



Clinical Psychology

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INFORMATION SHEET

The following information is provided to answer common questions regarding my office policies. It also contains some summary information about privacy protections and patient rights regarding the use and disclosure of your health information. If you have questions regarding any of these points, please ask.

OFFICE HOURS: Office hours are Monday through Friday, by appointment. My answering machine takes your call 24 hours a day. In an emergency, follow the instructions on the answering machine greeting. I, or another doctor if I am unavailable, will return your call as soon as possible. If some unforeseen circumstance blocks reaching me, call the Crisis Clinic at (206) 461-3222 or call 911. I attempt to be available personally for emergencies as much as possible. I do ask that you use this emergency service only when truly necessary.

APPOINTMENTS: Sessions are 50 minutes in length. It is important to be on time since your appointment begins at the stated time, not when you arrive. It is also important that appointments end on time so that I have time between sessions to return telephone calls and prepare for my next appointment. Because your appointment time is reserved especially for you, I request 24 hours cancellation notice or a fee will be charged. Any exceptions to this policy would need to be discussed with me.

PSYCHOLOGICAL TESTING: Psychological testing is sometimes recommended for individuals seen more than once. This testing helps me identify areas of concern and become acquainted with you more rapidly. Charges vary with the type of testing done.

FEES: The fee for professional services is currently \$130 per 50-minute session. The initial evaluation interview is \$160 with additional time spent reviewing questionnaires. Charges are also made for the administration, scoring and interpretation of tests, the preparation of reports and letters on your behalf and extended telephone conversations. Fees are evaluated periodically and changes will be discussed with you at least two months in advance.

BILLING and PAYMENT: You are responsible for payment of your account. You may pay at the time of each session or you may pay monthly. If you elect to pay monthly, payment is due within 30 days of the end of the billing cycle. A service charge of 1% per month may be added to any past due account. Accounts over 90 days past due, with no arrangements for payment, may be sent to an outside agency for collection.

INSURANCE: Many insurance plans cover psychological services. If you are uncertain of your coverage, call your insurance carrier. Ask if your plan covers outpatient mental health services provided by a licensed psychologist. With some insurance companies it will be your responsibility to pay for services and then seek reimbursement from your insurance company.

For prompt reimbursement:

1. Obtain a claim form from your insurance company.
2. Complete your portion of the form.
3. Attach your copy of the statement.
4. Mail directly to your insurance company.

Some preferred provider insurance plans, Labor and Industries and Medicare plans require special billing and payment arrangements. If you are covered by one of these plans, please discuss this with me. Each plan is different.

INCOME TAX RECORDS: Fees for psychological services and costs of travel to/from my office may be deducted as a medical expense if you itemize deductions. Your canceled checks or monthly statements are sufficient receipts. Discuss with your tax advisor.

CONFIDENTIALITY and RELEASE OF INFORMATION: All issues discussed in the course of therapy are strictly confidential. By law, information concerning treatment or evaluation may be released only with your prior written permission. However, the law makes exceptions to this policy in the following situations: known or suspected abuse of a child or vulnerable adult; potential suicidal behavior; threatened harm to another or inability to meet your basic needs for survival. In addition, the rules of confidentiality may be different if you are involved in a legal proceeding so please discuss this with me if this applies to you. The attached Notice of Privacy Practices covers these issues in specific detail.

RIGHT TO REFUSE TREATMENT: You have the right to refuse any treatment, to discuss any question and to terminate treatment at any time. It is your responsibility to choose a treatment modality which best suits your needs. If you have any concerns at any time about our work together, please discuss them with me.

ETHICS and PROFESSIONAL STANDARDS: As a licensed psychologist and a member of both the American Psychological Association and the Washington State Psychological Association, I strive to conduct my practice in the most ethical and professional manner possible. If you have concerns about the course of evaluation or treatment, please discuss them with me. If you feel that I have been unethical, you may contact the Washington State Psychological Association in Seattle or the Division of Professional Licensing in Olympia.

Washington state law requires that you acknowledge in writing that you have received the above information and the Notice of Privacy Practices. Please sign below to so acknowledge that you have received this information. You will keep a copy for your records.

Signature

Date

NOTICE OF PRIVACY PRACTICES

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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 (1) I have relied on that authorization; or (2) 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.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Health Oversight:** If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for 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:** I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
- **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am 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 me. Upon your request, I will send you bills to another address.)
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I 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 (as described in Section III of this Notice). On your request, I 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice by mail and posting in my office.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please speak with me.

If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to my office at 1530 North 115th, Suite 307, Seattle, Washington 98133.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The office listed above can provide you with the appropriate address upon request.

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

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail and posting in my office.

WASHINGTON NOTICE FORM