
Professional Services Agreement
Notice of Privacy Practices and General Patient Information

Welcome to Professional Psychology Group, Inc. 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. Additional information about our services can be found at www.neuroclinic.com.

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 and/or neglect is suspected.

¹ "You" pertains to an individual patient and a minor, when services are provided to individuals under the age of 18. For minors, a parent or other legal representative must review this document on behalf of the minor.

Privacy Practices and General Patient Information

Page 2 of 4

2. For public health activities, as required by Federal or State law (e.g. to control the spread of disease).
3. During judicial and administrative proceedings, as requested via a court order, subpoena discovery request, or other lawful process.
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 communicating with survivors of patients who have died.
6. To avert a serious threat to the health or safety of you or others.

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. If your request is approved, you will receive a copy within 30 days. You will not be charged more than \$.25 per page for a copy of your health information. Under certain circumstances, we may deny your request. If this occurs, we will provide you with the reasons for this denial.

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. Please indicate in writing how you would like your health information sent to you.

You have a right to know to whom we have made disclosures about your health information. You must request this list of disclosures in writing. We will respond to your request within 60 days. This list will not include disclosures to which you have already consented or that are required by law.

You have a right to amend your health information. Your request for an amendment and the reason for the request must be made in writing. We will respond to your request within 60 days. Under certain circumstances, we may deny your request. If this occurs, we will provide you with the reasons for this denial. You have the right to file a written statement of objection to the denial. If we approve your request, we will make the changes to your health information.

You have a right to complain about our Privacy Practices. If you believe we have violated your individual privacy rights or object to a decision we have made about your health information, you may contact the Secretary of the U. S. Department of Health and Human Services @ 200 Independence Ave., S.W., Washington, D. C., 20201.

Our Clinical Services:

Treatment

We see children, adolescents, and adults. We do evaluations, provide psychotherapy services, and conduct therapeutic and educational groups. 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, at any time, you have questions about your treatment plan or our services, please ask us. We encourage an ongoing dialogue about your care throughout the course of treatment. If you request additional referrals, we will do our best to provide them.

Fees and Billing

Professional fees will be discussed with you prior to or during your first appointment. We ask that you provide payment at the time of service, unless other arrangements have been made. We will bill your insurance company as a courtesy to you. ***However, you are ultimately responsible for the timely payment of any fees incurred for services provided to you.*** You will be charged according to an hourly rate, for all therapeutic services, and if there is a need to speak to other professionals on your behalf, review records, or prepare reports.

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

We understand the finances required to procure quality psychological services. If you are experiencing financial difficulties or have questions about your bill, please contact us immediately. We are willing to discuss other payment options. It is your responsibility to request this, if needed.

Contacting Us:

Call our office phone number: 949-713-3188. We try to return routine phone calls within one business day. In the event of an emergency, call 911 for emergency service. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

Privacy Practices and General Patient Information

Page 4 of 4

I have read the above Notice of Privacy Practices and General Patient Information. I understand them and agree to comply with them. I understand that I may have a copy of this Notice of Privacy Practices and General Patient Information at any time.

Patient (Legal Representative, if patient is a minor)

Date

Relationship to patient

Healthcare Professional

Date