



CLIENT REGISTRATION FORM			Date:
CLIENT INFORMATION			
Client's First Name:	Last:	Middle:	Marital Status:
Is this your legal name? Yes or No	If not, what is your legal name?	Date of Birth:	Sex:
Address: [Address/ P.O Box, City, ST ZIP Code]			
Social Security No.:	Home Phone No.:	Cell Phone No.:	
Occupation:	Employer:	Employer Phone No.:	
Referred to Evergreen Psychological Services, LLC by:			
CLIENT GUARANTOR/GUARDIAN INFORMATION			
(Complete if other than the client or client is under the age of 18)			
Client's Legal Guardian:	Date of Birth:	Address:	Home Phone No.:
Occupation:	Employer:	Employer Address:	Employer Phone No.:
If applicable, please bring to first appointment any custody paperwork			
INSURANCE INFORMATION			
(Please give your insurance card and photo ID to the receptionist)			
Please Indicate Primary Insurance:		Policy No.:	
Subscriber's Name:	Date of Birth:	Group No.:	Client's Relationship to Subscriber:
IN CASE OF EMERGENCY			
Name:	Relationship to Client:	Cell Phone No.:	Work Phone No.:



COMMUNICATION CONSENT

Evergreen Psychological Services, LLC is committed to ensuring the privacy and security of client protected health information (PHI). Reasonable steps will be taken to give you, as our client, an opportunity to agree or object to the release of specific information.

PATIENT COMMUNICATION:

- ☐ I permit Evergreen Psychological Services, LLC to communicate information regarding my care by leaving voice mail at the following numbers:

Preferred phone #1 (____)_____

Secondary phone #2 (____)_____

- ☐ I do **NOT** permit Evergreen Psychological Services, LLC to leave voice mail on my phones.

Client Signature or Legal Representative

Date

Witness Signature

Date

CONSENT FOR MENTAL HEALTH CARE

I, the undersigned agree and consent to participate in the mental health care offered and provided by _____, a mental health professional as defined by Indiana law.

I understand that I am consenting and agreeing only to those mental health services that the above named professional is qualified to provide within:

- a the scope of the person's practice, license, education, and training;
- b according to any applicable ethical standards of the profession.

By signing this document, I agree that I have read and understand all the information noted above.

Print Client's Name

Client or Guardian's Signature (if client is under the age of 18)

Date

Witness Signature

Date



PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

This document (the Agreement) contains important information about Evergreen Psychological Services, LLC's professional services and business policies. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that requires appropriate safeguards to protect the privacy of Protected Health Information (PHI), and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. HIPAA also gives patient's rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections. HIPAA requires that you are provided with a Notice of Privacy Practices for use and disclosure of PHI. The Notice, which is attached to this Agreement, explains HIPAA and its application to your PHI in greater detail. The law requires that we make a good faith effort to obtain your written acknowledgement of receipt of the Notice. Although these documents are long and sometimes complex, it is very important that you read them carefully. If you have any questions about the information contained in this agreement, you can ask your psychologist/therapist or Evergreen Psychological Services, LLC's Privacy Officer at any time.

PSYCHOLOGICAL SERVICES

Psychological services may include psychotherapy and assessment. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist/therapist and client, and the particular problem(s) that you are experiencing. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress; however, there are no guarantees of what you will experience.

The assessment process generally involves a diagnostic interview followed by the administration of one or more psychological assessments. Psychological assessment has its risks and benefits. During the assessment process, it is possible to feel discomfort and anxiety about the testing. The benefits of completing psychological assessments include obtaining detailed information regarding strengths and weaknesses in the areas assessed (e.g., intellect, academic functioning, emotional, and/or behavioral functioning).

OFFICE POLICIES AND PROCEDURES

LATE CANCELLATION/NO SHOW FEES

Once an appointment hour is scheduled, you will be expected to pay for it, unless you cancel your appointment **48** hours (in business days) prior to your scheduled appointment. It is important to note that insurance companies do not provide reimbursement for late cancelled sessions and no shows. **A fee of \$75 will be assessed for each no show or late cancellation.** For assessment services, please refer to the Consent for Psychological Testing for specific no show and late cancellation policies.

NON COVERED SERVICES

In addition to weekly appointments, there is a charge for services that are not typically covered or reimbursed by your insurance company. Such services will be billed at your psychologists'/therapists' hourly rate. For services that require less than one hour, the cost will be broken down accordingly. Services such as record review from other providers, report writing, preparing letters for other providers or organizations, completing documents (for disability claims, extended insurance reviews, workers' compensation, etc.) telephone conversations lasting longer



than 15 minutes, consulting with other professionals with your permission by telephone, email or in person with clients and/or collateral sources, duplication of your medical records, evaluation or treatment services not covered or reimbursed by your insurance company, and preparation of records or treatment summaries. If you become involved in legal proceedings that requires our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if your psychologist/therapist is called to testify by another party. These forensic services will be billed on a fee for service basis at your psychologists/therapists hourly forensic rate. Additionally, there will be a retainer fee that will be based on the amount of services requested. The retainer fee will need to be paid prior to your psychologist/therapist engaging in these services.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless it is agreed otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed upon when they are requested. In circumstances of unusual financial hardship, your psychologist/therapist may be willing to negotiate a fee adjustment or payment installment plan. **Please note, your account will be charged a \$40 fee for every check you write to Evergreen Psychological Services, LLC that is returned for insufficient funds.** In cases in which parents are divorced and/or separated, **the parent/guardian who brings the minor to the first appointment will be considered financially responsible.** The parent/guardian who signs the document below will assume sole financial responsibility for services rendered, including responsibility for all appointments not cancelled 48 hours in advance. If you choose to use credit/debit cards to pay for services, a 3% processing fee will be assessed.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, your psychologist/therapist will have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require your psychologist/therapist to disclose otherwise confidential information. In most collection situations, the only information that is released regarding a client's treatment is his/her name, contact information, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Your psychologist/therapist will fill out forms and provide you with whatever assistance they can in helping you receive the benefits to which you are entitled; however, **you** (not your insurance company) are responsible for full payment of any incurred fees. Please note, Evergreen Psychological Services, LLC will only bill your primary insurance company and the insurance benefits will be paid directly to Evergreen Psychological Services, LLC. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans, such as HMOs and PPOs, often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Once all of the information is known about your insurance coverage, you and your psychologist/therapist will discuss what can be expected to be accomplished with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to



remember that you always have the right to pay for your psychologists/therapist's services yourself to avoid the problems described above, unless prohibited by the insurance contract.

You should also be aware that your contract with your health insurance company requires that we provide them with information relevant to the services that are provided to you. Your psychologist/therapist is required to provide a clinical diagnosis. Sometimes your psychologist/therapist is required to provide additional clinical information, such as treatment plans, summaries, or copies of your entire Clinical Record. In such situations, your psychologist/therapist will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, your psychologist/therapist does not have control over what they do with it once it is in their possession.

CONTACTING YOUR PSYCHOLOGIST/THERAPIST

You may contact your psychologist/therapist via telephone (317-520-4650) during normal business hours. Those hours are Monday-Friday, 8:00 AM to 5:00 PM. When your psychologist/therapist is unavailable, the telephone is answered by administrative staff and/or voicemail. Your psychologist/therapist will make every effort to return your call on the same day you make it, except for weekends and holidays. If you are unable to reach your psychologist/therapist and feel that you cannot wait for your them to return your call and you are in a mental health crisis, call the suicide hotline at 317-251-7575, contact your family physician, or go to the nearest emergency room. For scheduling purposes only, (not your psychologist/therapist), you may use the general Evergreen Psychological Services, LLC email address: info@evergreenzionsville.com. We do **NOT** conduct therapy through the Internet, and will **NOT** respond to questions related to your psychological or medical condition(s), except by phone or in person.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychologist/therapist. In most situations, your psychologist/therapist can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Indiana law; however, in the following situations, no authorization is required:

- As outlined in Evergreen Psychological Services, LLC's Notice of Privacy Practices, which is attached to this Agreement.
- Your psychologist/therapist may occasionally find it helpful to consult other medical and mental health professionals about cases. During a consultation, your psychologist/therapist will make every effort to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential.
- You should be aware that your psychologist/therapist practices with other mental health professionals and that Evergreen Psychological Services, LLC employs administrative staff. In most cases, your psychologist/therapist will need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- We have contracts with several businesses. As required by HIPAA, we have a formal business associate contract with businesses that fall within the definition of "business associate" in which it/they promise to appropriately safeguard the PHI they receive or create on behalf of Evergreen Psychological Services, LLC, except as specifically allowed in the contract or otherwise required by law.



- If you are involved in a court proceeding and a request is made for information concerning the professional services your psychologist/therapist provided to you, such information is protected by the psychologist/therapist-client privilege law. Your psychologist/therapist cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a government agency is requesting the information for legally authorized health oversight activities, your psychologist/therapist may disclose PHI for purposes such as audits and investigations necessary for oversight of the health care system and government benefit programs.
- To a coroner or medical examiner, in the performance of that individual's duties.
- If a client files a complaint or lawsuit against their psychologist/therapist, that psychologist/therapist may disclose relevant information regarding that client in order to defend ourselves.

There are some situations in which your psychologist/therapist is legally obligated to take action:

- If your psychologist/therapist has a reason to believe that a child is a victim of child abuse or neglect, the law requires that your psychologist/therapist files a report with the appropriate government agency, usually the local child protection service. Once such a report is filed, your psychologist/therapist may be required to provide additional information.
- If your psychologist/therapist has a reason to believe that someone is an endangered adult, the law requires that your psychologist/therapist files a report with the appropriate government agency, usually the adult protective services unit. Once such a report is filed, your psychologist/therapist may be required to provide additional information.
- If a client communicates an actual threat of physical violence against an identifiable victim, or evidences conduct or makes statements indicating imminent danger that the client will use physical violence or other means to cause serious personal injury to others, your psychologist/therapist may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- If a client communicates an imminent threat of serious physical harm or death to himself/herself, your psychologist/therapist may be required to disclose information in order to take protective actions. These actions may include initiating hospitalization or contacting family members or others who can assist in providing protection.

If any such situation arises, your psychologist/therapist will make every effort to fully discuss it with you before taking any action and your psychologist/therapist will limit the disclosure to what is necessary. Further, your psychologist/therapist will make reasonable efforts to use, disclose, and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure, or request. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have now or in the future with your psychologist/therapist. The laws governing confidentiality can be quite complex, and your psychologist/therapist is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of our profession require that your psychologist/therapist keeps PHI about you in your clinical record. Except in unusual circumstances that disclosure would physically endanger you and/or others, you may examine and/or receive a copy of your clinical record, if you request this in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you initially review them in the presence of your psychologist/therapist.



OTHER IMPORTANT INFORMATION

Please provide childcare while you are in with your psychologist/therapist. Evergreen Psychological Services, LLC cannot have children unattended in the waiting room. Evergreen Psychological Services, LLC requests that you please refrain from the use of cell phones while in the office and **recording or taking pictures is strictly prohibited**. Additionally, Evergreen Psychological Services, LLC is not responsible for lost, stolen, or damaged personal property.

CLIENT RIGHTS

HIPAA provides you with individual rights with regards to your clinical records and disclosures of PHI. These rights include accessing and inspecting your record; requesting that we amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about Evergreen Psychological Services, LLC policies and procedures recorded in your records; having the right to a paper copy of this Agreement and the attached Notice form; and being notified of any breach of your unsecured PHI.

MINORS & PARENTS

For clients under 18 years of age who are not emancipated, parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes your psychologists/therapist's policy to request an agreement from parents that they consent to give up their access to their child's records. If you agree, during treatment, the psychologist/therapist will provide you only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless your psychologist/therapist feels that the child is in danger or is a danger to someone else, in which case, the psychologist/therapist will notify the parents of the concerns. Before giving parents any information, your psychologist/therapist will discuss the matter with the child, if possible, and do their best to handle any objections he/she may have.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT, AS WELL AS THE ELECTRONIC COMMUNICATION AND SOCIAL MEDIA POLICIES, AND AGREE TO ITS TERMS.

Client Signature or Legal Representative

Date

Minor Assent

Date

Witness Signature

Date



EVERGREEN PSYCHOLOGICAL SERVICES, LLC's NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PSYCHOLOGICAL AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

I. Understanding Your Health Record/Information

Each time you visit Evergreen Psychological Services, LLC, a record of your visit is made. Typically, this record contains (dates of service, duration of sessions, diagnosis, examination and assessment results, and treatment plan). This information is often referred to as your health or medical record. This record serves as a:

- Basis as planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials who oversee the delivery of health care in the United States.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make informed decisions when authorizing disclosure to others.

II. Protecting Your Health Record/Information

We understand that information about you and your health is personal and private. We are committed to protecting your health information.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires us to maintain the privacy of your Protected Health Information (PHI). PHI is considered to be your medical records and any other health information that may identify you or with respect to which there is a reasonable basis to believe the information can be used to identify you. This includes any information we keep, use or disclose in any form, whether electronically, on paper, or orally. As required by HIPAA, we must provide this Notice to you and make a good faith effort to obtain your acknowledgement that you have received it. This Notice explains how we will use and disclose your PHI while maintaining your privacy, explains your rights with respect to PHI, and explains our duty to abide by the terms of the Notice and any updates that we may make in the future. If you have any questions about this Notice, please contact our Privacy Officer.



III. Use and Disclosure of Your Health Record/Information

- Under the law, Evergreen Psychological Services, LLC is permitted to *use* or *disclose* your *PHI* with or without authorization for *treatment, payment, and health care operations purposes*.
- *Treatment* is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist/therapist.
- *Payment* includes activities such as obtaining payment for services, confirming health plan coverage benefits, and billing or collecting for the provision of health care to an individual. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations* include quality assessment and improvement activities, competency assurance activities, conducting or arranging for medical reviews, specified insurance functions, business planning, and general administrative activities. Examples of health care operations are business-related matters such as audits and administrative services, case management, and care coordination.

In addition, we may disclose your health information for certain health care operations of other entities; however, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

Other permitted uses and disclosures include:

- As required by Law.
- Business Associates – There are some services that require the use of outside people and entities. Examples of these “business associates” include Evergreen Psychological Services, LLC’s accountants, consultants, and attorneys. We may disclose your health information to our business associates so that they can perform the job that we asked them to do. To protect your health information; however, we require the business associates to appropriately safeguard your information.
- Notification – We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us.
- Communication with Family - We may disclose to a family member, other relative, close personal friend or any other person involved in your healthcare, health information relevant to that person’s involvement in your care or payment related to your care.
- Research – We may disclose information to researchers when certain conditions have been met.
- Marketing – We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings. In addition, we may contact you to describe a health-related product or service that we provide and may be of interest to you, and the payment for such product or service.



- Workers Compensation – We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- Public Health Activities– We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Child Abuse – If your psychologist/therapist believes that a child is a victim of child abuse or neglect, your psychologist/therapist must report this belief to the appropriate authorities.
- Adult and Domestic Abuse – If your psychologist/therapist believes or has a reason to believe that an individual is an endangered adult, he/she must report this belief to the appropriate authorities.
- Health Oversight Activities – If the Indiana Attorney General's Office (who oversees complaints brought against psychologists/therapists instead of the Indiana State Psychology Board) is conducting an investigation into Evergreen Psychological Services, LLC, then we are required to disclose PHI upon receipt of a subpoena.
- Law Enforcement – We may disclose health information for law enforcement purposes, as required by law or in response to a valid subpoena.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services your psychologist/therapist provided you and/or the records thereof, such information is privileged under state law, and your psychologist/therapist will not release information without written authorization from you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you communicate to your psychologist/therapist an actual threat of violence to cause serious injury or death against a reasonably identifiable victim or victims or if you display conduct or make statements indicating an imminent danger that you will use physical violence or use other means to cause serious personal injury or death to others, your psychologist/therapist may take the appropriate steps to prevent that harm from occurring. If your psychologist/therapist has a reason to believe that you present an imminent, serious risk of physical harm or death to yourself, your psychologist/therapist may need to disclose information in order to protect you. In both cases, your psychologist/therapist will only disclose what he/she feels is the minimum amount of information necessary.
- When the Use and Disclosure Without Your Consent or Authorization is Allowed Under Other Sections of Section 164.512 of the Privacy Rule and the State's Confidentiality Law- This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes related to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence. There may be additional disclosures of PHI that your psychologist/therapist is required or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common.

We will reasonably limit the use and disclosure of your PHI to the minimum amount necessary to accomplish the intended purpose. We will safeguard your health information against inappropriate use and disclosure consistent with applicable law.



IV. Other Uses and Disclosures Requiring Authorization

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (other than the health-related communications listed above), and disclosures that constitute a sale of PHI require your written authorization.

Other uses and disclosures not described in this Notice (or otherwise permitted or required by law) will be made only by your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except for actions we have already taken relying on your authorization.

If we have HIV or substance abuse information about you, we cannot release that information without a specific, signed written authorization from you. In order to disclose these types of records for purposes of treatment or payment, we will have to have both your signed Consent and a specific written Authorization that complies with the law governing HIV or substance abuse records.

Your psychologist/therapist will obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

V. Your Rights

Although your health record is the physical property of Evergreen Psychological Services, LLC, the information in your health record belongs to you. You have the following rights:

Right to Restrict Disclosures – You have the right to request restrictions on certain uses and disclosures of PHI. We ask that such requests be made in writing on a form provided by Evergreen Psychological Services, LLC. Although we will consider your request with regards to the use of your health information, please be aware that we are under no obligation to accept it or abide by it unless the disclosure is to a health plan for purposes of carrying out payment or healthcare operations (and is not for treatment purposes) and the PHI pertains solely to a healthcare item or service for which you paid out of pocket in full.

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 us. At your request, we will send your bills to another address. Such a request must be made in writing, and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your psychologist/therapist may deny your access to PHI under certain circumstances but in some cases, you may have this decision reviewed. At your request, your psychologist/therapist will discuss with you the details of the request and denial process. You may make such requests orally or in writing; however, in order to better respond to your request, we ask that you make such requests in writing by completing the Evergreen Psychological Services, LLC standard form.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Such requests must be made in writing, and must provide a reason to support the amendment. Your



psychologist/therapist may deny your request. At your request, your psychologist/therapist 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 (not to exceed 6 years). We ask that such requests be made in writing on a form provided by Evergreen Psychological Services, LLC. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period; however, for any requests that you make thereafter, you will be charged a reasonable fee. At your request, your psychologist/therapist 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 us upon request, even if you have agreed to receive the notice electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket, in full, for psychological services.

Right to Revocation – You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

Right to Be Notified if There is a Breach of Your Unsecured PHI. You have a right to be notified if: (a) there is a breach (a use of disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) a risk assessment fails to determine that there is a low probability that your PHI has been compromised.

VI. Evergreen Psychological Services, LLC's Duties

We are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.

We reserve 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 we revise this Notice, we will provide a revised Notice to you within 60 days of a material revision.

VII. Questions and Complaints

If you have questions or would like additional information about this Notice, disagree with a decision your psychologist/therapist makes about access to your records, or have other concerns about your privacy rights, you may contact Randall Young, MA., LMHC, LICDC, MAC, co-owner of Evergreen Psychological Services, LLC, who is also the HIPAA Privacy Officer. His telephone number is 317-520-4650.

If you believe that your privacy rights have been violated and wish to file a complaint about your psychologist/therapist, you may contact Randall Young MA., LMHC, LICDC, MAC at 317-520-4650. These



complaints must be filed in writing. The complaint form may be obtained from the Privacy Officer and when completed, should be returned to the Privacy Officer.

If you believe Evergreen Psychological Services, LLC is not complying with a requirement of the HIPAA Rules, you may file a written complaint with the secretary of the Federal Department of Health and Human Resources, Office for Civil Rights. A complaint must be filed within one hundred and eighty (180) days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the secretary for good cause shown. For more information on how to file a complaint, please refer to <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VIII. Effective Date and Changes to Privacy Policy

This notice will go into effect on 4/1/17. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that we maintain. In the event of a change to this Notice, Evergreen Psychological Services, LLC will provide a revised Notice to you within 60 days of a material revision.

By signing this document, I agree that I have read and understand all the information noted above.

Print Client's Name

Client or Guardian's Signature (if client is under the age of 18)

Date

Witness Signature

Date