Desert Sage Health, PLLC

2620 N 140th Ave, Suite 101, Goodyear, AZ 85395
phone 623-536-7956 fax 623-536-9806

Practice Policies

Welcome! This document contains information about the background of our providers, professional services offered, risks and benefits of therapy, fees and business policies, as well as information about the privacy of your protected health information and storage, transfer and access to your health records. Please note that Desert Sage Health, PLLC is the parent company of West Valley Family Development Center, which is a DBA. Please read the following information carefully and ask us if you have any questions.

Professional Services

All of the therapists at Desert Sage Health look forward to meeting with you and helping you achieve a better quality of life. If you ever have any questions about your therapist or concerns about your treatment, then please do not hesitate to contact the Clinical Director, Stefanie Kool, Psy.D. or the Office Manager, Paul Kool, to discuss your concerns. We want to ensure that you are working with your therapist in the most efficient and effective manner.

We strive to provide the best services possible, and feel grateful to have the job that we do. We try to accommodate new patients in a timely manner while also providing the same superior services to our existing clientele. Please be on time for your scheduled appointments. Also, please be courteous to the next client by not running over on your time. Therapy is completely voluntary and you may choose to terminate at any time. To best serve your needs, it is important that you cooperatively provide accurate and current information about the issue for which you are seeking help.

Our practice is set up to provide outpatient psychotherapy services. We are not set up as a crisis center and are not equipped to take a walk-in crisis client without a scheduled appointment. Certainly, we will always try to accommodate an established client in need of the soonest availability. However, depending on the urgency of the situation and our availability, we may need to direct you to a crisis center or hospital to best serve you during a particular circumstance, with the understanding that when the crisis settles then you would resume outpatient psychotherapy. Please keep the following numbers available should the need arise:

- 911 Medical/life threatening emergency
- 602-222-9444 Crisis Line - Individual/Family Crisis
- 602-263-8900 Domestic Violence Hotline
- 480-784-1500 Suicide Crisis Hotline
- 888-767-2445 Child Abuse Hotline

Generally, we have reception services available Monday through Friday from 8 am to 5 pm. Please call the office during this time to schedule an appointment. Therapists are also available for appointments outside of these designated times. If you need to speak to any of the providers and the receptionist is not available to personally accept your call, please leave a voicemail and your call will be returned within 24 hours or the next business day. If you are in a life threatening crisis and need immediate assistance, you will be directed to call 911 or to go to the nearest crisis center.

Fees for Services with Licensed Providers

Standard rates for services provided by a licensed doctor of psychology are as follows:

- Intake Interview (60-90 minutes) $225
- Individual Therapy (45 minutes) $175
- Individual Therapy (60 minutes) $200
- Couples or Family Therapy (45 minutes) $175
- Couples or Family Therapy (60 minutes) $200
- Group Therapy $75
- Psychological Testing, Scoring, Report Writing $200 per hour
- Letter or Records Preparation, Attendance at Meetings, Consultations with other professionals, and Phone Calls are prorated per 15 minutes and charged at a rate of $200 per hour.

- Desert Sage Health does not participate in court ordered treatment and does not provide letters for court services and/ or legal issues. If Desert Sage Health Employee is subpoenaed for legal consultations or depositions, the patient is billed on a case by case basis depending on the complexity of the case.

Standard rates for services provided by a master's level licensed provider are as follows:

- Intake Interview (60-90 minutes) $200
- Individual Therapy (45 minutes) $150
- Individual Therapy (60 minutes) $175
- Couples or Family Therapy (45 minutes) $150
- Couples or Family Therapy (60 minutes) $175
- Group Therapy $60
- Letter or Records Preparation, Attendance at Meetings, Consultations with other professionals, and Phone Calls are prorated per 15 minutes and charged at a rate of $200 per hour

There are several insurance companies that the licensed providers of Desert Sage Health have contracted with to be "in-network." Those rates for services are negotiated with the insurance company and may be lower rates than the standard rates. The contracted rate applies only to psychotherapy and testing services covered by the insurance company. Other services, such as writing letters, phone calls, attendance at meetings, consultations with other professionals you have authorized, and preparation of records are billed at the above rate.

If you will be using an insurance benefit for your services then we will be calling your insurance carrier to verify benefits and obtain coverage information. *Verification of benefits is not a guarantee of coverage*. We will provide you with the information gathered from the verification process, but you as the customer are ultimately responsible for verifying your own coverage, obtaining authorizations if needed, and paying deductibles, co-insurance, or co-pays as dictated by your plan.

Payment is expected when services are rendered. As a courtesy, we will submit claims to your insurance carrier if we are contracted with them. If your insurance policy includes deductibles, co-insurance, or co-pays then we are not allowed to change your contract with your insurance company. This means that we are not allowed to adjust or waive your set deductible, co-insurance, or co-pay amounts. In addition, these fees are due upon receipt of services, not after your insurance company processes your claim. Please also note that by using your insurance you are authorizing Desert Sage Health to release any medical or other information necessary to process your claims.

Services with Supervised Providers

All services rendered by supervised providers are under the direct supervision of a licensed provider. Each resident, intern, or graduate student meets with their supervisor weekly for a minimum of 1 hour of face-to-face individual supervision. During this time, cases are reviewed and professional development issues are discussed.

Fees for Services with Supervised Graduate or Pre-Doctoral Interns

At times DSH has Graduate Students or Pre-Doctoral Interns providing services, which are provided at a reduced rate. Offering reduced rate services to the community is a great way for people without insurance to receive quality care

Fees to see a graduate student or pre-doctoral intern, are as follows:

- Individual, Couple, or Family Therapy $75
- Group Therapy $40

Broken Appointment Fees for All Providers

If you are unable to keep an individual, couples, or family therapy appointment, please call our office as soon as possible to cancel and reschedule your appointment. If there is less than 24 business hours notice of a cancellation, you will be responsible for the customary broken appointment fee of $50. This fee applies for individual, couples, or family therapy services provided by all providers, licensed and supervised. If there are two instances of late cancellation or broken appointments within a two month period then your therapy goals will be reassessed between you and your therapist. Additionally, if there are two broken appointments in a row with no notice all future sessions will be cancelled until your balance is paid.

There is no fee for not attending a scheduled group therapy session. However, if it is determined that your participation in a therapy group is too inconsistent for you to gain benefit then you may be asked by your therapist to no longer participate and your therapy goals will be reassessed between you and your therapist.

If you accrue broken appointment fees for any type of service, then those fees will need to be paid prior to being scheduled for any subsequent therapy or testing sessions.

Unpaid Balances

By signing below, you are agreeing that you understand if you have an unpaid balance with Desert Sage Health, PLLC and do not make satisfactory payment arrangements, your account may be placed with an external collection agency. You will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting your account, and possibly including reasonable attorney's fees if so incurred during collection efforts.

In order for Desert Sage Health, PLLC or their designated external collection agency to service your account, and where not prohibited by applicable law, you agree that Desert Sage Health, PLLC and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

Custody Policy

Before a minor is seen at DSH, staff takes steps to ensure proper consent is received. For minors under joint or sole custody, court documentation must be provided on details of custody. It is required that all court documents are provided to DSH in their entirety. If additional court determinations are made while a minor is in treatment, DSH must be notified before the minor is seen again for a session.

DSH has the following policies:

- Either parent/legal guardian is allowed to schedule appointments or accompany the minor, unless defined otherwise by court order/documentation.
- Both parents/legal guardians are entitled to have access to the minor's records according to AZ ARS 25-403.06 unless otherwise provided by court order or law.
- We will collect full payment (deductibles, co-payments, etc.) at the time of service from the parent accompanying the child. If a divorce decree or custody agreement requires the parent/guardian not present to pay a part of or the full bill, the authorizing/accompanying parent/guardian is responsible for collecting payment from the other parent/guardian. We will not collect payment from the other parent/guardian not present.
- DSH will not call to inform the other parent of appointments or to ask for consent prior to treatment.
- DSH will not tolerate appointment scheduling/cancelling patterns between parents.

It is both parent's/legal guardians' responsibility to communicate with each other about the minor's care, appointments, and other important information. Additionally, if issues between parents disrupt our practice or impede the care of the minor, we reserve the right to discharge your family from further treatment at our facility and will provide you referrals for continued care.

Communication with Desert Sage Health

All communication including invoices, superbills, and written communication with your provider will take place on the client portal. If you would prefer communication sent though the U.S. Mail please notify us immediately so we can make the requested change.

Protocol for the Secure Storage, Transfer and Access of Your Records

In Accordance with Arizona House Bill 2786, we are required to inform you of how your records will be securely stored and transferred and how you may access your records. When treatment is terminated, records are kept on site, in a secure area, for a minimum of two years, after which time, the records may be moved to a secure off site location. Should Desert Sage Health close or sell to another company then there will be a public notice issued at least 30 days prior to such a transaction. The notice will contain information about how your records will be transferred to a third party and if there is any change in procedure of how to access your records. Your records will be maintained by Desert Sage Health for a period of at least seven years after the termination of treatment. If the client is a minor

during treatment, then records will be maintained for a period of seven years after the 18th birthday of the client. After the minimum record maintenance period then records will be destroyed by means of shredding of documents, unless you wish to claim the records for your own property. If you would like copies of or access to your records then you must submit a request in writing. Request for copies or access will be granted within 30 days of receipt of such request, unless there is reason to believe that release of such records may be harmful to your emotional wellbeing or otherwise not in your best interest. You will be charged a reasonable copy fee for copies and professional time required to satisfy your request.

Discharge Procedures

You are free to choose whether to continue participation in your assessment or treatment process. Should you decide that you no longer need additional services or if you have not made any contact with our office for 60 days, we will discharge you and close your file. Should you need services at a later time, we will remain available to provide treatment, provide you with a referral, or discuss your case with the provider assuming your care. Please know that if you return for treatment, you will be considered a new patient which will necessitate an intake interview. If you would like us to provide information about your case to an assuming therapist then you will need to sign a release records request.

In Case of Fire or Natural Disaster

Should you be in the building when a fire or natural disaster occurs, then immediately exit the room you are in and follow the exit signs to the nearest safe exit.

Social Security Number and Personal Information Privacy Policy

Desert Sage Health is dedicated to protecting the personal security and privacy of all clients. In the ordinary course of its business, and for a variety of legitimate business reasons, the Company may collect and store personal information about its clients, including but not limited to social security numbers ("SSN"), in hard copy or digital storage. Desert Sage Health takes measures to prevent the unauthorized disclosure of SSNs, including without limitation:

- Protecting the confidentiality of SSNs;
- Prohibiting unlawful or unauthorized disclosure of SSNs;
- Limiting the number of people with access to SSNs;
- Properly disposing of documents (hard copy or digital) that contain SSNs; and
- Disciplining any associate who violates this policy.

Desert Sage Health employees with access to SSNs, will maintain the security and confidentiality of every document containing the SSN. This means all files containing SSNs will be locked, and that any access to digital files containing all or any part of an associate or client SSN will be password protected. Desert Sage Health restricts access to any document displaying a SSN to those with a legitimate business need to access those documents who are acting consistent with Desert Sage Health policy and in accordance with their assigned job tasks. Documents containing a SSN will be disposed of in a manner that maintains their confidentiality. Desert Sage Health shall not communicate a client's personal information to the general public. "Personal information" shall include SSN, home address or telephone number, personal electronic mail address, Internet identification name or password, last name prior to marriage, or drivers' license number. Nothing in this policy is intended to modify a client's right to access their own personnel file, as permitted by Desert Sage Health 's policies and state law. Nor does this policy prohibit the use of a client's SSN or personal information where the use is authorized or required by state or federal statute, rule, regulation, court order, or pursuant to legal discovery or process. Violations of this policy will result in disciplinary action up to and including termination of employment. Violators may also be subject to civil and criminal penalties authorized by applicable state or federal law.

Social Media and Telecommunications

Due to the importance of your confidentiality and the importance of minimizing dual relationships, our staff does not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist.

Patient Staff Relationship Policy

Desert Sage Health values the importance of minimizing dual relationships; therefore, all employees of Desert Sage Health do not participate in any relationship outside of our facility with current or former clients. This standard is based on American Psychological Association's ethical standards. If you have questions about this, please bring them up when you meet with your therapist.

Audio/ Visual Recordings

Desert Sage Health does not allow any audio or visual recordings in therapy sessions. If you have cognitive or memory difficulties, please share your concerns with your therapist to discuss possible solutions.

Electronic Communications

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

Documentation Policy

Desert Sage Health does not complete paperwork, forms or documentation for short-term disability, leave of absences, or legal matters.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN DESERT SAGE HEALTH'S PRACTICE POLICIES.

_____ _____

Patient Name Date

_____

Patient Signature

_____ _____

Guardian of Patient's Name Date

_____

Signature of Guardian

Desert Sage Health, PLLC

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Consent for Treatment

I, _____, _____

Client Name Date of Birth

request to be accepted for psychotherapy treatment or evaluation services as described to me. I have been provided with information regarding Desert Sage Health, to include information about the following:

- How to find background Information of all providers at DSH, including levels of education and supervision. I understand that if a provider is under supervision this will be found on DSH's website and will be discussed at my first session.
- Professional Services Provided, including that treatment may be voluntarily terminated at any time, that DSH is an outpatient therapy clinic (not a crisis center), and how to make appointments
- The risks and benefits of therapy
- DSH's protocol for the secure storage, transfer, and access to records
- Fees for services, including information about standard fees for licensed providers and supervised providers; our policy of a $50 broken appointment fee for therapy session not cancelled within 24 business hours; that co-pays, deductibles, and co-insurance cannot be adjusted or waived per our agreements with third party payers; that co-pays, co-insurance, and deductibles are expected to be paid at the time that psychotherapy service is rendered or prior to a written report being released to any party; and that recipients of service (or their parent/guardian) is responsible for any unpaid charges that a third party payer does not pay
- Discharge procedures
- Information about records pertaining to the privacy, protected health information, confidentiality, and procedures for filing a complaint regarding HIPAA violations
- Information about client rights, not necessarily related to HIPAA, but which affect treatment, including treatment plans, termination of treatment, confidentiality, and how to address concerns or grievances about treatment experience

_____ _____

Signature of client/date signature of witness/date

Request for appointment reminders

DSH uses automated appointment reminders. Please indicate the phone number where you would like the automated appointment reminders to call or text you, understanding that if you do not answer the call then a message will be left.

Number to call: _____ Preference: ____voice ____ text

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Client Rights and Responsibilities

We respect and consider your rights as a Client and recognize that you as an individual have unique healthcare needs. Therefore, we respect your personal dignity and want to provide care based upon your individual needs. Not only do you have rights and responsibilities, but these rights and responsibilities also apply to the people who are legally responsible for making your healthcare decisions. These people may include parents of Clients under the age of 18, legal guardians and those you have given decision-making responsibility in a Durable Power of Attorney for Health Care.

Your Rights Pursuant to Arizona Administrative Code, Title 9, Chapter 10, Article 10

A) The Clinical Director shall ensure that:
   1) A Client is treated with dignity, respect, and consideration;
   2) A Client as not subjected to:
      a) Abuse; neglect; exploitation; coercion; manipulation; sexual abuse; sexual assault;
      b) Restraint or seclusion;
      c) Retaliation for submitting a complaint to the Department or another entity; or
      d) Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
   3) A Client or the Client's representative:
      a) Either consents to or refuses counseling;
      b) May refuse or withdraw consent for receiving counseling before counseling is initiated;
      c) Is informed of the following:
         (i) The counseling facility's policy on health care directives, and
         (ii) The Client complaint process;
      d) Consents to photographs of the Client before the Client is photographed, except that a Client may be photographed when admitted to a counseling facility for identification and administrative purposes; and
      e) Except as otherwise permitted by law, provides written consent to the release of information in the Client's:
         (i) Medical record, or
         (ii) Financial records.

B) A Client has the following rights:
   1) Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
   2) To receive counseling that supports and respects the Client's individuality, choices, strengths, and abilities;
   3) To receive privacy during counseling;
   4) To review, upon written request, the Client's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
   5) To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the Client;

6) To participate or have the Client's representative participate in the development of, or decisions concerning, the counseling provided to the Client;
7) To participate or refuse to participate in research or experimental treatment; and
8) To receive assistance from a family member, the Client's representative, or other individual in understanding, protecting, or exercising the Client's rights.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN DESERT SAGE HEALTH'S PRACTICE POLICIES.

_____ _____
Patient Name Date

_____
Patient Signature

_____ _____
Guardian of Patient's Name Date

_____
Signature of Guardian

Desert Sage Health, PLLC

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION:
We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:
The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a

subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. We do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
   a. For our use in treating you.
   b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
   c. For our use in defending myself in legal proceedings instituted by you.
   d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
   e. Required by law and the use or disclosure is limited to the requirements of such law.
   f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
   g. Required by a coroner who is performing duties authorized by law.
   h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As mental health professionals, we will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As mental health professionals, we will not sell your PHI in the regular course of our business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with me. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How we send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, We will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

This notice went into effect on September 20, 2013

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

_____ _____

Printed Name of Client Date

_____

Signature

_____ _____

Printed Name of Guardian Date

_____

Signature of Guardian

Desert Sage Health, PLLC

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phone 623-536-7956 fax 623-536-9806

Insurance Information and Authorization for Payment of Services

_____I will not be using health insurance and will pay for services privately, understanding that payment for services is due when services are rendered or prior to any written report or records being released. I give my permission for the credit card information listed below to be kept on file and charged as services are rendered.

_____ I authorize that my credit card information may be kept on file and charged when appropriate for co-pays, deductibles, co-insurance, broken appointment fees, or private payments. (Complete Credit Card Authorization Form)

_____ I request to use my health insurance and authorize payment of medical benefits to West Valley Family Development Center and its parent company Desert Sage Health, PLLC. I also authorize the release of any medical or other information necessary to process claims. I understand that co-pays, deductibles, or co-insurance will be paid by me at the time that services are rendered.

Signature _____ Date _____

Insurance ID #_____ Insurance Company Name _____

Name of Patient _____ DOB _____ M ___ F___

Address of Patient _____

City, State, Zip of Patient _____

Ph # of Patient _____ Relationship to Insured: Self ____ Spouse _____ Child_____ Other___

If name of insured is different than patient, please complete the following information regarding the insured:

Name _____ DOB _____ M____ F____

Address _____

City, State, Zip _____Ph # of Insured _____