

Lisa Kays Psychotherapy

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CLIENT INFORMATION, NOTICE OF PRIVACY (HIPAA) AND CONSENT TO TREATMENT

Informed Consent for Treatment

I do voluntarily consent to care and treatment by Lisa Kays, LICSW, LCSW-C. I understand that healing arts are not an exact science and that no guarantees are being made as to the result or evaluation of treatment. I am aware that I am an active participant in my therapy and I share the responsibility for the treatment process. Through the process of treatment, I am working toward changes and recognize that I may experience many different and intense feelings as a part of this process, some of which may be painful. I also understand that when I make changes in myself, I may experience changes in other areas of my life (e.g. family, work, social life). Every change has the potential for both positive and negative outcomes.

HIPAA and 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 THIS CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other clinicians with whom I engage in peer consultation (where only first names are used). I may disclose PHI to any other consultant only with your authorization.

For Health Care Operations. Your treatment record is accessible only to me and to personnel whom I have authorized to help me provide services to you, including an online practice management site that is HIPAA compliant and encrypted. Your record includes, but is not limited to, your progress notes and closing summary. Once uploaded to this electronic platform, all paper documentation, such as signed releases, is shredded and files are maintained only electronically. Your billing record is also accessible only to me and to personnel or platforms whom I have authorized to perform billing services for you. I am happy to provide additional details about these if you desire.

It is your choice whether or not to use your insurance coverage for payment of my services. I am not a provider under any insurance plan, but you may be eligible to submit claims for out-of-network services. Keep in mind that all insurance companies will require a mental health diagnosis to process your claim. I will provide you with a statement at the end of each month, including a diagnosis code, that may be used for such purposes. If your insurance company requires further information, I will first consult you about your insurance company’s request. I will give you the option to make an informed decision regarding what, if anything, you wish to be released.

Required by Law. Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

–**Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

–**Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

–**Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than 50 years is not protected under HIPAA; however, my commitment to you is that I will not release PHI to anyone following your death unless you have signed a release to do so or it is required of me by law.

–**Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

–**Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

–**Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing quality control.

–**Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

–**Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

–**Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

–**Public Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

–**Research.** PHI may only be disclosed after a special approval process or with your authorization.

–**Verbal Permission.** I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

–**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Effective November 2016

Other legal limits to confidentiality include but are not limited to:

- When I have knowledge of, or reasonable cause to believe, that an elder or vulnerable adult is being neglected or physically, emotionally or sexually abused;
- When I have knowledge of, or reasonable cause to believe that you are in imminent danger of committing suicide;
- Reporting of alleged practitioner sexual misconduct; and,
- If you file a complaint or lawsuit against me, I may disclose relevant information to defend myself.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to me.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. For example, please inform me if you do NOT want voicemail left at the phone number provided for me. Otherwise, I will assume that I may leave messages for you at that number. So that I may contact you whenever necessary, I will rely upon you to notify me of any changes in your name, address, and home or work phone numbers.
- I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you bring to my attention any questions or concerns that you may have. The laws governing confidentiality can be quite complex, thus in situations where specific advice is required, formal legal advice may be needed.

The information I collect from you is needed for providing evaluation and treatment to you. I will inform you of the consequences, if any, of refusing to supply information I request. If you choose to not supply

such information, I may be unable to determine which services are most appropriate for you and it will make it more difficult for me to carry out an effective treatment plan for you.

Your complete record will be retained for seven years after you have completed treatment. The time period begins from the date of the last visit. (Or for minors, from the date they reach 18.) Should there be any further direct client contact, the counting period will begin again after the conclusion of the new service.

You are entitled to ask me what my training is, where I received it, if I am licensed or certified, my professional competencies, experience, education, biases or attitudes, and any other relevant information that may be important to you in the provision of services. You have the right to expect that I have met the minimum qualifications of training and experience required by state law and to examine public records maintained by the D.C. Board of Social Work.

You have the right to voice grievances and request changes in your counseling plan without restraint, interference, coercion, discrimination or reprisal. I encourage you to share any concerns you may have with me directly, including if you believe your privacy rights have been violated. You also have the right to file a complaint about my services to the D.C. Board of Social Work at 899 North Capitol Street NE, Washington, DC 20002. Their phone number is (202) 442-5955 and the email address is doh@dc.gov.

Fees and Cancellation Policy

Therapy is a commitment, and its progress and effectiveness depend on consistent participation. I therefore understand that once a commitment to treatment is made, that payment for services is expected at the time of my session by cash, check, or credit card, unless other arrangements are made.

Missed sessions:

—Once an appointment is made and confirmed, you are responsible for paying for any missed individual sessions that cannot be rescheduled for another time that week.

—If you enter group therapy, you are responsible for paying for all sessions until you formally terminate with the group, whether you are in attendance or not. This is because participating in a group is similar to renting a spot that I am unable to fill with anyone else when you are absent.

In both cases, there are clinical reasons for these policies related to the effectiveness of your treatment, which I am happy to discuss further with you.

If at any time you find there are any problems regarding payment, or if you need to make arrangements for a payment plan, please address this with me.

My fees may increase on January 1 of each year.

Emergency Procedures

If you feel that you are in a mental or physical health crisis and need immediate help, call 911 or an appropriate crisis line or go to the nearest Emergency Room. Please inform me of this situation once you are safe and secure.

Social Media Policy (Adapted from Dr. Keeley Kolmes)

This document outlines my office policies related to use of social media and the Internet. If you have any questions about anything within this document, I encourage you to bring them up when we meet.

FRIENDING AND FOLLOWING: I do not accept Friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as Friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet.

I post psychology news on Twitter and I maintain two blogs on Tumblr. I have no expectation that you will want to follow my Twitter stream or my blogs. However, if you use an easily recognizable name on Twitter or Tumblr and I happen to notice that you've followed me there, we may briefly discuss it and its potential impact on our working relationship. My primary concern is your privacy. You are welcome to use your own discretion in choosing whether to follow me. Note that I will not follow you back. I do not follow current or former clients on any social media site.

My reasoning is that I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

INTERACTING: Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone or email.

USE OF SEARCH ENGINES: It is not a regular part of my practice to search for clients on Google or Facebook or other search engines. In the case where I accidentally come across information about you on the Internet, I will discuss it with you when we next meet. Note that I do make an exception and will attempt to find information about you online if I have a reason to be concerned that you may be in physical danger. If I ever do so, I will discuss this with you when we next meet.

BUSINESS REVIEW SITES: You may find my psychology practice on sites such as Yelp, Healthgrades, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. I have not added my site to these listings intentionally. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process as this can be an important part of therapy.

None of this is meant to keep you from sharing that you are in therapy with me however you like. Confidentiality means that I cannot tell people that you are my client. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to these services. I do not place my practice as a check-in location on various sites such as Foursquare. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled.

EMAIL: Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email to address scheduling or other concerns, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you may become a part of your legal record.

If you have questions or concerns about any of these policies and procedures or our potential interactions on the Internet, please bring them to my attention so that we can discuss them. Given that we live in a time when information is available about us on the Internet both against and due to our own will, I also want it to be clear that you are welcome to address with me any information that you find on the Internet about me. This will not offend me, and I would prefer that any concerns that you have be addressed within the context of our therapeutic relationship, rather than go unmentioned.