

## **Privacy Information, Therapy Information & Patient Rights**

### **Erin Crail, LCMHC & Kelly Khachadourian, LCMHC**

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.

#### **Our Legal Duties**

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies; your rights, and our duties. We are required to abide these policies until replaced or revised. We have the right to revise our policies for all medical records including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place

The contents of material disclosed to us in an evaluation, intake or counseling session is covered by law as private information. We respect privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

#### **Use of Information**

Information about you may be used by the personnel associated with our Private Practice for diagnosis, treatment planning, and continuity of care. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals or business associates affiliated with this clinic such as billing, quality enhancement, training, audits and accreditation.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of our practice not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be others provisions provided by legal requirements.

#### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide; the health care professional is required to notify legal authorities and/or make reasonable attempts to notify the family of the client

#### **Public Safety**

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military and when complying with worker's compensation laws.

#### **Abuse**

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety and may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

#### **In the Event of a Client's Death**

In the event of a client's death, the spouse, or parents of a deceased client have a right to access their child's or spouse's records with a court order, or proper releases.

**Payment for Services:**

Copays, deductibles, out of pocket payments and no show fees are expected at the time services are rendered. If a claim is submitted to an insurance company on your behalf, and is denied for any reason, it is the client's responsibility to pay for these services in full.

**Letter Writing:**

There is a standard, \$100 per page, fee for all letter writing requested from a therapist. This rate also applies to form requests.

**Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professionals' actions, related records may be released in order to substantiate disciplinary concerns.

**Judicial or Administrative Proceedings**

It is our general policy to not become involved in litigation. Health care professionals are required to release records of clients when a court order has been placed. If we are issued a subpoena to appear in court, the charge for this service is **\$120 per hour, paid in hourly increments**, and will be charged to the party that sent the subpoena.

**Custody Cases** - It is our policy to remain neutral in custody or criminal proceedings, and will not testify. If a letter is being requested for a court hearing, the letter writing fee applies. Please note that we will not make placement recommendations for custody. Letters will include a client's diagnosis, dates of treatment, and treatment goals.

**Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

**Online Counseling**

Online counseling is a new and exciting form of counseling that we are utilizing within our practice. Both Erin Crail and Kelly Khachadourian are trained and certified in online counseling. In New Hampshire, private insurance will cover your online session, however, Medicaid will not. The out of pocket fee for online counseling is \$2.00 per minute. The counseling can be done in 15, 30 or 45 minute sessions. Confidentiality, as always, is of utmost importance to the therapists. We can not control who is in your environment during these sessions, but will guarantee that our sessions will be confidential on our end, in our office. This form of therapy would allow you to also do occasional sessions without leaving your home or office. Rather than incur a no-show fee, ask about an online session.

**Contacting a Therapist**

Please call the business office number at 603-882-3786 to contact any therapist. Kelly Khachadourian can also be contacted via e-mail at [KellyLMHC@mac.com](mailto:KellyLMHC@mac.com). Erin Crail can be contacted via cell phone at 978-994-6870 or via e-mail at [ErinCrail@verizon.net](mailto:ErinCrail@verizon.net). Please allow up to 48 hours for a response, as the therapist's hours vary. Currently, the office is closed on Mondays. If a phone consult is deemed necessary by the therapist, the rate is \$30.00 per 15 minute increment. Phone sessions are not yet covered by insurance.

**Online Scheduling**

Kelly Khachadourian uses therapyappointment.com as a way to make and reschedule an appointment. If you don't already have a username and password, simply ask, and one will be created for you. This handy tool will allow you to view your upcoming appointments and add any new appointments, as needed, on Kelly's calendar.

**Other Provisions**

When payment for services are the responsibility of the client, or a person who has agreed to providing payment and payment has not been received in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of services (e.g. diagnosis, treatment planning, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame and the name of the clinic or collection service.

Insurance companies, managed care, and other third party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports are discussed/typed within our practice or by outside sources specializing in and held accountable for such procedures.

In the event in which a mental health professional must telephone the client for purposes such as appointment cancellations, reminders or to give/receive other information, efforts are made to preserve confidentiality. Please notify in writing where we may reach you by phone and how you would like us to identify ourselves.

### **Your Rights**

You have the right to request or review or receive your medical files. The procedures for obtaining a copy of your medical information is as follows. You may request a copy of your records in writing with an original signature. If your request is denied, you will receive a written explanation of the denial. Records for minors must be requested by their custodial parents or legal guardians. **The charge for medical records is \$25.00.** You can request a treatment summary at the cost of \$50 per page.

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others, however, if we do not agree with these restrictions, we are not bound to abide them.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to us in writing.

You have the right to disagree with the medical records in our files. You may request this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement which will be placed in your file.

You have the right to know what information in your record has been provided to whom. Request this in writing.

If you desire a copy of this notice you may obtain it by requesting it from Erin Crail or Kelly Khachadourian at this location.

### **Complaints**

If you have any complaints regarding these procedures, please contact Erin or Kelly. We will be get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and or New Hampshire Board of Mental Health. If you file a complaint we will not retaliate in any way.

Client Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**No Show Fee:**

**I agree to pay the \$50 No Show Fee when I have not given the required 24 hours notice to cancel my appointment:**

X: Signature: \_\_\_\_\_

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**I understand the limits of confidentiality, privacy policies, my rights and their meanings and ramifications. I understand that any payment not covered by insurance is my responsibility, and I agree to pay in a timely manner.**

X: Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by:  client  guardian  personal representative

**Treatment Plan:**

I agree to establish a treatment plan during my sessions (set goals with my therapist) and that the therapist and I will be working on these during our treatment together. I have received a copy of the treatment guidelines that are attached to this intake packet, and agree to the treatment terms.

X: \_\_\_\_\_