



Phone: 412-754-1100 Fax: 412-465-5843
95 Enterprise Street Suite 104 * Elizabeth, PA
15037

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE# _____

E-MAIL _____

*Preferred method of communication: Phone call E-mail Text message

EMPLOYER _____

EMPLOYER ADDRESS _____

WORK# _____

DATE OF BIRTH _____ GENDER _____

SOCIAL SECURITY NUMBER _____

MARITAL STATUS _____ NAME OF SPOUSE _____

If you are using insurance, please list the NAME, ADDRESS, and DATE OF BIRTH of the Policy Holder (if you are not the policy holder):

Sanderson Psychological, LLC

Phone: 412-754-1100 Fax: 412-465-5843
95 Enterprise St. Suite 104 * Elizabeth, PA 15037

INFORMATION PACKET FOR CLIENTS

Welcome to Sanderson Psychological. We appreciate you giving us the opportunity to be of help to you. This packet answers some questions clients often ask about any therapy practice. It is important to us that you know how we will work together. If you have any questions about this packet or would like a copy of this packet, please let us know.

ABOUT PSYCHOTHERAPY

Because you will be putting in a great deal of time, money, and energy into therapy, it is important to choose a therapist carefully. We strongly believe that therapy works best when a client feels comfortable with his or her therapist, and hopefully about the therapy. We would like to give you some information about how we see therapy. We see therapy as a wellness endeavor and therefore, a venture that can benefit any person. Some people might need therapy more urgently as their situations might be chronic or life-threatening. Nevertheless, we believe that all that pursue therapy have a legitimate need for it.

People seek therapy when they feel "stuck" because options appear closed or they have been repeating certain problematic patterns over and over again. In therapy, the client feels supported in his/her pain and at the same time, challenged to see fresh insights. This combination of support and confrontation facilitates a decrease in distress and an experience of personal growth. Your past, present, and future are all areas of exploration. It is a relief to have an objective person (the therapist) help you sort through and process your thoughts and feelings. Unlike friends and family, the therapist does not have an agenda; the therapist's job is simply to help you build skills and see your life more clearly, so that you can make the best choices for yourself. In addition to the personal therapy goals you set for yourself, general therapy goals applicable to all clients include recognizing problematic patterns, embracing healthy possibilities, feeling increased confidence, experiencing stronger self-esteem, finding clarity in relationships, and enjoying a greater openness to other people and the world around you.

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

The process of therapy requires a relationship that works in part because of clearly defined rights and responsibilities held by each person. This clearly defined relationship helps to create a sense of safety so that risks can be taken and support can be provided in order to empower change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is YOUR therapy, and the main goal is YOUR well-being. There are also certain limitations to those rights that you should be aware of. Furthermore, as a therapist, I have corresponding responsibilities to you. These respective rights are described in the following section.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to

have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolution to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things that you discuss with your therapist outside of sessions.

APPOINTMENTS

We normally conduct evaluations that will last from 1 to 2 sessions (sometimes 3). Following the initial intake session, we usually schedule weekly with clients for the first few weeks, and then going forward you and your therapist can decide whether you might need therapy more or less frequently.

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, it is required that you provide more than 24 hours notice. If you miss a session without cancelling, or cancel with less than 24 hours notice, we will have to charge you for the lost time. Our fees are as follows: \$50 for no-shows, \$25 for late cancels. It is important to note that your insurance will NOT cover these fees. Please note that these fines are consistent throughout the year, regardless of weather conditions. In addition, you are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time.

We request that you do not bring children with you if they are young and need babysitting or supervision, which we cannot provide. If necessary, you may ask a trusted friend or family member to accompany you to sessions and to wait for you or wait with young children in the waiting room.

PROFESSIONAL FEES

Payment for services is an important part of any professional relationship. You are responsible for seeing that our services are paid for. It is imperative that therapy fees are paid in a timely manner so that your therapy does not become disrupted.

If you are paying out of pocket. Your fee may range from \$50-\$200 depending on services provided. Insurance may cover some or all of the cost of therapy. You will be quoted an amount prior to your initial session.

Please pay the co-pay (or, if you prefer the privacy of complete self-pay –the full amount) for each session at its beginning or at its end.

* Please note that the fee for returned checks is \$40.00

Telephone consultations:

Of course there is no charge for calls made to you about appointments. If your therapist has to have conversations with other healthcare professionals about your treatment, we waive the standard fee for such phone calls.

Other services:

Charges for any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service. This amount will be quoted to you prior to the services being rendered. Some services may require payment in advance.

If you think you may have trouble paying your therapy fees on time, please discuss this with your therapist or one of our office managers. We will also raise the matter with you so we can arrive at a solution, such as a payment plan. If your unpaid balance reaches \$250 and remains unpaid, we will unfortunately need to terminate therapy services until the balance is paid. If the fees continue to go unpaid, it will be turned over to small-claims court or a collection service.

If there is any problem with the charges, billing, your insurance, or any other money-related point, please bring it to our attention. We will do the same with you. These problems can interfere greatly in therapy. It's important that we work them out as soon as possible so you and your therapist can continue with your work together.

IF YOU HAVE HEALTH INSURANCE COVERAGE (and want to use it for therapy)

Because our therapists are licensed professionals, many health insurance plans will help you pay for therapy. These plans include Highmark, Blue Cross Blue Shield, Cigna, Aetna, UPMC, and United Healthcare. If you are interested in finding out what your insurance policy covers, you can call your insurance company and ask about outpatient psychotherapy coverage. We can also help you find out that information when you make your initial appointment. Please note that in order to bill your insurance we do have to provide your insurance company with information about your visit, including your diagnosis and procedure codes. At times, insurance companies audit records in order to assess whether services are needed or are provided efficiently. In these circumstances, the notes that the therapists make about your sessions must be provided to the insurance companies.

Please keep in mind that although your health insurance may cover all or part of the cost of therapy, you are responsible for paying any part that your insurance company does not cover. This will be quoted to you prior to your first appointment.

CONFIDENTIALITY

We will treat with great care all of the information you share. It is your legal right to have your sessions and your records kept private. That is why you will be asked to sign a "release-of-records" form before your therapist can talk about you to another professional or send your records to anyone else.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of our profession. Here are the most common cases in which confidentiality is *not* protected:

1. If you were sent by a court or an employer for an evaluation or treatment, the court or employer expects a report. If this is your situation, please talk with your therapist about any concerns you might

have regarding anything you do not want the court or your employer to know. You have a right to tell your therapist only what you are comfortable with telling.

2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeking counseling, we may then be ordered to show the court your records. Please consult your lawyer about these issues.

3. If you make a serious threat to harm yourself or another person, the law requires us to try to protect you or that other person. This usually means telling others about the threat. Therefore, we cannot promise never to tell others about threats you make.

4. If your therapist has reason to suspect, on the basis of their professional judgment, that a child is or has been abused, they are required to report their suspicions to the authority or government agency vested to conduct child-abuse investigations. They are required to make such reports even if they do not see the child in a professional capacity.

We are mandated to report suspected child abuse if anyone aged 14 or older tells us that he or she committed child abuse, even if the victim is no longer in danger. We are also mandated to report suspected child abuse if anyone tells us that he or she knows of any child who is currently being abused. Also, if we have reason to suspect, on the basis of our professional judgment, that an elderly person or a disabled person is being abused, we are required to report our suspicions to the authority or government agency vested to conduct these investigations.

There are two situations in which your therapist might talk about part of your case with another therapist. We ask now for your understanding and agreement to let us do so in these two situations:

First, when your therapist is away from the office for a few days, they may have a trusted fellow therapist “cover” for them to be available in the event of an emergency. If you use that service, he or she would need to know about you. Of course, this therapist is bound by the same laws and rules as your therapist is to protect your confidentiality.

Second, therapists sometimes consult other therapists or other professionals about their clients. This helps them to provide high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

Except for the situations described above, your privacy will always be maintained. We also ask that you do not disclose the name or identity of any other client being seen in this office. You would only know this information if you happen to see them coming into or leaving the office or if you hear from that individual that they are a client here. Of course, you are free to tell whomever you wish that you are being seen here. You are also free to keep the fact that you are in therapy totally private.

We make every effort to keep the names and records of clients private. If your records need to be seen by another professional, or anyone else, this will be discussed with you. If you agree to share these

records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask for clarification. It is our office policy to destroy clients' records 15 years after the end of therapy. Until then, we will keep your case records in a safe private place.

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

Use of E-mail, Cell Phones, Computers, and Faxes:

It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts, and faxes that go through them. It is always a possibility that e-mails, texts, and faxes can be sent erroneously to the wrong address or number. Our computers are equipped with a firewall, a virus protection, an anti-logger protection, a password, and encryption software in order to keep all information as protected as possible. Please notify us if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phone calls, phone messages, or faxes. If you communicate confidential or private information via unencrypted e-mail, texts, fax, or via phone messages, we will assume that you have made an informed decision agreeing to take the risk that these communications can be intercepted, and we will therefore communicate with you through these methods. Please do not use text, e-mail, voicemail, or fax for emergencies.

IF YOU NEED TO CONTACT US

Your therapist cannot promise that they will be available at all times. They do not take phone calls when they are with clients. Our office managers are generally in the office between 9am and 4pm Monday through Friday, and will be able to answer your calls. If you are calling after these hours, you can always leave a message on our voicemail and we will return your call as soon as we can. Generally, we will return messages within 24 hours except on holidays or if our office manager is out sick. If you have an emergency or crisis, please call your PCP or go to your local emergency room.

IF WE NEED TO CONTACT SOMEONE ABOUT YOU

If there is an emergency during any of your sessions, or if your therapist becomes concerned about your personal safety, they are required by law and by the rules of their profession to contact someone close to you – perhaps a relative, spouse, partner, or close friend. Your therapist is also required to contact this person, or the authorities, if they become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided.

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

STATEMENT OF PRINCIPLES AND COMPLAINT PROCEDURES

It is our intention to fully abide by all the rules of the American Counseling Association (ACA), the American Psychological Association (APA) and by those of the Pennsylvania state licensing board.

Problems can arise in therapy, just as in any other relationship. If you are not satisfied with any area of your work with your therapist, please raise your concerns with them or one of our office managers as soon as possible. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that your therapist, or any other therapist, has treated you unfairly or has ever broken a professional rule, please tell us. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist/counselor examiners, the organization that licenses those of us in the independent practice of psychology/counseling.

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

OUR AGREEMENT

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with Sanderson Psychological before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this packet, I can talk with my therapist or staff at Sanderson Psychological, and they will do their best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

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

I have read, or have had read to me, the issues and points in this packet. I have discussed those points I did not understand, and have had any and all questions fully answered. I agree to act according to the

points covered in this packet. I hereby agree to enter into therapy (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client) _____
Date

Printed name

Relationship to client:

Self Parent Legal Guardian
 Other person authorized to act on behalf of the client

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

Signature of counselor _____
Date

NOTICE OF PRIVACY PRACTICES (NPP)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Privacy is a very important concern for all those who see a counselor. It is unfortunately made complicated by federal and state laws as well as professional ethics. Because the rules are so complicated, some parts of this Notice are detailed.

What does your "medical information" mean?

Each time you visit our office, or any physician's office, hospital, clinic, or other healthcare agency, information is collected about you and your physical and mental health. This may be information about your past, present, or future health or the tests and treatment that you obtained from me or from other treatment providers, or about payment for healthcare. The information Sanderson Psychological and other healthcare providers collect from you is legally referred to as Protected Health Information (PHI). The information collected about you here goes into your healthcare record/file at our office. Your record/file is kept in a locked filing cabinet to which only Sanderson Psychological staff/independent contractors have access.

In a counseling office such as this one, your PHI could include, but may not be limited to the following:

- your reason for seeking treatment which is also called your presenting problems or symptoms;
- relevant background information about you such as your childhood, your family history, your academic and work history, your relationship and substance use history;
- your diagnosis/diagnoses which is a medical term for your problems;
- treatment plan which refers to treatment methods, other procedures, and services that can best assist you in treating your presenting concerns and symptoms;
- progress notes which refers to what your therapist writes at each session about how you are doing;
- records that we obtain (with your written consent) from others who have treated or evaluated you, such as a psychiatrist or any past therapists;
- psychological test scores;
- information about medication that you took and/or are taking;
- billing and insurance information.

Your therapist could use your PHI (which could include the above information) for many purposes, such as:

- planning and implementing your treatment;
- deciding how well treatment is working for you;
- utilizing it to speak to other healthcare professionals treating you such as your primary care physician or any professional who referred you;
- utilizing it to prove that you actually received services from us which we billed to you or to your health insurance company
- utilizing it to improve the way we do therapy by measuring the results of your work with your therapist.

When you understand what is in your record and what it is used for, you can make informed decisions about whom, when, and why others should have that information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy, we can make one for you, but we may charge you for the cost of copying. In some very rare situations, a client cannot see all of what is in his/her records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask your therapist to amend (add information to) your record, although in some rare situations we do not have to agree to do that.

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your Personal Healthcare Information (PHI) private and to give you this notice of our legal duties and our privacy practices which is called the Notice of Privacy Practices (NPP). We will abide by the rules of this notice as long as it is in effect, but if it is changed, the rules of the NPP will apply to all the PHI we keep. If we change the NPP, we will post the new Notice in our office waiting rooms where everyone can see it. You and all other clients can also obtain a copy of the new Notice from us at that time.

How your protected health information can be used and shared:

The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed or shared. When your information is read by your therapist and utilized to make decisions about your care, that in the law is called “**use**”. If the information is shared with or sent to others outside this office, that in the law is called “**disclosure**”. Except in some special circumstances, when we use your PHI here at the practice or disclose it to others, we share only the minimum necessary PHI needed for others to do their jobs. Mostly when we use your PHI, we disclose it for routine purposes (see below) which pertain to your treatment and well-being. For other uses, we must tell you about them and have a written authorization from you unless the law allows or requires us to make the disclosure without your authorization.

1. Uses and disclosures of PHI in healthcare with your Consent:

After you read this Notice, you will be asked to sign a separate Consent Form to allow Sanderson Psychological to use and share your PHI. Most of the time, your PHI will be shared with other people or organizations for routine purposes such as to provide treatment to you, arrange for payment of services, or some other business reasons called healthcare operations. Together these routine purposes are called “TPO” and the Consent Form allows Sanderson Psychological to use and disclose your PHI for TPO.

PHI used for routine purposes/TPO—treatment, payment, or healthcare operations:

We need information about you and your symptoms to provide care to you. All of the information we collect will go into your healthcare record. You have to agree to let Sanderson Psychological collect that information and to use it and share it in order to care for you properly. **Therefore you must sign the Consent Form to Use and Disclose Your Health Information before we can begin to treat you in this office. If you do not agree and consent, then we cannot treat you.**

Using PHI for Treatment:

Your medical information is used to provide you with psychological treatments or services. These might include individual, couples, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of services provided. Your PHI may be shared or disclosed to others who provide treatment to you. Your information may be shared with your personal physician. If you are being treated by a team, we can share some of your PHI with them so that the services you receive work together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record so that we can all decide what treatments work best for you and develop a Treatment Plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this we need to tell them some information about you and your condition. We will receive their findings and opinions and those will go into your record at Sanderson Psychological. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples of how we can use and disclose your PHI for treatment.

Using PHI for payment:

We may use your information to bill you, your insurance, or others so we are paid for the treatments we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes expected in your symptoms. We will need to tell them your dates of service and how you are progressing.

Using PHI for healthcare operations:

There are a few other ways your PHI may be used or disclosed for healthcare operations. For example, your therapist may use your PHI to see where they can make improvements in the care and services they provide. We may be required to supply some information to government health agencies so they can study disorder and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what is sent.

Other uses of PHI in healthcare—appointment reminders:

We may use and disclose medical information to schedule with you or to remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or only at your work or prefer some other way for us to reach you, we can arrange for that. It is important for you to let us know.

Other uses of PHI in healthcare—treatment alternatives:

We may use and disclose your PHI to tell you about or to recommend possible treatments or alternatives that may be of help to you.

Other uses of PHI in healthcare—business associates:

There may be some jobs that we hire other businesses to do for us. In legal terms, they are called Business Associates. An example is an electronic billing service. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, business associates have agreed in their contract with us to safeguard your information.

2. Uses and disclosures of PHI that require your Authorization:

If we want/need to use your medical information for any purpose other than for TPO (treatment, payment, and healthcare operations) or other uses described above, we need your permission on an Authorization Form. We do not expect to use and disclose your PHI in ways that require your Authorization very often. If you do authorize us to use or disclose your PHI, you can always revoke (or cancel) that permission in writing at any time. From that point onwards, we will not use or disclose your information for the purposes that we agreed to on the Authorization Form. Of course, we cannot take back any information that was already disclosed with your authorized permission and prior to when you canceled your permission.

3. Uses and disclosures of PHI from mental health records that **do not require** a Consent or Authorization:

The law lets healthcare providers use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when we might have to share your information without requirement of your Consent or your Authorization:

When PHI must be used and disclosed as required by law:

There are some federal, state, or local laws that require PHI disclosure:

- If we have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and your therapist receives a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information that was requested.
- We have to disclose some information to government agencies that check on all healthcare providers to see that we (healthcare providers) are obeying the privacy laws.

When PHI must be used and disclosed for Law Enforcement Purposes:

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

When PHI must be used for public health activities:

We may disclose some of your PHI to agencies that investigate diseases or injuries.

When PHI pertains to decedents:

On very rare occasions, we may be required to disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

When PHI must be used and disclosed for specific government functions:

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

When PHI must be used and disclosed to prevent a serious threat to health or safety:

If your therapist comes to believe that there is a serious threat to your health or safety or to that of another person or the public, they can disclose some of your PHI. They will only disclose this information as required by law to persons who can prevent the danger, or who are in danger.

4. Uses and disclosures of PHI where you have an opportunity to object:

We will only share information with those involved in your care and anyone else you choose such as close family members, close friends, or clergy. We will ask you about whom you want us to tell what information about your condition and treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law. If it is an emergency—so we cannot ask if you disagree—we can share information if we believe that it is what you would have wanted and if we believe it will help you if we share it. If we do share information in an emergency, we will tell you as soon as we can. If you don't approve, we will stop sharing the information as long as it is not against the law.

Your Rights Regarding Your PHI (Personal Healthcare Information):

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home and not at work or on your cell phone instead of your home phone to schedule or cancel an appointment. We will try our best to do as you ask in this regard.
2. You have the right to ask your therapist to limit what they tell people involved in your care or the payment for your care, such as family members and friends. While they do not have to agree to your request, if they do agree, they will keep their agreement to you except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. You can contact us to arrange how to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this Notice of Privacy Procedures (NPP), we will post the new version in our waiting areas and you can always get a copy of the NPP from our office managers.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer at Sanderson Psychological (which would be Brooke Sanderson, the owner) and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the healthcare we provide to you in any way. Also, you may have other rights that are granted to you by the laws of Pennsylvania. These may be the same or different from the rights described above.

If you have questions or problems:

If you need more information or have questions about the privacy practices described above, please speak with one of our office managers or with your therapist. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, please contact us. You have the right to file a complaint with our Privacy Officer and with the Secretary of the Federal Department of Health and Human Services. If you have any questions regarding this Notice or our health information privacy policies, please contact us. We can be reached by phone at 412-754-1100.

Consent to Use and Disclose Your Health Information

This form is an agreement between you, _____ and Sanderson Psychological, LLC. When the word “you” is used below, it will mean you unless you mean your child, relative, or other person if you have written his or her name here

_____.

When we examine, diagnose, treat, or refer you we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information to decide on what treatment is best for you and to provide that treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let Sanderson Psychological use your information and send it to others. The Notice of Privacy Practices explains in more detail your rights and how your information may be used and shared. Please read that Notice before you sign this Consent Form. In the future, we may change how we use and share your information and therefore, may change our Notice of Privacy Practices. If we do change it, you can get a copy by calling 412-754-1100.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or administrative purposes. You will have to make these requests in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. Again, please see the Notice of Privacy Practices.

After you have signed this consent, you have the right to revoke it (by writing a letter stating that you no longer consent) and we will comply with your wishes about using or sharing your information from that time on. However, by the time you revoke or cancel consent (if you do), we may have already used or shared some of your information and cannot change that. You must sign this Consent from before we can begin to treat you. If you do not agree and consent, we cannot treat you.

Signature of Client or his/her personal representative

Date

Printed name of client or personal representative

Relationship to client

_____ Copy given to client/parent/personal representative

Limits of Confidentiality

Psychotherapy is confidential, with the below stated exceptions.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self harm: Depression is a common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety.

This would include notifying the legal authorities as well as make reasonable attempts to notify the family.

Animal abuse: I will report animal abuse, including cases of hoarding and neglect.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Prenatal Exposure to Controlled Substances: In keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Minors/ Guardianship: Parents or legal guardians have the right to access a minor client's health information. Age of adult for psychotherapy is 14.

Insurance Providers: Information requested includes description of impairments, dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries.

I have read and understand the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information.

Signature of Client or his/her personal representative

Date