility.** This is a separate contract that you can review and sign with the Office Manager. Please note, we will charge \$30.00 for returned check fees. We want to be notified immediately if you want to contest any billing charges.

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. Separate arrangements can be made for cash fee for services.

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 situations; we will make every effort to release only the minimum information about 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. 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. 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 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.

WASHINGTON NOTICE FORM

Notice of Psychiatrists, Psychologists and Nurse Practitioners Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL, PSYCHIATRIC, 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 our 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 our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- * “*Disclosure*” applies to activities outside of our office 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, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “*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.

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

III. Uses and Disclosures with Neither Consent nor Authorization

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

- * **Child Abuse:** If we have reasonable cause to believe that a child has suffered abuse or neglect, we are required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
- * **Adult and Domestic Abuse:** If we have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, we must immediately report the abuse to the Washington Department of Social and Health Services. If we have reason to suspect that sexual or physical assault has occurred, we must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- * **Health Oversight:** If the Washington Examining Board of Psychology or the Washington Nursing Commission subpoenas us as part of their investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state Licensed Psychologists or Psychiatric Nurse Practitioners, we must comply with their orders. This could include disclosing your relevant mental health information.
- * **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided to you and the records thereof, such information is privileged under state law. We will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have not informed us that you are opposing the subpoena. 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:** We may disclose your confidential mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
- * **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, we must make available, at any stage of the proceedings, all mental health information in our possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- * *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, 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. Upon 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 and psychotherapy notes in our 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). 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 us upon request, even if you have agreed to receive the notice electronically.

Psychologist's and Psychiatrist's Duties:

- * We are required by law to maintain the privacy of PHI and to provide you with a notice of our 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 notify you by mail and have an updated copy of revisions available in the office waiting room for your inspection.
- *

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Bruce J. Tapper, Ph.D., Licensed Psychologist, at 360-379-3500 to discuss your concerns.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Bruce J. Tapper, Ph.D., at 281-A Lane De Chantal, Port Townsend, WA, 98368.

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

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on June 8th, 2013.

1. **YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.**

Patient Signature

Date

Parent, Guardian, or Legal Representative Signature

Date

2. **ACKNOWLEDGEMENT OF RECEIPT OF WASHINGTON NOTICE FORM**

I hereby certify that I have received a copy of the Washington Notice Form.

Patient Signature

Date

Parent, Guardian, or Legal Representative Signature

3. **In order to leave an appointment reminder on your telephone answering machine, HIPAA requires a separate signature from you authorizing us to do so.** I authorize Partners in Well-Being to leave a message on my answering machine regarding my upcoming appointment. This authorization is in effect until terminated by myself.

Patient's Signature (if minor, parent's signature)

Date

Parent, Guardian, or Legal Representative Signature

