

BENJAMIN D. GARBER, PH.D.
PRACTICE IN CLINICAL CHILD, CONSULTING AND FORENSIC PSYCHOLOGY

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Adult patient/client preliminary office forms

Thank you for reaching me and for your interest in pursuing psychological services for yourself in this office. I am glad to make myself available at any time to respond to your questions, concerns and comments by phone, electronic mail, fax and post.


One of my chief interests in maintaining www.healthyparent.com is to ease your access to information about child and family development, in general, and about my practice, in particular. Rather than ask you to arrive early for your first appointment to sign a sheaf of papers unread, I am pleased to make these introductory papers available to you at your leisure, in the comfort of your own home or office, via the internet or by fax or mail at your request.

I very much regret that the federal law known as HIPAA requires that this packet be so lengthy. The intent of HIPAA is to guarantee the security of your healthcare information in this office, as in any healthcare provider's office.

In order to complete this packet, please read it through thoroughly, contact me with any questions at any time, then **sign on pages numbered 11, 12, 16, 19 and 25** and bring the completed packet in at the time of our next meeting. You may want to photocopy or reprint this packet for your own records, however, these materials should remain available at www.healthyparent.com for your convenience and review at any time.

Once again, thank you for your patience and efforts completing these materials.

Sincerely,



Benjamin D. Garber, Ph.D.

What's included here?

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Adult Personal History

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Your effort completing this initial questionnaire will help to get us started in our work together. Please feel free to leave blank any portions that are confusing or emotionally painful. We can discuss these later together. Please feel free to elaborate on any response on the reverse of any page or on separate pages appended to this questionnaire.

Please bring this questionnaire in to our first meeting together. Thank you, in advance, for your time and effort.

Family of Origin

1. I am adopted or for other reasons know little or nothing about my **BIOLOGICAL** relatives YES NO

2. I grew up with:
Parent or caregiver's full name

Present age

Biological/legal relationship to you

Living where or died when?

Is this person a support to you in the present?

Parents or caregivers

Brothers/Sisters/other relatives

My “FATHER” refers to the primary male caregiver I grew up with, no matter his legal or biological relationship to me or to my mother:

3. Growing up, my father was...

a. I had no primary male caregiver or “Father” growing up	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(If YES, please skip to #5)		
b. ...a kind and supportive parent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. ...a firm and consistent parent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. ...a good role model	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. ...a hard worker and a good provider	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. ...a good partner to my mother	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. ...my best friend	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. ...my only friend	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. ... violent or abusive (physically, verbally or sexually) to me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. ...violent or abusive (physically, verbally or sexually) to my brothers and/or sisters	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. ... violent or abusive (physically, verbally or sexually) to my mother or other adults	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. ... alcoholic, drug-dependent or otherwise a substance abuser or addict	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. ...passive and uninvolved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. ... inconsistent and unpredictable one day to the next	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. ...NOT supportive of my mother; often undermined her	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p. My father remains an active participant in my child(ren)’s lives	<input type="checkbox"/> YES	<input type="checkbox"/> NO

4. Is your experience of your father relevant to your request for psychological services? If so, how:

My “MOTHER” refers to the primary female caregiver I grew up with,
no matter her legal or biological relationship to me or to my father:

5. Growing up, my mother was...

a. I had no primary female caregiver or “Mother” growing up	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(If YES, please skip to #7)		
b. ...a kind and supportive parent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. ...a firm and consistent parent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. ...a good role model	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. ...a hard worker and a good provider	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. ...a good partner to my father	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. ...my best friend	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. ...my only friend	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. ... violent or abusive (physically, verbally or sexually) to me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. ...violent or abusive (physically, verbally or sexually) to my brothers and/or sisters	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. ... violent or abusive (physically, verbally or sexually) to my father or other adults	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. ... alcoholic, drug-dependent or otherwise a substance abuser or addict	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. ...passive and uninvolved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. ... inconsistent and unpredictable one day to the next	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. ...NOT supportive of my father; often undermined him	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p. My mother remains an active participant in my child(ren)’s lives	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. Is your experience of your mother relevant to your request for psychological services? If so, how:

“MY PARENT’S RELATIONSHIP” describes how
the adults who raised me got along with each other when I was a child
no matter the legal status of their relationship and regardless of whether they lived together.

7. My parents’ relationship ...

a. ...was good: they consistently cooperated and communicated and supported one another even through the hard times	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. ...always put my needs first	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. ...was unpredictable; it was on and off over time ... I often feared that they would split up	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. ...was troubled; I had to do things to try to keep them together	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. ...was troubled; they communicated through me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. ...was troubled; they treated me like a peer or an adult even while I was a child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. ...was troubled; it was like living in a war zone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. ...was troubled; I never knew who would be there or how they would get along one day to the next	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. ...ended in separation or divorce	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO then skip to #8		
j. ...ended peacefully and civilly; they cooperated and made sure my needs were met	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. ...ended in conflict	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. ...ended in a battle over custody of me and/or my brothers and/or sisters	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. ...ended because of my father	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. ... ended because of my mother	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. ...ended because of me or something I did	<input type="checkbox"/> YES	<input type="checkbox"/> NO

8. Is your experience of your parents’ relationship relevant to your request for psychological services? If so, how:

My Medical History

9. Please use this table to identify any illness, injury, surgery or other medical procedure you've experienced or are anticipating in the future.

Identify the illness, injury, surgery or procedure by name	Date completed or anticipated	Name of physician or other responsible provider	How does this affect you in the present?
(a)			
(b)			
(c)			
(d)			

Please use the reverse side to continue. Please attach copies of any documents (medical notes, prescription copies) that might help to explain.

10. Medications I am presently taking:

Name of medication	Dosage	Name of prescribing physician	I take this medication because...
(a)			
(b)			
(c)			
(d)			

Academic History

11. I am currently a student YES NO
 If YES please describe on reverse

12. The highest grade or level I have successfully completed to date is:
 Less than 12th High School/GED College Advanced Degree: _____

13. In school, my grades were generally:

Elementary School:	A B C D F		High School	A B C D F
Junior High/ Middle School	A B C D F		College +	A B C D F

14. Looking back, I now believe that ...

- a. ...I had/have a learning disability that interfered with grades YES NO
- b. ...I had/have an attention problem (e.g., ADD or ADHD) that interfered with grades YES NO
- c. ...I should have tried harder YES NO
- d. ... I have/had speech/language, OT, PT, vision or hearing problem that interfered with grades YES NO
- e. ...I was/am depressed and this interfered with grades YES NO
- f. ...I had/have emotional problems get in the way of my learning YES NO
- g. ...I was/am anxious and this interfered with grades YES NO
- h. ...I had/have a substance abuse problem (e.g., drugs or alcohol) that got in the way of grades. YES NO

15. As an adult,

- a. ...I care about education deeply YES NO
- b. ...I like to read YES NO
- c. ...I am involved with my children's school YES NO
- d. ... I attend activities at my children's school YES NO

Addictive Behaviors

16. Please indicate which of the following are TRUE to the best of your knowledge:

Please detail all YES responses on the reverse

EVER TRUE about myself?	EVER TRUE someone related to you?
--------------------------------	--

ALCOHOL USE (including beer, mixed drinks and others)

a. Consume ANY alcoholic beverages at all		
b. Consider alcohol consumption to EVER impair work, relationships, parenting		
c. EVER been charged, arrested, indicted for a crime under the influence (includes DWI, DUI) of alcohol		

PRESCRIPTION MEDICATIONS:

d. Consume ANY prescription medications in the past ONE YEAR		
e. Consider prescription medications to EVER impair work, relationships, parenting		
f. EVER been charged, arrested, indicted for a crime under the influence (includes DWI, DUI) of prescription medications		

OVER THE COUNTER (OTC) MEDICATIONS (e.g. Aspirin, Tylenol, diet pills)

g. Consume ANY OTC medications in the past ONE YEAR		
h. Consider OTC medications to EVER impair work, relationships, parenting		
i. EVER been charged, arrested, indicted for a crime under the influence (includes DWI, DUI) of OTC medications		

GAMBLING, GAMING, SPENDING/SHOPPING, INTERNET and/or VIDEO

j. EVER engage in these activities?		
k. Consider these activities to EVER impair work, relationships, parenting		
l. EVER been charged, arrested, indicted for a crime related to these activities		

PORNOGRAPHY, SEXUAL ADDICTIONS/COMPULSIONS

m. EVER engage in these activities?		
n. Consider these activities to EVER impair work, relationships, parenting		
o. EVER been charged, arrested, indicted for a crime related to these activities		

Please explain all **YES** responses on the reverse

Mental Health History

17. Please indicate which of the following are TRUE to the best of your knowledge:

Please detail all YES responses on the reverse

	EVER TRUE about myself?	EVER TRUE about someone related to the you?
a. Anxious, nervous, worried, fearful		
b. Perfectionistic, self-critical or critical of others		
c. Depressed; feels hopeless, helpless or worthless		
d. Self-destructive, suicidal		
e. Violent, abusive and/or destructive of property		
f. Psychotic, schizophrenic, delusional or paranoid		
g. Trauma survivor, PTSD		
h. Multiple personality or dissociative identity		
i. Eating disorder: Binging, purging, hoarding food		
j. Alcohol, drug or other substance use, abuse, dependence		
k. Referred to but refused counseling, psychotherapy or psychological treatment of any kind		
l. Been in counseling, psychotherapy or psychological treatment of any kind		
m. Completed psychological, neuropsychological or psychiatric testing or assessment of any kind		
n. Prescribed psycho-active or psychotropic medication for any period (examples: Ritalin, Xanax, Prozac, Zoloft)		
o. Hospitalized due to psychological, psychiatric or substance abuse concerns		
p. Parenting impaired by psychological, psychiatric or substance abuse concern		
q. Co-parenting impaired by psychological, psychiatric or substance abuse concern		
r. Fulfilling responsibilities as a husband, wife or partner in an intimate relationship impaired by psychological, psychiatric or substance abuse concern		
s. Employment or public responsibilities impaired by psychological, psychiatric or substance abuse concern		

Please explain all **YES** responses on the reverse

History of Crime and Conviction

18. Please indicate which of the following are TRUE to the best of your knowledge:

Please detail all YES responses on the reverse

	EVER TRUE about myself?	EVER TRUE about someone related to you?
a. Convicted of a misdemeanor?		
b. Convicted of a felony?		
c. Convicted of a violent crime of any kind?		
d. Found guilty of Driving While Intoxicated (DWI or DUI)		
e. Found guilty of child abuse or neglect?		
f. Ever served time in jail or prison?		
g. Ever been on probation?		
h. Ever had driver's license revoked?		
i. Ever been involved in any legal action EXCLUDING the present divorce/custody action		
j. Ever been subject to a restraining order?		
k. Ever filed bankruptcy?		
l. Ever been identified as a sexual offender?		
m. Ever sued or been sued by anyone?		

Please explain all **YES** responses on the reverse

Relationship History

26. I began dating at what age:	<input type="text"/>	years old
27. I became sexually active (that is, first had intercourse) at what age:	<input type="text"/>	years old
28. I first lived away from my parent(s) at what age:	<input type="text"/>	years old
29. I first moved away from home at what age:	<input type="text"/>	years old
30. I first lived with (cohabitated with) a sexual partner at what age:	<input type="text"/>	years old
31. I have had many relationships	<input type="checkbox"/>	YES <input type="checkbox"/> NO
32. In general, when my relationships end, I end them	<input type="checkbox"/>	YES <input type="checkbox"/> NO
33. In general, when my relationships end, my partner ends them	<input type="checkbox"/>	YES <input type="checkbox"/> NO
34. In general, I give more than I get from my partners	<input type="checkbox"/>	YES <input type="checkbox"/> NO
35. In general, I get more than I give to my partners	<input type="checkbox"/>	YES <input type="checkbox"/> NO

36. Recent relationship history:

PRESENT partner's name	Dates Married/cohabitated	His/her name and date of birth
Children of this relationship:		
Children's Full names	Child's date of birth	Child resides where?

Please PRINT your name in full

Please SIGN your name in full

Please sign this page

Fee and Payment Agreement

Thank you for your interest in pursuing psychological services in this office. Because the practice of psychology is a business, it is important that to establish the terms of this business relationship as specifically as possible. Please feel free to ask Dr. Garber any question regarding payment at any time.

1. Who is involved?

- a) Benjamin D. Garber, Ph.D. will provide contracted psychological services
- b) _____ will be the intended recipient of psychological services, referred to as the "patient."
- c) If the patient is a minor child, _____ (an adult) will be responsible for payment. This adult is referred to as the guarantor.

2. What is the service?

Services provided will include psychological assessment, evaluation and/or treatment.

3. Terms. The patient (or guarantor) accepts the responsibility to **pay for all services in full at the time of service**, inclusive of those services identified above and associated costs including report preparation, file management, copying and extended phone calls subject to the terms outlined in the remainder of this packet under applicable professional ethics, local, state and federal laws. Services will be charged as follows:

\$ _____ per _____ minute initial interview(s),

\$ _____ per 50 minute clinical hour and

\$ _____ per 60 minute hour for forensic or court-related services

Dr. Garber will specify costs in your initial phone consultation

4. Retainer. In some instances, a retainer in the amount of \$ _____ will be held against otherwise unreimbursed costs and returned minus any such costs within 10 days of the completion of services.

5. Duration.

These terms cover the period from _____ through _____

By signing below, you acknowledge receipt, review, understanding and agreement with this fee schedule.

Please print your name in full

Please sign your name

Please print the PATIENT's name in full if you are not the patient

Please print your relationship to the patient if you are not the patient

Please print today's date

Please print the PATIENT's date of birth

Please sign this page

PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

The federal Health Insurance Portability and Accounting Act (HIPAA), effective 14 April, 2003, requires that you receive, review, sign and return this description of the nature and limits of the psychotherapy relationship in general and Dr. Garber's practice in particular.

For more information about your rights under HIPAA go to <http://www.cms.gov/hipaa/> write to Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore MD 21244-1850 or call toll-free: 877-267-2323

**Welcome to Dr. Garber's practice
in clinical child, consulting and forensic psychology.**

This document contains important information about Dr. Garber's professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient 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 DR. GARBER provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that DR. GARBER obtain your signature acknowledging that he has provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session.

We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless DR. GARBER has taken action in reliance on it; if there are obligations imposed on me by extant third parties; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES:

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods Dr. Garber may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

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. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, Dr. Garber will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about Dr. Garber's procedures, these should be discussed whenever they arise. If your doubts persist, Dr. Garber will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS:

Dr. Garber normally conducts an evaluation that will last from 1 to 5 sessions, depending on the nature of your concern and the depth of assessment. During this time, we can both decide

if Dr. Garber is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, Dr. Garber will usually schedule one 50-minute session (one “clinical” hour of 50 minutes duration) per one to two weeks, although some sessions may be longer or more frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours [days] advance notice of cancellation except in instances of illness, injury or extreme weather conditions.**

PROFESSIONAL FEES:

The hourly fee for services will be determined during the first phone contact. In addition to weekly appointments, Dr. Garber charge this amount for other professional services you may need, though Dr. Garber will break down the hourly cost for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than a few minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require Dr. Garber’s participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if Dr. Garber is called to testify by another party. **As a disincentive for drawing Dr. Garber into legal matters, a considerably higher hourly rate will apply and may require an advance retainer.**

CONTACTING DR. GARBER:

Dr. Garber makes every effort to be available to communicate by telephone, via electronic mail and through the United States Postal Service promptly. **Dr. Garber is usually in his office between 8:00 a.m. and 6:00 p.m., Tuesday through Friday** and will make every effort to respond to your communication promptly.

When Dr. Garber is unavailable, the telephone is answered by an automated answering service that is monitored frequently. If you choose to leave a message or to reach Dr. Garber in writing, please inform include the best times and means to reach you in reply.

In case of emergency, Dr. Garber is available by emergency cell at 603.689.4192.

If you are unable to reach Dr. Garber and/or feel that you can’t wait for a return call, contact your family physician or the nearest emergency room and ask to speak with the mental health professional on call. If Dr. Garber plans to be unavailable for an extended time (on vacation, for example), the name of a colleague to contact will be provided, as necessary.

LIMITS ON CONFIDENTIALITY:

The law protects the privacy of all communications between a patient and a psychologist. In most situations, Dr. Garber can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- Dr. Garber routinely consult other health and mental health professionals in order to maintain professional skills and perspective. During a consultation, Dr. Garber makes every effort to avoid revealing the identity of the patient. The other professionals involved are also legally bound to keep the information confidential. As a rule, Dr. Garber will not tell you about these consultations unless he feels that it is important to your work in psychotherapy. Dr. Garber will note all consultations in your Clinical Record (which is called “PHI” in the Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information, included in this packet).
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- **If Dr. Garber believes that you pose a threat to yourself or others, he may be obligated to seek to hospitalize you, to contact relevant authorities or family members or others who can help provide protection.**

There are some situations in which Dr. Garber is permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that Dr. Garber provided you and/or the records thereof, such information is protected by the psychologist-patient privilege law. Dr. Garber cannot provide any information without your 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 me to disclose information.
- If a government agency is requesting the information for health oversight activities, Dr. Garber may be required to provide it.
- If a patient files a complaint or lawsuit against Dr. Garber, relevant information regarding that patient may be disclosed as part of the defense.

There are some situations in which Dr. Garber is legally obligated to take actions which he believes are necessary to attempt to protect others from harm and, in so doing, may have to reveal some information about a patient's treatment. These situations are unusual in practice, but include:

- **If Dr. Garber has reason to suspect that a child has been abused or neglected**, the law requires that he file a report with the Division for Children, Youth and Families at 1-800-894-5533 in New Hampshire. Once such a report is filed, Dr. Garber may be required to provide additional information
- If Dr. Garber suspects or has a good faith reason to believe that any incapacitated adult has been subjected to abuse, neglect, self-neglect, or exploitation, or is living in hazardous conditions, the law requires that he file a report with the appropriate governmental agency, usually the Department of Health and Human Services. Once such a report is filed, Dr. Garber may be required to provide additional information
- **If a patient communicates a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property**, Dr. Garber may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking involuntary hospitalization for the patient.

If such a situation arises, Dr. Garber will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and Dr. Garber is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS:

The laws and standards governing Dr. Garber's profession require that he keep Protected Health Information about you in your Clinical Record. As a legal adult, you may examine and/or receive a copy of your Clinical Record upon request in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, you are advised to initially review these records together with Dr. Garber, or have these records forwarded to another mental health professional so you can discuss the contents. In most circumstances, Dr. Garber will require payment for the time and expense associated with providing these records to you.

PATIENT RIGHTS:

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that Dr. Garber amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about Dr. Garber's policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and Dr. Garber's privacy policies and procedures. Dr. Garber is happy to discuss any of these rights with you.

MINORS & PARENTS:

Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child’s treatment records unless Dr. Garber decides that such access is likely to injure the child, or it is otherwise agreed. If the treatment is for drug dependency, parents may examine the records of children under age 12. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes Dr. Garber’s policy to request an agreement from parents that they consent to give up their access to their child’s records. If they agree, during treatment, Dr. Garber will provide only with general information about the progress of the child’s treatment, and his/her attendance at scheduled sessions. Dr. Garber will also provide parents with a summary of their child’s treatment when it is complete. Any other communication will require the child’s Authorization, unless Dr. Garber feels that the child is in danger or is a danger to someone else, in which case, Dr. Garber will notify the parents of the concern. Before giving parents any information, Dr. Garber will discuss the matter with the child, if possible, and take every reasonable step to handle any objections he/she may have.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Dr. Garber retains 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 disclosure of otherwise confidential information. In most collection situations, the only information releases regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, all associated costs will be included in the claim.

INSURANCE REIMBURSEMENT

As a matter of policy, in order to protect your privacy and the integrity of this work, Dr. Garber will not bill any third party insurance or managed care company.

Dr. Garber will request payment in full at the time of service and will provide you, upon request, with a comprehensive statement recording services and fees, suitable for insurance reimbursement should you be eligible to request reimbursement directly yourself. Dr. Garber will complete any reasonable insurance form upon your request and return it to you directly.

If you are seeking insurance reimbursement directly yourself, 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. Of course, Dr. Garber will provide you with whatever information is relevant and will be happy to help you in understanding the information you receive from your insurance company.

Your signature below indicates that you have read the information in this document, received answers to all relevant queries and have had the opportunity to review the HIPAA NOTICE FORM and agree to abide by its terms during our professional relationship.

Please print your name in full

Please sign your name

Please print the PATIENT’s name in full if you are not the patient

Please print your relationship to the patient if you are not the patient

Please print today’s date

Please print the PATIENT’s date of birth

Please sign this page

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

The federal Health Insurance Portability and Accounting Act (HIPAA), effective 14 April, 2003, requires that you be informed regarding how psychological and medical information available in this office can be disclosed and how you can amend and/or gain access to these records.

For more information about your rights under HIPAA go to <http://www.cms.gov/hipaa/> write to Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore MD 21244-1850 or call toll-free: 877-267-2323

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

Dr. Garber 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 Dr. Garber provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Dr. Garber consults with another health care provider, such as your family physician or another psychologist.
 - Payment* is when Dr. Garber obtains reimbursement for your healthcare. Examples of payment include the hypothetical situation in which Dr. Garber might 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 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 Dr. Garber’s office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Dr. Garber’s office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Dr. Garber 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 Dr. Garber is asked for information for purposes outside of treatment, payment and health care operations, he will request an authorization from you before releasing this information. Dr. Garber will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes about our conversation during a private, group, joint, or family counseling session, which are 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 at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Dr. Garber has 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

Dr. Garber may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Dr. Garber suspects that a child has been abused or neglected, he is required by law to report this to the Division for Children, Youth and Families (DCYF) at 1-800-894-5533.
- **Adult and Domestic Abuse:** If Dr. Garber suspects or have a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect, self neglect or exploitation, or is living in hazardous conditions, he am required by law to report that information to the Commissioner of the Department of Health and Human Services.
- **Health Oversight:** If the New Hampshire Board of Mental Health Practice, it affiliated or superceding agencies is conducting an investigation, then Dr. Garber is required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that Dr. Garber provided you and/or the records thereof, such information is privileged under state law, and Dr. Garber may not release information without your written authorization, 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 have communicated a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or if you have made a serious threat of substantial damage to real property, Dr. Garber is required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and to notify the police department closest to your residence or the potential victim's residence, or obtain your civil commitment to the state mental health system.

Dr. Garber may withhold release of records under applicable state and federal laws.

IV. Patient's Rights and Psychologist's Duties

Upon your request, Dr. Garber will discuss with you the details of any or all of the following:

- *Right to Request Restrictions:* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Dr. Garber is 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 Dr. Garber. Upon your request, 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 Dr. Garber's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record.
- *Right to Amend:* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Dr. Garber may deny your request.
- *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).
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from Dr. Garber upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- Dr. Garber is required by law to maintain the privacy of PHI and to provide you with a notice of his legal duties and privacy practices with respect to PHI.
- Dr. Garber reserves the right to change the privacy policies and practices described in this notice. Unless Dr. Garber notifies you of such changes, however, he is required to abide by the terms currently in effect.
- If Dr. Garber revises these policies and procedures, Dr. Garber will alert all current patients at the time of their next meeting in person and/or by posting such changes in the office for public review.

V. Complaints

If you are concerned that Dr. Garber has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact:

New Hampshire Board of Mental Health Practice, 105 Pleasant Street, Concord, NH 03301
or

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore MD 21244-1850
or call toll-free: 877-267-2323

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

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on 14 April, 2003. Dr. Garber reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that are maintained. Dr. Garber will provide you with a revised notice in writing no less than seventy-two hours before such change takes force.

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rev 4-4-03 BENJAMIN D. GARBER, PH.D.

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Patient Records, Privacy Policies and Procedures

The federal Health Insurance Portability and Accounting Act (HIPAA), effective 14 April, 2003, requires that Dr. Garber make you aware of the policies and procedures in place intended to protect the privacy of information regarding your health care.

For more information about your rights under HIPAA go to <http://www.cms.gov/hipaa/> write to Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore MD 21244-1850 or call toll-free: 877-267-2323

What is Protected Health Information (PHI)?

Any individually identifiable health information becomes Protected Health Information (PHI) when it is created, maintained or transmitted in any form or medium. More specifically, PHI is information that relates to:

- The past, present, or future physical or mental health condition of an individual
- The provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual
- Information that identifies the individual or could reasonably be used to identify the individual.

Protected Health Information (PHI)

Protected Health Information (“PHI”) may not be used or disclosed in violation of the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164) (hereinafter, the “Privacy Rule”) or in violation of state law.

Dr. Garber is permitted, but not mandated, under the Privacy Rule to use and disclose PHI without patient consent or authorization in limited circumstances. However, state or federal law may supercede, limit, or prohibit these uses and disclosures. The Privacy Rule allows these permitted uses and disclosures:

- To the patient or, when the patient is a minor child, to the patient’s legal guardian
- For treatment, payment, or health care operations purposes, or
- As authorized by the patient.

Additional permitted uses and disclosures include those related to or made pursuant to:

- Reporting on victims of domestic violence or abuse, as required by law
- Court orders
- Workers’ compensation laws
- Serious threats to health or safety
- Government oversight (e.g., disclosures to a public health authority, coroner or medical examiner, military or veterans’ affairs agencies, national security purposes, law enforcement)
- Health research

Dr. Garber does not use or disclose PHI in ways that would be in violation of the Privacy Rule or state law. Dr. Garber uses and discloses PHI as permitted by the Privacy Rule and in accordance with state or other law. In using or disclosing PHI, Dr. Garber meets the Privacy Rule’s “minimum necessary requirement,” as appropriate.

Use and Disclosure of PHI

Limited use. When using, disclosing or requesting PHI, Dr. Garber makes reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Dr. Garber recognizes that the requirement also applies to covered entities that request patients’ records and require that such entities meet the standard, as required by law.

Exceptions. The minimum necessary requirement does not apply to disclosures for treatment purposes or when Dr. Garber shares information with a patient. The requirement does not apply for uses and disclosures when patient authorization is given. It does not apply for uses and disclosures as required by law or to uses and disclosures that are required for compliance with the Privacy Rule.

Dr. Garber and his agents. Dr. Garber does not routinely employ or otherwise grant persons access to PHI in the course of administering his practice. However, in any instance in which a person (e.g., bookkeeper, cleaning personnel, consulting or covering health care professional) might have access to such records, Dr. Garber ensures that those persons are aware of the ethical and legal limitations of PHI access and is fully informed and compliant with HIPAA guidelines as described here.

Requests for release of PHI. Any patient or legal guardian of a minor child who is a patient may request that PHI be released to specific individuals or agencies in writing by completing a proper authorization, including specification of the nature of PHI to be communicated and the period during which such authorization will be in force.

Accounting for PHI. Any patient or legal guardian of a minor child who is a patient may request a full accounting of any and all communication of PHI under HIPAA by completing and delivering the *Accounting for Releases* form.

Limitations of disclosure of PHI. HIPAA allows that, under specific circumstances, Dr. Garber may decline to release PHI in part or in full subject to further clinical/legal review or court order. These conditions include but are not limited to:

- Instances in which communication of PHI may reasonably be expected to do harm
- Instances in which PHI contains references to and/or records of confidential matters concerning another individual
- Instances in which health or safety may be jeopardized by such communication.

Psychotherapy Notes

Psychotherapy Notes Authorization. While you may authorize the release of any of your own or your custodial minor child's PHI, the Privacy Rule requires specific authorization for the release of Psychotherapy Notes. Psychotherapy Notes authorization is different from patient consent or authorization of other PHI, because a health plan or other covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on obtaining such authorization.

As defined by the Privacy Rule, "**Psychotherapy Notes**" means "notes recorded (in any medium) by a mental health professional, documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical record." The term "excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date."

Exceptions regarding Psychotherapy Notes: Specific authorization is not required in the following circumstances:

- For use in treatment
- For use or disclosure in supervised training programs where trainees learn to practice counseling
- To defend myself in a legal action brought by the patient, who is the subject of the PHI
- For purposes of HHS in determining Dr. Garber's compliance with the Privacy Rule
- By a health oversight agency for a lawful purpose related to oversight of Dr. Garber's practice
- To a coroner or medical examiner
- In instances of permissible disclosure related to a serious or imminent threat to the health or safety of a person or the public.

Dr. Garber recognizes that a patient may revoke an authorization at any time in writing, except to the extent that Dr. Garber has, or another entity has, taken action in reliance on the authorization.

Maintenance of Psychotherapy Notes

Dr. Garber maintains psychotherapy notes as needed in providing psychological services and within the limits prescribed by law. These notes are physically stored in secure paper files and/or electronic media. Upon receipt of a valid authorization to communicate part of all of a psychotherapy note, Dr. Garber retrieves, prints or photocopies and mails via the United States Postal Service or delivers by hand the paper and/or electronic records himself. A charge will be associated with the time and materials associated with this process. Dr. Garber will provide an authorization form valid for the purpose of authorizing communication of Psychotherapy Notes upon request. That form is also available on-line at www.healthyparent.com. All valid authorizations, limitations, restrictions and rescissions of such authorization are maintained as part of the PHI and recorded in the *Accounting of Releases* record.

Patient Rights

Consistent with the laws of the State of New Hampshire, the ethics of mental health practice, the mandates of the New Hampshire Board of Mental Health Practice and the Privacy Rule, Dr. Garber provides notice to patients of the uses and disclosures that may be made regarding their PHI and relevant duties and patient rights with respect to notice. Dr. Garber makes a good faith effort to obtain written acknowledgment that each patient or custodian of a minor patient has received this notice.

A copy of the Patient Rights document can be found at www.healthyparent.com and/or will be promptly provided to each patient or guardian or a minor patient for review and written acknowledgement. This document becomes part of the PHI. Specifically,

- Dr. Garber will alert prospective patients to access this and related documents at www.healthyparent.com during the preliminary phone inquiry, as possible. Alternately, these documents will be posted through the United States Postal Service within one working day of that preliminary contact.
- In an emergency situation, Dr. Garber provides notice as soon as is reasonably practicable.
- Except in emergency situations, Dr. Garber makes a good faith effort to obtain from a patient written acknowledgement of receipt of the notice. If the patient refuses or is unable to acknowledge receipt of notice, Dr. Garber documents why acknowledgement was not obtained.
- Dr. Garber promptly revises and distributes notice whenever there is a material change to uses and disclosures, patient's rights, professional legal duties, or other privacy practices stated in the notice.
- Dr. Garber makes notice available in his office for patients to take with them and post the notice in a clear and prominent location.

Patient Right: Restrictions and Confidential Communications. You may request restrictions on the use and disclosure of PHI for treatment, payment, and health care operations, or to family members. Any such requests must be received in writing with your signature or the signature of a minor child-patient's legal guardian. While Dr. Garber is not required to agree to such restrictions, he will attempt to accommodate a reasonable request. Once any such restriction is agreed upon, it may not be violated except under emergency conditions. A restriction must be rescinded in writing with your signature or the signature of a minor child-patient's guardian.

A restriction is not effective to prevent uses and disclosures when a patient requests access to his or her records or requests an accounting of disclosures. A restriction is not effective for any uses and disclosures authorized by the patient, or for any required or permitted uses recognized by law. The Privacy Rule also permits patients to request receipt of communications from Dr. Garber through specified means, at specified times or at specified locations. As required by the Privacy Rule, Dr. Garber will accommodate all reasonable requests.

Patient Rights—Access to and Amendment of Records. In accordance with state law, the Privacy Rule, and other federal law, the patient or the custodian of a minor child-patient may have access to and may obtain a copy of the medical and billing records that Dr. Garber maintains. Patients and custodians of minor patients are also permitted to amend their records in accordance with such law.

Patient Rights—Accounting of Disclosures. Dr. Garber will provide a patient or a minor child-patient's custodian with an accounting of all communications and disclosures of PHI upon request for a period not more than six years prior to the date of the request. Requests for such an accounting may be made by completing the *Accounting for Releases* form available at www.healthyparent.com or from Dr. Garber directly. Copies of all such requests are maintained as part of the patient's PHI.

Dr. Garber is not required, however, to provide an accounting for disclosures made for treatment, payment, or health care operations purposes, pursuant to patient authorization, for national security purposes, to correctional institutions or law enforcement officers, or that occurred prior to April 14, 2003.

- If multiple disclosures have been made for a single purpose for various permitted disclosures under the Privacy Rule or to HHS for compliance purposes, the accounting also includes the frequency, periodicity, or number of disclosures made and the date of the last disclosure.
- Dr. Garber will provide an accounting within 60 days of a request. If compliance with this time limit is impossible, Dr. Garber will extend this limit for up to 30 more days by providing the patient with a written statement of the reasons for the delay and the date that the accounting will be provided.
- The first accounting is provided without charge. For each subsequent request Dr. Garber will charge twenty-five dollars (\$25.00). Dr. Garber will inform the patient or custodian of this fee and provide the patient the option to withdraw or modify his or her request.
- Dr. Garber must temporarily suspend the provision of an accounting of disclosures at the request of a health oversight agency or law enforcement official for a time specified by such agency or official. The agency or official should provide a written statement that such an accounting would be "reasonably likely to impede" activities and the amount of time needed for suspension. However, the agency or official statement may be made orally, in which case Dr. Garber will document the statement, temporarily suspend the accounting, and limit the temporary suspension to no longer than 30 days, unless a written statement is submitted.

Business Associates. Dr. Garber may rely on certain persons or other entities to provide services on his behalf. These persons or entities may include accountants, lawyers, billing services, and collection agencies. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be Dr. Garber's business associates. Dr. Garber maintains a written agreement with each such business associate to obtain satisfactory assurance that the business associate will safeguard the privacy of the PHI. Dr. Garber relies on such business associates to abide by the contract and will take reasonable steps to remedy any concern that this agreement has been breached. All such business associates:

- Use appropriate safeguards to prevent inappropriate use and disclosure, other than provided for in the contract,
- Report any use or disclosure not provided for by its contract of which it becomes aware,
- Ensure that subcontractors agree to the contract's conditions and restrictions,
- Make records available to patients for inspection and amendment and incorporate amendments as required under the patient access and amendment of records requirements of the rule,
- Make information available for an accounting of disclosures,
- Make its internal practices, books, and records relating to the use and disclosure of PHI available to HHS for compliance reviews, and
- At contract termination, if feasible, return or destroy all PHI.

Administrative Requirement—Privacy Officer. HIPAA requires that each health care practice or facility identify a privacy officer, who is responsible for the development and implementation of the policies and procedures to protect PHI, in accordance with the requirements of the Privacy Rule. Dr. Garber serves as

his own privacy officer. As such, Dr. Garber will receive any queries, concerns or complaints directly and is responsible to fulfill obligations as set out in notice to patients.

Administrative Requirement—Training. As required by the Privacy Rule, any members of Dr. Garber's staff, associates and contracted individuals or agencies are trained in a timely manner regarding the policies and procedures to protect PHI, as necessary and appropriate to carry out their functions. Dr. Garber maintains the discretion to determine the nature and method of training necessary to ensure that staff appropriately protects the privacy of patients' records.

Administrative Requirement—Safeguards. In the interest of the privacy of the PHI of patients, Dr. Garber maintains appropriate administrative, technical, and physical safeguards, in accordance with the Privacy Rule. These include procedural, electronic and physical barriers intended to prevent the incidental and accidental communication of PHI. Dr. Garber will describe these barriers in detail upon request.

Administrative Requirement—Complaints. Open and direct communication between patient and therapist and the privacy of patient PHI is critically important. For these reasons, it is important to provide a process for complaints concerning any matter, most especially adherence to the requirements of the Privacy Rule. Patients may file privacy complaints by submitting them in one of the following ways:

- Direct to Dr. Garber in person by arranging an appointment specifically for this purpose. There will be no charge for meetings of this nature.
- Direct to Dr. Garber using the *Privacy Complaint Form* available from Dr. Garber or www.healthyparent.com
- By mail, either on the Privacy Complaint form or in a letter containing the necessary information. All complaints should be mailed to: 32 Daniel Webster Highway, Suite 17, Merrimack, NH 03054.
- By telephone to 603-879-9100
- By facsimile transmission to 603-879-9070.

Any such complaint must include the following information:

- The type of concern, infraction or non-compliance
- A detailed description of the privacy issue (where? When? Who? How?)
- The date(s) the incident or problem occurred, if applicable
- The mailing/email address where formal response to the complaint may be sent.

Upon receipt of a complaint, Dr. Garber will:

- Validate the complaint with the individual.
- If appropriate, attempt to correct any apparent misunderstanding of the policies and procedures; if after clarification, the patient does not want to pursue the complaint any further, indicate that "no further action is required." Record the date and time and file under dismissed complaints.
- If not dismissed, log the complaint by placing a copy of the complaint form in both the complaint file and in the patient's record.
- Investigate the complaint by reviewing the circumstances with relevant staff (if applicable).
- If it is determined that the complaint is invalid, send a letter stating the reasons the complaint was found invalid. File a copy of the letter and form in an investigated complaints file.
- If the investigative findings are unclear, seek a second opinion either legal counsel, the APA Insurance Trust, or the APA Practice Organization.
- If it is determined that the complaint is valid and linked to a required process or an individual's rights, follow the office sanction policy to the extent that an individual is responsible. If the complaint involves compliance with the standards that do not involve a single individual, then begin the process to revise current policies and procedures.
- Once an appropriate sanction or action has been taken with respect to a complaint with merit, or if the response will take more than 30 days, send a letter explaining the findings and the associated response or intended response. Document the disposition of the complaint and file the letter and form in an investigated complaints file.
- Place a copy of the complaint form in the patient's record.

- Review both invalid and investigated complaint files periodically, to determine if there are any emerging patterns.

Administrative Requirement—Sanctions. Dr. Garber maintains and applies appropriate sanctions against any staff, contracted individual or agency who fails to comply with the requirements of the Privacy Rule or these policies and procedures. Dr. Garber may not apply sanctions against an individual who is testifying, assisting, or participating in an investigation, compliance review, or other proceeding.

Administrative Requirement—Mitigation. In the interest of protecting PHI, Dr. Garber will mitigate, to the extent possible, any harmful effect resulting from any valid breach of these policies and procedures or the requirements of the Privacy Rule.

Administrative Requirement—Retaliatory Action and Waiver of Rights. Dr. Garber maintains patients and their custodians have the right to exercise their rights under the Privacy Rule. Dr. Garber will not take retaliatory action against a patient or the custodian of a minor patient for exercising his or her rights or for bringing a complaint. Dr. Garber will not intimidate, threaten, coerce, discriminate against, discontinue services or take other retaliatory action against a patient for exercising a right, filing a complaint or participating in any other allowable process under the Privacy Rule. However, Dr. Garber maintains his right to discontinue services and/or to take legal action to protect himself and his practice should a patient undertake an activity in bad faith.

Administrative Requirement—Policies and Procedures; Documentation. To ensure that compliance with the Privacy Rule, Dr. Garber has implemented the policies and procedures documented here. Every reasonable effort will be made to update and adjust policies, procedures and this documentation in accord with changes in local, state, federal and professional guidelines. In addition, Dr. Garber maintains documentation of these policies and procedures in written and electronic format, as mandated in each area of practice and consistent first and foremost with patient safety. All documentation is maintained for a period of six years from its creation or the date when it was last in effect, whichever is later.

By signing below, you acknowledge receipt, review, understanding and agreement with these policies and procedures.

Please print your name in full	Please sign your name
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