



REFLECTIONS HEALTH & WELLNESS  
Lewis & Evans, LLC  
6457 Reflections Dr., Suite 120  
Dublin, Ohio 43017  
614-792-1108

## INFORMED CONSENT FOR PARTICIPATION IN TREATMENT & HIPAA NOTICE OF PRIVACY PRACTICES

### **Informed Consent for Participation in Treatment**

This notice describes how psychological and medical information about you may be used and disclosed, and how you can access this information. Please read and review this consent form carefully, as it describes the policies and procedures followed by your psychologist or your therapist (hereinafter referred to as clinician). You will receive a copy of this form.

### **Types of Service Provided by Your Clinician:**

You will be interviewed and may be asked to fill out some questionnaires to assist your clinician in determining how best to help you. Sometimes additional psychological testing is conducted, and your clinician will discuss with you the reasons for this if it is relevant. Treatment usually involves individual meetings with the clinician, but it may also include group treatment and/or involving family members or significant others in some individual sessions. All treatment will be conducted only with your written consent.

### **What You Can Expect from Treatment:**

A specific, individualized treatment plan tailored to your needs will be developed. This will include goals that you hope to achieve in treatment. You may be expected to work on specific tasks outside of the therapy sessions. This homework will be decided by you and your clinician; and it might include thinking about a particular issue, reading some relevant material, writing down a log of feelings or behaviors, or practicing a particular skill. The duration of treatment is different for each person and can be difficult to estimate. Your clinician will address any concerns that you have about this. If you are not satisfied with your treatment for any reason, you are asked to discuss this directly with your clinician. The clinician will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to another professional or other professionals if necessary and/or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy because the process of working on personal issues can be difficult. Please be aware of this.

### **Confidentiality:**

What you discuss with your clinician is kept confidential, or private, with some exceptions. Any information provided to your clinician regarding a plan or intent to engage in self-harm or harm to another individual will not be confidential and can be used as part of a duty to protect or duty to warn which may include hospitalization. Furthermore, any information provided to your clinician regarding child abuse, elder abuse, or abuse of a vulnerable adult will be relayed to the proper authorities. Information about you may also be shared with your insurance company should you choose to have your insurance billed for treatment. Additionally, information may be shared at your request if you provide written authorization for this. Sharing information at your request can be discussed with your clinician. The Notice of Privacy Practices provides detailed information about how private information about your healthcare is protected and under what circumstances it may be shared.

### **Fees for Services:**

Payments for services, including co-payments and deductibles required by your insurance plan, must be made at the time of each session if you are seeing a clinician in our outpatient office. Those seeing a clinician in a long-term care facility will be billed for services not covered by other means such as insurance. We accept cash and checks. Should your insurance company refuse to remit payment for the services, you will be held responsible for paying the amount in full as allowable by contract.

### **Cancellation policy:**

If you are seeing a clinician in the outpatient office or via telehealth, you will be billed at the full out-of-pocket rate if you miss an appointment without providing at least 24-hour notice. Insurance will not be billed for this, and this will be charged to you.

Lewis and Evans, LLC dba Reflections Health & Wellness (hereafter referred to as “Reflections”) handles psychological and medical information about you. Federal and State law determine how this information is handled. To comply with these laws, Reflections H&W requests that you review this Notice and then sign an acknowledgement form which states that you have been given an opportunity to review this Notice of Privacy Practices, and that you have been offered a copy of this Notice for your records.

Reflections is allowed by law to use and disclose information about you for three purposes: 1) treatment, 2) payment (when applicable), and 3) health care operations. If any **protected health information** (PHI; information in your health record that could identify you) is to be used for any other purpose, a written authorization from you will be required. Other information about your rights and policies regarding your PHI are described below.

### **Types of Uses and Disclosures**

- **Treatment:** This includes consultation, coordination of care, diagnosis, providing care, management of your healthcare, and referrals. Examples of treatment disclosures include the disclosure of psychological information about you to your primary care physician or other health care providers to assist in your diagnosis and treatment and facilitate the care you receive.
- **Payment:** This includes everything related to billing and collection of fee for service including everything that is done by Reflections and our billing service obtain reimbursement for your healthcare. This includes billing you directly and giving PHI to your insurance company (when applicable). In addition, Reflections can give your name and information related to your bill to a collection agency if you do not pay your bill after repeated billing attempts have been made.
- **Health Care Operations:** This includes activities that relate to the performance and operation of Reflections. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and coordination of care.
- **Restriction on Disclosures:** Please note that you have the right to restrict certain disclosures of PHI to insurance companies if you pay out of pocket in full for your services.

### **Uses and Disclosures Requiring Authorization**

Reflections may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. Your authorization is also required before releasing your psychotherapy notes (i.e., notes your provider has made about your conversation during a private, group, joint, or family counseling session or during psychological assessment and testing) for most purposes.

Psychotherapy notes are given a greater degree of protection than PHI, and these are kept separate from the rest of your medical record.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that Reflections and/or your provider has relied on or acted upon that authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures with Neither Consent nor Authorization**

Reflections may use or disclose PHI without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety:** If we believe that you or your child pose a clear and substantial risk of imminent serious harm to yourself or another person, Reflections may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family to protect against such harm.
- **Abuse or Neglect of Children, the Elderly, or Other Vulnerable Adults:** Any suspicion of abuse or neglect of a child, an elderly person, or other vulnerable adult will, by law, be reported by Reflections to the appropriate county or state authorities.
- **Treatment of Minors:** If you are under the age of 18 years old, your parent(s) have the right to obtain information about your treatment. (An exception to this is that if you are age 14-17 you may have up to four sessions with the provider without your parents knowing. You will be responsible for paying for these sessions.)
- **Judicial or Administrative Proceedings:** PHI may be released in response to a court order or administrative tribunal (as explicitly authorized) if you are involved in a court proceeding. Without a direct court order or your formal authorization, PHI will not be released by Reflections to the court.

- **Governmental Oversight:** The government can require release of PHI if it pertains to national security and intelligence, public health, the military, or a coroner or medical examiner.
- **Workers' Compensation:** If you file a workers' compensation claim, Reflections may be required to give your PHI to relevant parties and officials.
- **Other Situations as Required by Law:** If required by law, use and disclosure will be limited to the relevant requirements of the law. You will be notified as required by law of any such use and disclosure of your PHI.

### Patient's Rights

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. However, Reflections is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing your provider. Upon your request, Reflections will send your bills to and/or contact you at another address and/or telephone number of your choosing.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your Reflections mental health and billing records for as long as the PHI is maintained in the record. By law Reflections may deny this access under certain circumstances, and you may request that this decision be reviewed by another licensed health care professional. At your request, your provider will discuss with you the details of the request process. Charges will follow a set formula for a copy of your PHI and/or psychotherapy notes.
- **Right to Amend.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your provider will add your requested information to the record. No portions of the record are deleted. On your request, your provider will discuss with you the details of the amendment process.

- **Right to an Accounting.** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization or which are not part of treatment, payment, or health care operations. At your request, your provider will discuss with you the details of the accounting process.
- **Right to a Paper Copy.** You have the right to obtain a paper copy of this notice from Reflections upon request.

### Psychologist's Duties

- Reflections is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- Reflections reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, we are required to abide by the terms currently in effect.
- If Reflections revises its privacy policies and practices, the new privacy practices will be posted in the reception area, and if you are currently receiving Reflections services, you will be offered a copy of the revised notice.
- **Breach Notification:** If Reflections ever discovers a breach in unsecured PHI you will be notified. A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule.
- Examples of a breach include PHI that is stolen, improperly accessed, or inadvertently sent to the wrong place. PHI is "unsecured" if it is not encrypted to government standards.

### Complaints

If you have questions about this Notice, disagree with a decision made by your provider, or have other concerns about your privacy rights, please speak directly with Dr. Mary Lewis, the Privacy Officer for Reflections. She may be reached at 6457 Reflections Drive, Suite 120, Dublin, Ohio 43017, telephone 614-792-1108.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Lewis can provide you with the appropriate address upon request. Reflections and its staff are prohibited by law from retaliating in any way against you for filing a complaint.

This notice is effective from March 1, 2019, until revised by Lewis and Evans, LLC.