

Office Policies and General Patient Information Professional Services Agreement

Welcome to The Neurobehavioral Clinic. Important information about our professional services and business policies are described below. Please read this information carefully, so that we may discuss any questions or concerns you have during our first appointment.

Privacy Practices:

We are obligated by law to safeguard your health information. We may only disclose your health information under the following conditions:

1. For Treatment:

We may need to communicate with other health care professionals about you¹. This communication would be in the service of improving our understanding of you and your health. Prior to disclosing information about you, we will obtain your specific and written consent to do so.

2. For Payment:

We may need to disclose your health information for billing and collection activities. Sometimes, insurance companies wish to review detailed information about our services. We will disclose only the information needed to procure payment for services rendered.

3. For Office Purposes:

We need to share your health information with our clinic's office staff. Our administrative staff is instrumental to billing, record review, and quality care management.

There are some conditions under which your health information may be disclosed without your authorization. These would be:

1. When we are required to do so by law. This would occur whenever abuse, neglect, or domestic violence is suspected.
2. For public health activities, as required by Federal or State law.
3. During judicial and administrative proceedings, as requested via a court order, subpoena discovery request, or other lawful process.

¹ "You" pertains to an individual adult patient or a minor patient. A parent or other legal representative must review this document on behalf of the minor.

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4. For law enforcement activities, such as identifying or locating a suspect, fugitive, material witness or missing person, or reporting crimes in emergencies, or reporting a fatality.
5. When relating to survivors of patients who have died.
6. To avert a serious threat to your health and safety, or the health and safety of another.

Your Rights Regarding Your Health Information:

You have the right to view and obtain copies of your health information within our clinic. You must make this request in writing. Under certain circumstances, we may deny your request. If this occurs, we will provide you with the reasons for this denial. You will not be charged more than \$.25 per page for a copy of your health information.

You have the right to request limits on the uses and disclosures of your health information. If we do not agree on these limitations, a rationale will be provided to you in writing.

You can choose how your health information is sent to you. Some individuals prefer regular mail. Others prefer email or alternative delivery options.

You have a right to know to whom I have made disclosures about your health information.

You have a right to amend your health information.

You have a right to complain about our Privacy Practices. You may contact the Secretary of the U. S. Department of Health and Human Services @ 200 Independence Ave., S.W., Washington, D. C., 20201.

What is Important to Know About Our Clinical Services:

We see children, adolescents, and adults. We do evaluations and provide psychotherapy services. We will discuss our recommended course of care with you within the first sessions. Usually, evaluations are performed across two or three dates. Psychotherapy may occur weekly in 45-minute sessions.

If you must reschedule your appointment, please try to do so 24 hours prior to the appointment. With the exception of unforeseen events or emergencies, appointments, which are missed or cancelled within 24 hours will be charged to you (one 45-minute session for therapy appointment; two hours for testing appointment). Insurance does not pay for missed appointments.

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Professional fees will be discussed with you prior to your first appointment. You or your insurance company will be charged according to an hourly rate if there is a need to speak to other professionals on your behalf, review records, or prepare reports.

You will be billed at the end of a month. Unless other agreements are made in advance, you will be responsible of the prompt payment of whatever your insurance company does not cover.

Contacting Us:

Call our office phone number. Each of us has a different extension. We try to return routine phone calls within one business day. We each have various ways in which you can reach us during an emergency. These will be discussed with you during the first appointment.

I have read the above office policies and General Patient Information. I understand them and agree to comply with them.

Patient (Legal Representative if patient is minor)	Signature	Date
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Healthcare Professional	Signature	Date
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Your Questions or Concerns

Please use the space below to write down any questions or concerns you have about our office policies or clinical services. These issues can be addressed during our first appointment.

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