

## Consent for Treatment

Welcome to Pike Creek Psychological Center. We appreciate you choosing us and we look forward to helping you with the challenges you are facing. We understand that you may be coming here due to difficulties with your emotions, your behavior and your relationships. We strive to provide a safe and caring place in which to explore these issues. As you do this exploration, you may experience more unpleasant feelings such as anger, sadness and fear. But the hope is that in working through your issues, you will not only understand yourself better, but you will experience healing. This process will require collaboration between you and your therapist. It will also require hard work on your part outside of your sessions. There are no guarantees, but our hope is that with treatment you will feel better and have improved connections with others.

Our specialty at this practice is helping people attain spiritual and emotional wholeness. We come from a Christian perspective, but we work with people from all faith traditions. We respect each person's faith and will integrate faith and emotion to the degree each person desires. Each therapist uses various methods in the therapeutic process. It is important that you keep open communication with your therapist regarding what you feel is helpful. Please feel free to ask questions and to communicate any concerns you have to your therapist.

We want you to share freely your experiences and feelings, but it is important that you understand our policy on confidentiality. We keep all that you say to us private. This means we will not disclose any information unless you sign a written consent or we are required to disclose information by law or by a court order. By law, we are required to report suspected abuse of a child or incapacitated adult. We are also required to take action if you become a danger to yourself or to others. We will make every effort to help you and others to stay safe within the limits of our legal responsibility.

When you begin therapy, both you and your therapist will take the first few sessions to determine if there is a good working relationship. If either of you feel the treatment will not be effective, you may transfer to another therapist. Also at the beginning of treatment you and your therapist will establish treatment goals. As these goals are met, you will discuss when sessions can be spread out further and when treatment will end. Your therapist may also end treatment when goals are not being met, treatment is not progressing, or sessions are missed frequently. Our hope is that you and your therapist will agree on when you are ready to end treatment.

### *Newark Branch*

8 Polly Drummond Hill Rd  
Newark, DE 19711

### *Middletown Branch*

252 Carter Drive, Suite 100  
Middletown, DE 19709

Phone (302) 738-6859

Fax (302) 368-5309

[www.PikeCreekPsych.com](http://www.PikeCreekPsych.com)

## Pike Creek Psychological Center Office Policies

1. **PAYMENT.** Payment is expected at the time of service, including co-pays, coinsurance and deductible amounts. For your convenience, we can keep your current credit card number on file and charge payments to that card at each visit. All returned checks are subject to a \$20.00 fee as well as any fees the bank applies. Balances unpaid for 60 days or more will be subject to a monthly \$10.00 finance charge until paid in full. Balances unpaid for 90 days or more may be sent to a collection agency and all collection fees will be added to your account.
2. **EMERGENCIES:** A licensed therapist may be contacted 24 hours a day for emergencies by calling 302-379-2889. All phone calls longer than five (5) minutes will be billed at the rate of \$40.00 per 15 minutes or portion thereof, regardless of your therapy fee. Insurance does not cover emergency therapy calls. If you are experiencing a life-threatening emergency, please call 911.
3. **CANCELLATIONS AND MISSED APPOINTMENTS:** You must give 24 hours notice before canceling an appointment. You will be charged \$30 for appointments that are cancelled for ANY reason with less than 24 hours notice. You will be charged \$50 for appointments you miss for ANY reason without calling to cancel.  
\*\*\*For Medicaid clients only: Medicaid policy regarding missed appointment fees applies. If you miss two appointments without notifying the office, or if you repeatedly cancel appointments the same day of your appointment, we may terminate our services with you and inform your state health plan.
4. **FEES:** Fees will be charged for the preparation of reports, letters and disability forms and for the copying of records. Requests for these services need to be made in writing.
5. **LEGAL:** We do not participate in legal proceedings. However, in the unlikely event we are required to engage in legal matters, there will be a fee charged for our professional services.
6. **COMMUNICATION:** If you have any questions, complaints, concerns, or compliments about your treatment or therapist, please contact our Co-Directors, Drs. J.D. and Judi Willetts at 302-738-6859.
7. **JOINT CUSTODY:** In the case of joint custody due to parents' separation or divorce, both parents have the right to participate in their child's treatment. In these cases, we ask for consent forms from both parents. We also ask that both parents agree to not involve the therapist in court proceedings. This is in order to ensure a therapeutic relationship with the child.
8. **JOINT THERAPY:** If more than one party is involved in treatment, such as couples therapy or family therapy, records will be released only with mutual and joint consent.

## DELAWARE NOTICE FORM

### Notice of Psychologist's 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**

We 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 we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when We consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when we obtain reimbursement for your healthcare. 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* are activities that relate to the performance and operation of our 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 our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, or 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 we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we 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) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

We will also obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice.
- Psychotherapy notes
- PHI for marketing purposes.
- PHI in a way that is considered a sale of PHI.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

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

- *Child Abuse* – If we know or in good faith suspect child abuse or neglect, we must report such knowledge or suspicion to the appropriate authority.
- *Adult and Domestic Abuse* – If we have reasonable cause to believe that an adult person is infirm or incapacitated and in need of protective services, we must report such information to the Delaware Department of Health and Social Services.
- *Health Oversight Activities* – If the Division of Professional Regulation is investigating our practice, we must comply with any subpoenas issued by the Division.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative 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* – If you communicate to me an explicit and imminent threat to kill or seriously injure a clearly identified victim or victims, or to commit a specific violent act or to destroy property under circumstances which could easily lead to serious personal injury or death, and you have an apparent intent and ability to carry out the threat, we may disclose information in order to provide protection for the identified victim. If we believe that there is an imminent risk that you will inflict serious physical harm on yourself, we may disclose information in order to protect you.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

-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 relating 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.

### **IV. Patient's Rights and Therapist'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. However, we are 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. On your request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we 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. On your request, we 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 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 our services.
- *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 or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

#### Psychologist’s Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our 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, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a paper copy of the changes at your next scheduled appointment.

#### V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Judi Willetts, PhD, Co-director, at 302-738-6859.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Judi Willetts, PhD, Co-director, at 8 Polly Drummond Hill Road Newark, DE 19711.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person 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.

#### VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on September 11, 2013

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. We will provide you with a revised notice by paper copy at your next scheduled appointment after the change takes place.