



CLIENT CONSENT AND AGREEMENT FOR PSYCHOLOGICAL SERVICES

Please read the following information. After you have read this Agreement, please sign your name below to accept the terms of this Agreement.

This document (the Agreement) contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that Julie Keen, LLC, provide you with a Notice of Privacy Practices (the Notice). The Notice explains HIPAA and its application to your personal health information in greater detail.

A. Consent to Treat

As a legally consenting individual (or legally responsible party), you agree to permit the Julie Keen, LLC, to provide treatment and therapy to yourself, or your child, as applicable. You understand that you have the right to terminate services at any time without incurring penalty.

B. Emergencies

Julie Keen, LLC, operates by appointment only. If you have an emergency, you should call 9-1-1, contact your primary care physician, contact emergency mobile psychiatric services (2-1-1), or go to your local emergency room.

C. Fees

You will be told of any fees due to Julie Keen, LLC, prior to the start of service, and that you will have the opportunity to review and sign a Fee Agreement as part of the consent for service, where applicable. You understand that once you agree to the Fee Agreement, you are expected to pay for any and all services rendered.

D. Professional Records

Julie Keen, LLC, maintains a record of each client. Records are kept for seven (7) years in the state of Connecticut, pursuant to Connecticut General Statutes regarding medical records. You may request access to inspect or copy your health information in those records, including clinical or billing records. You must submit your request in writing, and Julie Keen, LLC, reserves the right to charge a fee for the cost of copying, mailing, or supplies associated with my request. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, Julie Keen, LLC, recommends that any review of records is done in collaboration with a mental health professional. Julie Keen, LLC, utilizes electronic records and interactive testing equipment that meet HIPAA-compliant storage criteria. **Evaluation reports for Disability Determination are the property of the Department of Disability Determination and may not be released to the client directly.*

E. Limits of Confidentiality

The psychologist-client relationship is confidential. You may expect that anything you say to me will be held in confidence, except when otherwise allowed, including:

- If you provide express written consent that your information may be shared.
- If there is reasonable cause to suspect that a child is being abused or neglected, I *must* be report this information to the Department of Children and Families (DCF) and/or police.
- If there is reasonable cause to suspect that an elder or dependent adult is being abused or neglected, I *must* be report this information to the appropriate agency.
- If there is reason to believe that you or your child may cause serious harm to yourself/themselves or to another person, I will take protective actions. These may include contacting family members, seeking hospitalization, notifying any potential victims of violence, and/or notifying the police.
- If you are involved in a court proceeding, you understand that your information is protected by psychotherapist-client privilege law. Julie Keen, LLC, cannot provide any information without:
 - You or your personal representative's written authorization
 - Receipt of a subpoena with documentation of satisfactory assurances of notice to the client (your) and a certification that no objection was made by the client, or that the time for filing an objection has elapsed, and no objection was filed, or all objections filed were resolved by the court, and the disclosures are consistent with the resolution; or
 - A court order.
- If a government agency is requesting information for health oversight activities, I may be required to provide it to them.

If you have any questions regarding this consent form or about the services offered, you may request to discuss them at any time. By signing below, you are indicating that you have read and understand the above statements:

I consent to participate in evaluation and treatment offered to me by Julie Keen, LLC. I understand that I may stop treatment at any time.

I have also reviewed the notice of Privacy Practices and was offered a copy.

Client Name (or Legal Guardian)

Signature of Client/Guardian

Date

Julie A. Keen, Psy.D.

Provider Name

Provider Signature

Date

Provider Use Only:

- Due to limited capacity with reading, client has signed consent after discussing consent verbally and agreeing to services.
- Consenting party was not present for the evaluation, but legally responsible party was contacted by telephone for verbal consent for treatment or evaluation; express verbal consent was provided.

Your Information. Your Rights. My Responsibilities – Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, but I’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I’ve shared information

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, I never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

I may contact you for fundraising efforts, but you can tell me not to contact you again.

Uses and Disclosures

How do I typically use or share your health information?

I typically use or share your health information in the following ways.

Treat you

I can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run my organization

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

Example: I use health information about you to manage your treatment and services.

Bill for your services

I can use and share your health information to bill and get payment from health plans or other entities.

Example: I give information about you to your health insurance plan so it will pay for your services.

How else can I use or share your health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

I can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

I can use or share your information for health research.

Comply with the law

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.

Respond to organ and tissue donation requests

I can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

I can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site.

Effective 8/1/16; Julie Keen, LLC; 860-251-9508;

*I never market or sell personal information.

*I will never share any substance abuse treatment records without your written permission.