

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

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## **Adult Psychotherapy Preliminary History and Consent**

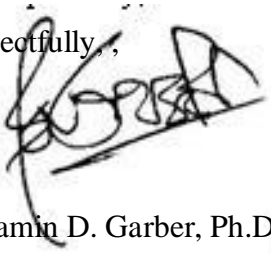
Thank you for your interest in pursuing psychological services in this office.

In order to provide you with the highest quality service possible, please take the time to carefully read and complete these preliminary materials. **Please sign and date pages 11, 12 and 17.** Unless we've agreed otherwise, please bring these materials to our first meeting.

Please feel free to reach me via e-mail or phone at any time with questions or concerns. Additional information is available at [www.HealthyParent.com](http://www.HealthyParent.com).

In anticipation of our meeting, I am,

Respectfully,



Benjamin D. Garber, Ph.D.

Voice 603.879.9100  
Fax 603.879.9070  
e-mail [papaben@HealthyParent.com](mailto:papaben@HealthyParent.com)

### **What's included here?**

Page 2: Adult personal history questionnaire  
Page 12: Fee and Payment Agreement  
Page 13: Psychotherapist-Patient Services Agreement

# 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 offer additional information on the reverse of any page.

## 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 PARENTS’ 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 <b>NO</b> 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.

<b>Identify the illness, injury, surgery or procedure by name</b>	<b>Date completed or anticipated</b>	<b>Name of physician or other responsible provider</b>	<b>How does this affect you in the present?</b>
(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:

<b>Name of medication</b>	<b>Dosage</b>	<b>Name of prescribing physician</b>	<b>I take this medication because...</b>
(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 12<sup>th</sup>  High School/GED  College  Advanced Degree: \_\_\_\_\_

13. In school, my grades were generally:

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

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

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

15. As an adult,

a. ...I care about education deeply	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. ...I like to read	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c. ...I am involved with my children's school	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d. ... I attend activities at my children's school	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

# Addictive Behaviors

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

**Please detail all TRUE responses on the reverse**

<b>EVER TRUE about myself?</b>	<b>EVER TRUE of someone related to me? Who?</b>
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**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 TRUE responses on the reverse**

	<b>EVER TRUE about myself?</b>	<b>EVER TRUE about someone related to the me? Who?</b>
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**

	<b>EVER TRUE about myself?</b>	<b>EVER TRUE about someone related to me? Who?</b>
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:  years old

27. I became sexually active (that is, first had intercourse) at what age:  years old

28. I first lived away from my parent(s) at what age:  years old

29. I first moved away from home at what age:  years old

30. I first lived with (cohabitated with) a sexual partner at what age:  years old

31. I have had many relationships  YES  NO

32. In general, when my relationships end, I end them  YES  NO

33. In general, when my relationships end, my partner ends them  YES  NO

34. In general, I give more than I get from my partners  YES  NO

35. In general, I get more than I give to my partners  YES  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 or institution) 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 **90** 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  
1-877-267-2323

### 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 federal law that provides privacy protections and 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 integrated into 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 outset of services. Although these documents are long and sometimes complex, it is very important that you read them carefully before commencing the intended service.

Dr. Garber welcomes your questions about these and related matters at any time.

When you sign this document, it will represent an agreement between you and Dr. Garber. You may revoke this Agreement in writing at any time. That revocation will be binding unless Dr. Garber has taken action in reliance on it; if there are obligations imposed on Dr. Garber by extant third parties; or if you have not satisfied any financial obligations you have incurred. Revocation of your agreement may be reason to discontinue services.

#### **PSYCHOLOGICAL SERVICES:**

**Psychotherapy (or "therapy") is a change-oriented process.** Therapy occurs in the context of a trusting relationship between a mental health professional and one or more individuals known as clients or patients. Therapy is unlike many medical treatments as it requires the patient's active contribution. Thus, therapeutic change is most likely when the patient is actively engaged both in face-to-face meetings ("Sessions") with the service provider and practicing relevant skills between these meetings.

**Psychotherapy is distinct from psychological evaluation and forensic consultation.** The terms and limits detailed in this document pertain to the provision of direct service for the purpose of helping you to obtain identified changes of thinking, feeling, behavior and/or relationships. This is known as "clinical" service. These terms may not apply to assessment processes or services conducted in association with court matters.

**Psychotherapy can have benefits and risks.** Since therapy often involves establishing healthy means of coping with distressing matters, as the clinical patient you may experience uncomfortable feelings like anger, sadness, guilt, frustration, loneliness, and helplessness. Learning how to better manage these experiences in the context of a psychotherapeutic relationship can improve relationships, change behaviors and reduce distress. Unfortunately, there are no guarantees how your psychotherapy will progress or its outcomes. It is your responsibility to alert Dr. Garber at any time that you find the process to be misdirected or unmanageable.

**Your first few sessions will involve an evaluation.** Evaluation may include asking that you complete questionnaires, participate in observations, provide third party documentation and/or participate in interviews. By the end of the evaluation, Dr. Garber will offer initial impressions and a treatment plan. It is your responsibility as the clinical patient to participate in this process honestly and openly and to

consider Dr. Garber's feedback and recommendations in light of your comfort, goals, needs and abilities. You may discontinue the service or ask for a referral to alternate services at any time. Because therapy may involve a significant commitment of time, emotion, money, and energy, you should be very careful to select a therapist whom you trust.

#### **WHO IS THE "PATIENT"?**

The terms "client" and "patient" are both used throughout this document to refer to the individual or individuals who are receiving treatment. In some instances, the clinical patient may be distinct from the legal patient. In many instances in which a minor child or an incapacitated adult is the clinical patient, one or more parents or guardians may be the legal patient. In instances in which services are ordered by a court, the court may be the legal patient, sometimes as represented by a Guardian ad litem. In general, the legal patient is the person, persons, or institution that holds the privilege, that is, the authority to make important treatment decisions.

#### **PSYCHOTHERAPY MEETINGS:**

Psychotherapy meetings ("sessions") are typically fifty (50) minutes long. Dr. Garber will make every effort to begin and end on time. Planning the frequency (how often?) and number (how many?) of sessions in advance can help to assure that preferred scheduling days and times are available.

**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 fee for services will be determined during the first phone contact.** In addition to scheduled face-to-face appointments with you and/or with others whom you agree should participate in or contribute to the process, Dr. Garber may charge for other professional services that he deems necessary and appropriate. The hourly fee may be prorated for periods of less than one hour. Such other services may include report writing, telephone and electronic communications, consulting with other professionals, preparation of records or treatment summaries.

#### **CONCURRENT LITIGATION**

In general, if Dr. Garber is providing clinical services, he will resist participating in concurrent legal processes in the belief that doing so is likely to undermine the therapeutic relationship. However, if you require that Dr. Garber participate in legal processes, you will be expected to pay for all professional time, including preparation and transportation costs, at a distinct forensic hourly fee. In this case, all anticipated costs will be due as an advance retainer, even if Dr. Garber is called to testify by another party.

#### **CONTACTING DR. GARBER:**

Unless specifically agreed in advance,  
**Dr. Garber does not provide 24/7/365 emergency coverage.**

In case of emergency, dial 9-1-1 or go to your local hospital emergency room. Once the emergency is stabilized and everyone is safe, reach Dr. Garber at 603-879-9100 or via papaben@HealthyParent.com to debrief and make plans to minimize the likelihood of future emergencies.

Dr. Garber is generally available during business hours to respond to phone calls (usually via voice mail messaging) and e-mail to **papaben@HealthyParent.com**. When Dr. Garber is unavailable, the telephone is answered by an automated answering service that is monitored frequently.

Physical materials (for example letters, documents) can be delivered to Dr. Garber's office to be left in the mailbox accessible from the fourth floor hallway or the mail slot provided in the office waiting room. Please keep in mind that your electronic communications (including voice mail) may not be secure.

**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 physical authorization form that meets certain legal requirements imposed by HIPAA. Your signature on this form provides consent as follows:

- Dr. Garber routinely consults with 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 may require that you provide written consent to allow him to consult with other concerned professionals (for example: your physician) as a precondition for commencing/continuing service;
- You may rescind any such authorization in writing at any time;
- Dr. Garber may need to release otherwise confidential PHI in compliance with the terms of insurers or to collect overdue fees;
- **Dr. Garber will exercise his legal mandate to alert authorities to any perceived threat of violence or intent to damage real property. This may include release of otherwise confidential PHI;**
- 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;
- In some instances, Dr. Garber will resist disclosing PHI even under court order and despite your authorization in the belief that to do so would cause harm;
- Dr. Garber's records may be vulnerable to exposure to oversight agencies such as the New Hampshire Board of Psychologists;
- Dr. Garber will exercise his discretion to expose PHI in response to a lawsuit or Board complaint.

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 (or with the corresponding agency elsewhere);
- 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.

The exceptions to confidentiality noted here are not exhaustive. Please ask any question at any time to clarify the limits of confidentiality and your privacy rights under HIPAA. In situations where specific advice is required, formal legal advice may be warranted.

**PROFESSIONAL RECORDS:**

The laws and standards governing the provision of psychological services require that Dr. Garber keep Protected Health Information about you as part of a (digital or physical) clinical record. The clinical record will be maintained for a period and under conditions dictated by relevant laws and ethics. The clinical record will be destroyed and thereafter become inaccessible in accord with these guidelines.

The clinical record and associated billing and reports will be in the name of the person or persons identified as the clinical client or patient. In some instances, the clinical patient may be a marital couple or family and will therefore be maintained under "LastName, marital" or "LastName, family." The individual(s) identified as the clinical patient may access the clinical record by submitting a written request to Dr. Garber on the condition that:

- There are no legal restrictions prohibiting such access;
- In any instance in which more than one individual is named as the clinical client, all adults so named sign appropriate releases;
- Dr. Garber believes that such release will cause no harm;

- Copies of all such records can be made available subject to advance receipt of funding necessary to retrieving, and copying the record. Additional informed consent may be required to allow an independent copy shop[ to create the copies.

### **DIAGNOSIS**

Diagnosis is the formal identification of an illness corresponding to the clinical patient's constellation of social, emotional and intellectual strengths and weaknesses. All diagnoses relevant to psychological services are catalogued in the Diagnostic and Statistical Manual and the International Classification of Diseases.

Dr. Garber eschews formal diagnosis to the extent that such labels carry unnecessary and often harmful connotations. In most instances, the clinical record will not include formal diagnostic formulation. You may request that Dr. Garber produce such a formulation (for example to support your third party reimbursement requests).

### **PATIENT RIGHTS TO THE RECORD:**

The state of New Hampshire assures that recipients of health related services have certain rights. These rights are posted in Dr. Garber's waiting room, are available on paper from Dr. Garber upon request and can be found at <http://www.dhhs.state.nh.us/dcbcs/nhh/rights.htm> or <http://www.gencourt.state.nh.us/ras/html/xi/151/151-21.htm>. HIPAA provides you with specific rights with regard to the clinical record and the disclosure of protected health information. If you are the named clinical patient, you may request, for example:

- That Dr. Garber amend the clinical record;
- What PHI is released to others and how;
- An accounting of most disclosures of PHI;
- The location to which protected information disclosures are sent;
- That any complaints you make about Dr. Garber's policies and procedures be recorded in your record;

### **MINORS & PARENTS:**

Patients under 18 years of age who are not emancipated and their parents should be aware that the law sometimes allows parents to examine their child's treatment records. Exceptions may include, but are not limited to, content referencing the minor's drug use or dependency, reproductive health and HIV/AIDS status. Because privacy in psychotherapy is often critical its success, Dr. Garber may request that parents concede access to their child's clinical records.

In order to serve the needs of minor children, Dr. Garber reserves the right to withhold child-centered information from parents and guardians should he believe that such access might harm the child or compromise therapeutic progress. Please be advised that as of 2005, New Hampshire state law changed in accord with the Supreme Court's "Berg" ruling (152 NH 658, 886, A2d 980) granting minors greater protections as psychotherapy patients.

### **BILLING AND PAYMENTS**

Unless otherwise agreed in writing,  
Payment is expected in full at the time of service.

Dr. Garber retains the right to discontinue services due to non-payment.

. If your account is 60 days or more overdue or payments otherwise breach the relevant payment agreement, 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. In both instances, PHI may be disclosed so as to secure payment. **If such legal action is necessary, all associated costs will be included in the claim.**

**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.**



**COMPLAINTS AND CONCERNS**

Your concerns will most effectively and efficiently be addressed by bringing them directly to Dr. Garber's attention. You have the right to bring any such concerns to the attention of either or both of the following agencies:

New Hampshire Board of Psychologists  
121 South Fruit Street  
Concord, NH 03301  
fax: (603) 271-0597  
email: jabarnes@dhhs.state.nh.us

or

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

**EFFECTIVE DATE and CHANGES TO THIS STATEMENT**

This notice was initially in effect 04.14.2003. It has most recently been revised 02.20.2014. 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. **This notice and related details will remain available in its most recent form via [www.HealthyParent.com](http://www.HealthyParent.com).**

**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

Fi=//psychotherapy agreement  
Rev 02-2014 bdg

**Please sign this page**