



## TREATMENT/HIPPA/OFFICE POLICIES

I seek and consent to take part in psychotherapy with Diana Marinaro, LCSW. I understand that therapy is a collaborative effort and together we will define and establish my goals. I agree to take an active role in this process. I understand that there are no guarantees as to the result of treatment or of any interventions provided by Diana Marinaro, LCSW and I am aware that I can stop my treatment with Diana Marinaro, LCSW at any time. What I disclose to Diana Marinaro, LCSW is confidential, but there are some limits to that confidentiality. The exceptions include: if I am in danger of harming myself or someone else; if there is a court order to provide information; if I use my health insurance to pay for part of the fees insurance companies require some information about my therapy such as my symptoms and/or a treatment plan. Except when there is an emergent situation, a fee of \$75 will be charged for sessions not canceled within 24 hours in advance. Discharge from treatment is considered if there are issues with insurance that result in non-payment of services rendered and/or if you fail to pay for services rendered. I use a HIPPA approved app, Ivy Pay, for payment of services. Through Ivy Pay you are able to use any type of credit or debit card of your choice.

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

If you consent, the provider is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, diagnosis, and treatment and applying for future care or treatment. It also includes billing documents for those services. An example of uses of your health information for treatment purposes is:  During the course of your treatment, the provider determines that she will need to consult with another specialist in the area. She will share the information with such specialists and obtain his/her input. An example of the use of your health information for payment purposes:  The state licensing authority wants to review records to assure that we have acted consistently with state law regarding your care. In doing so, they want to take a sampling that includes review of your chart. At the licensing authority's request, we will provide them with a copy of your chart. HIPAA (Health Insurance Portability and Accountability Act of 1996) provides special protections to "Psychotherapy Notes". All Psychotherapy Notes must be kept by the author and filed separately from the rest of the client's medical records to maintain a higher standard of protection. Psychotherapy Notes are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical records. Excluded from the Psychotherapy Notes definition are the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and any summary of diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. In order for a medical provider to release "Psychotherapy Notes" to a third party, the client who is the subject of the Psychotherapy Notes must sign this authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.

My signature below is acknowledgment and acceptance of the above agreement:

By typing my signature below, I agree to be bound by my electronic signature:

Client Name:

Date: