

Clio Long, Psy.D

8101 Hinson Farm Rd  
Suite 117  
Alexandria, Virginia 22306

### Consent to Use and Disclose Your Health Information

This form is an agreement between you, and me, When we use the words “you” and “your” below, this can mean you, your child, a relative, or some other person if you have written his or her name here:

When I examine, test, diagnose, treat, or refer you, I will be collecting what the law calls “protected health information” (PHI) about you. I need to use this information in my office to decide on what treatment is best for you and to provide treatment to you. I may also share this information with others to arrange payment for your treatment, to help carry out certain business or government functions, or to help provide other treatment to you. By signing this form, you are also agreeing to let me use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have received and read my notice of privacy practices, which explains in more detail what your rights are and how I can use and share your information.

**If you do not sign this form agreeing to my privacy practices, I cannot treat you.** If there should be changes in the future to my privacy practices, I will change my notice and provide you with a copy.

If you are concerned about your PHI, you have the right to ask me not to use or share some of it for treatment, payment, or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to accept these limitations. However, if we do agree, I promise to do as you asked, unless I am mandated to disclose the information by law. After you have signed this consent, you have the right to revoke it by writing to me. I will then stop using or sharing your PHI, but I may already have used or shared some of it, and I cannot change that.

\_\_\_\_\_  
Signature of client or his or her personal representative      Date

\_\_\_\_\_  
Printed name of client or personal representative      Relationship to the client

\_\_\_\_\_  
Description of personal representative’s authority

\_\_\_\_\_  
Signature of authorized representative of this office or practice

Date of NPP: \_\_\_\_\_

Copy given to the client/parent/personal representative

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## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, I will be happy to help you understand the procedures and your rights.

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### A. Introduction: To my clients

This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me for more explanations or more details.

## **B. What the law means by your medical information**

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from me or from others, or about payment for health care. The information I collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in my office.

In this office, your PHI is likely to include these kinds of information:

- \_ Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- \_ Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- \_ Diagnoses: These are the medical terms for your problems or symptoms.
- \_ A treatment plan: This is a list of the treatments and other services that we think will best help you.
- \_ Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- \_ Records I get from others who treated you or evaluated you.
- \_ Psychological test scores, school records, and other reports.
- \_ Information about medications you took or are taking.
- \_ Legal matters.
- \_ Billing and insurance information

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it:

- \_ To plan your care and treatment.
- \_ To decide how well treatment is working for you.
- \_ When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- \_ To show that you actually received services from me, which I billed to you or to your health insurance company.
- \_ For teaching and training other health care professionals.
- \_ For medical or psychological research.
- \_ For public health officials trying to improve health care in this area of the country.
- \_ To improve the way I do my job by measuring the results of my work.

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

Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (but I may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend (add information to) your records, although in some rare situations I don't have to agree to do that. If you want, I can explain more about this.

## **C. Privacy and the laws about privacy**

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. I will also post the new notice of privacy practices in the office where everyone can see. You or anyone else can also get a copy from me at any time.

#### **D. How your protected health information can be used and shared**

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So I will tell you more about what I do with your information.

Mainly, I will use and disclose your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

##### 1. Uses and disclosures with your consent

After you have read this notice, you will be asked to sign a separate **consent form** to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called "health care operations."

In other words, I need information about you and your condition to provide care to you. You have to agree to let me collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before I begin to treat you. If you do not agree and consent I cannot treat you.

##### a. The basic uses and disclosure: For treatment, payment, and health care operations

Next I will tell you more about how your information will be used for treatment, payment, and health care operations.

*For treatment.* I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

I may share your PHI with others who provide treatment to you. I am likely to share your information with your personal physician. If you are being treated by a team, I can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

*For payment.* I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell them

about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things.

*For health care operations.* Using or disclosing your PHI for health care operations goes beyond my care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

#### b. Other uses and disclosures in health care

*Appointment reminders.* I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that. Just tell me.

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

*Other benefits and services.* I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

*Research.* I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special authorization form.

*Business associates.* I may hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

## 2. Uses and disclosures that require your authorization

If I want to use your information for any purpose besides those described above, I need your permission on an **authorization form**. I don't expect to need this very often. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

## 3. Uses and disclosures that don't require your consent or authorization

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.

### a. When required by law

There are some federal, state, or local laws that require me to disclose PHI:

— I have to report suspected child abuse, elder abuse, or abuse of an Incapacitated adult . If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I 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 they requested.

— I have to disclose some information to the government agencies that check on me

b. For law enforcement purposes

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

c. For public health activities

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

d. Relating to decedents

I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

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

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them, about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

If it is an emergency, and so I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

5. An accounting of disclosures I have made. When I disclose your PHI, I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

## **E. Your rights concerning your health information**

1. You can ask me 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 me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.

2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if I do agree, I will honor it except when 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 I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you. Contact me to arrange how to see your records. (See below.)
  4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell me the reasons you want to make the changes.
  5. You have the right to a copy of this notice. If I change this notice, you can always get a copy from me.
  6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.
- You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

#### **F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above, please speak to me. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me. As stated above, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or my health information privacy policies, please contact me.

The effective date of this notice is November 20th 2014.

Clio Long, Psy.D

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## Biographical Information – Intake Form

*Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.*

NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH and PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONES: H: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/Off: \_\_\_\_\_ Fax: \_\_\_\_\_

FOR ROUTINE MESSAGES: Phone # \_\_\_\_\_ Email: \_\_\_\_\_

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # \_\_\_\_\_ Email: \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_ TYPE OF DEGREE: \_\_\_\_\_

PERSON & PHONE NO. TO CALL IN EMERGENCY: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

OCCUPATION (former, if retired): \_\_\_\_\_

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you.):

\_\_\_\_\_  
\_\_\_\_\_

Estimate the severity of above problem: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Very severe \_\_\_\_\_

CURRENT: Marital status: \_\_\_\_\_ Live with someone: \_\_\_\_\_ Name: \_\_\_\_\_ Years: \_\_\_\_\_

PAST & PRESENT MARRIAGE/S (names, years together, and statement about the nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

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PRESENT SPOUSE/PARTNER: Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship.):

Father: \_\_\_\_\_

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Mother: \_\_\_\_\_

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Stepparents: \_\_\_\_\_

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SIBLINGS (name/age, if deceased: age and cause of death and brief statement about the relationship.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

MEDICAL DOCTOR (S) (name/phone): \_\_\_\_\_

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PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, etc.):

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SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

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SLEEP: Are you experiencing any difficulty sleeping?

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

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SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

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FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: e.g., cancer, epilepsy, etc):

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FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:

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PAST/PRESENT PSYCHOTHERAPY (specify: month year(s) (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Individual/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1. \_\_\_\_\_

2. \_\_\_\_\_

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3. *USE OTHER SIDE OF PAGE TO ADD MORE INFORMATION ABOUT PSYCHOTHERAPISTS, IF NEEDED.*

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

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IF PARENTS DIVORCED: Your age at the time: \_\_\_\_\_.

Describe how it affected you at the time

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FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

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ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S,  
LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

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What gives you the most joy or pleasure in your life?

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What are your  
main worries and fears?

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What are your most important hopes or dreams?

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*Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.*

