

CIRCLE OF LIFE CENTER

Sara Rector, MFT (MFC #31230) Director-Supervisor

501 Marin Street, #202, Thousand Oaks, CA 91360

(805) 494-1414 ofc 805 750-4545 cell

www.circleoflifecenter.info e-mail: sararectormft@gmail.com

WELCOME AGREEMENT

Welcome! The following will acquaint you with our Center. If you have further questions about this information sheet, other forms or Center policies and procedures, please discuss them with your therapist.

Our Counseling Staff: Counseling services are provided by licensed Marriage and Family Therapists (MFT) and MFT Interns. MFT Interns work under the close supervision of a licensed Marriage and Family Therapist.

Appointments and Fees: Therapy sessions for individuals are 50 minutes in length. Length of therapy sessions for couples or groups may vary, and will be agreed upon by therapist and participants. Telephone consultations will incur charges in 15-minute increments after the first 15 minutes. An hourly rate is billed for letter and report writing. Fees must be paid at each session unless prior arrangements have been made.

24-hour voicemail is available to facilitate your communication with our Center and your therapist. When you must cancel an appointment, please call or text 805-494-1414 24 hours in advance or a full fee will be charged. Text, email or voice mails will be returned within 24 hours-1 business day. *Declining a calendar event is not an acceptable form of cancellation.*

Limits of Confidentiality: Contents of all therapy sessions are considered to be confidential. 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. Noted exceptions are as follows:

Duty to Warn and Protect

Abuse of Children and Vulnerable Adults

Prenatal exposure to Controlled Substances

Minors/Guardianship Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable) Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Billing Insurance: The office is contracted with several insurance companies and will submit insurance claims for services rendered for clients who are covered by those companies. We do not bill secondary insurances. If you would like your insurance to be billed, please provide your insurance information on our Insurance Information form, **PRIOR TO** your first session so that we can verify your benefits. **We do not guarantee that the benefit information we get from the insurance company is correct or accurate.** We suggest that you also contact your carrier and verify your benefits. Failure to provide all insurance information may result in loss of benefits. If your health insurance carrier is not one of the companies with which we usually file or are an in-network provider for, you will be provided with the necessary documentation of the services rendered so that you can file yourself with your insurance carrier. **Any problem with your insurance carrier that delays or prevents payment of claims is the patient's responsibility.** Delayed processing and payment by your insurance company is not a reason for delayed payment to the therapist. In order to utilize your insurance, your signature is required in the Patient Information Form.

Privacy: You have been provided with the HIPPA Notice of Privacy Practices. Please read it carefully and sign the acknowledgement form.

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HIPAA NOTICE OF PRIVACY PRACTICES

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

IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use PHI means when I share, apply, utilize, examine, or analyze information within my practice: PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use of disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

REVISION OF NOTICE OF PRIVACY PRACTICES

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me or you can view a copy of it in my office.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; other, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent

I may use and disclose your PHI without your consent for the following reasons:

Treatment Information

I can use your PHI within my practice to provide you with mental health treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.

Health Care Operations

I may disclose your PHI to facilitate the efficient and correct operation of my practice. Example: I may provide our PHI to my attorneys, accountants, consultants, and other to make sure that I am in compliance with applicable laws.

Payments

I may use and disclose your PHI to bill and collect payment for the treatment and services I provide to you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the

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health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.

Other Disclosures

Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent and you are unable to communicate with me, but I think that you would consent to such treatment if you could, I may disclose your PHI.

Certain Other Uses and Disclosure Do Not Require Your Consent.

I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.
- If disclosure is compelled by a party to a proceeding before a court of administrative agency pursuant to its lawful authority.
- If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
- If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.
- To avoid harm. I may provide PHI to law enforcement personnel or person able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- If disclosure is mandated by the California Duty to Report Child Abuse or Neglect law. For example, if I have a reasonable suspicion of child abuse or neglect.
- If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- For public health activities. Example: in the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- For health oversight activities. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
- For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.
- For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
- Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

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- If an arbitrator or arbitration panel compels disclosure, when arbitrations is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: when compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
- If disclose is otherwise specifically required by law.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicated is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

AUTHORIZATIONS

I will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights with respect to your medical information:

- **The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed.
- **The Right to Request Limits of Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required to permitted to make.
- **The Right to Choose How I Send Your PHI to You.** It is your right to ask that you PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obligated to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- **The Right to Get a List of the Disclosures I Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosure made for national security purposes, to corrections or law enforcement personnel, or disclosures made before September 26, 2005. After September 26, 2005, disclosure records will be held for six years.
- **The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right

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to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request of my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the changes(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at:

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