



Date: _____

Legal Name: _____

Preferred Name (if different from legal name): _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone(s): Home: _____ Work: _____ Cell: _____

Which phone number(s) can messages be left? Home Work Cell

Email address: _____

Social Security No. _____

Date of birth: _____

Gender identity: _____

Legally Married: Yes No

Insurance:

Name of insurance: _____

Policy owner's name: _____ Policy owner's date of birth: _____

Policy number: _____ Group number: _____

How did you hear about Tandem Psychology LLC?

2nd Story Counseling Provider Psychology Today Chicago Couples Counseling Other

Psychotropic Medications (current or in the past):

Current Services (i.e., support or therapy groups, psychiatric):

Past Services – how long ago:



TREATMENT AGREEMENT

Welcome to Tandem Psychology. This document contains important information about Tandem Psychology LLC's professional services and business policies. Please read it carefully and ask questions as you need; it will assist you in making an informed decision about Tandem Psychology LLC's services.

Your signature on this Treatment Agreement will indicate an agreement between you and Tandem Psychology LLC. You may revoke this agreement in writing at any time. The revocation will be binding unless (1) Tandem Psychology LLC has taken action in reliance on it, (2) there are obligations imposed on Tandem Psychology LLC by your health insurer in order to process or substantiate claims made under your policy, or (3) you have not satisfied any incurred financial obligations.

Treatment Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the clinician and patient, and the particular problems you bring forward. There are many different methods Tandem Psychology LLC Clinicians 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 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 benefits for people who go through it. Therapy 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.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what your 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 the therapist. 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 a Tandem Psychology LLC therapist's procedures, you should discuss them with the therapist whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

Sessions

Once psychotherapy has begun, Tandem Psychology LLC will usually schedule one session per week at a time that you both agree upon. Sessions are typically 50-minutes in length. Out of respect to clients, Tandem Psychology LLC therapists makes every effort to begin and end on time so that clients are not left wondering each week when exactly the session will end. In this way, it is Tandem Psychology LLC's hope that you will feel empowered to make the choices that feel best for you each week about how to



spend the time that belongs to you. In beginning and ending on time, it is also Tandem Psychology LLC's intent to demonstrate respect to each client by not keeping one person waiting while another person's session runs over, etc. Of course there are exceptions. If a Tandem Psychology LLC therapist is late in beginning a session, they will make every effort to make up the time; however, if the client is late in arriving for a session, the session will still end at the regularly scheduled time so that the next person has access to his or her full session length.

Termination

Under ideal circumstances, the termination of therapy is agreed upon by both the client and the therapist and reflects a mutual sense that therapy goals have been reached. However, termination of therapy may occur at any time and may be initiated by either you or your therapist. If you decide to end therapy, Tandem Psychology LLC requests that you provide a minimum of two weeks notice. This notice allows you and your therapist to give proper attention to your progress to date and your experience of termination itself. When attended to appropriately, the termination process (i.e., bring the relationship to a close), consolidating treatment goals, and saying goodbye, can be a constructive and useful part of therapy. If after completing an initial course of therapy, you wish to return for additional treatment, your therapist would be happy to discuss that option with you.

Confidentiality

In general, the privacy of all communications between a patient and a therapist is protected by law, and the Tandem Psychology LLC therapist can only release information about your work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent the Tandem Psychology LLC therapist from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which Tandem Psychology LLC therapists are legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if your therapist believes that a child [elderly person, or disabled person] is being abused, they must [may be required to] file a report with the appropriate state agency.

If your therapist believes that a client is threatening serious bodily harm to another, they may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the patient threatens to harm themselves, the therapist may be obligated to seek hospitalization for the client or to contact family members or others who can help provide protection.

In addition, the State of Illinois Department of Human Services has introduced a Firearms Owner's Identification (FOID) mental health reporting system which mandates mental health providers, including Tandem Psychology LLC therapists, report individuals that (1) have been determined to be a "clear and present danger" to themselves and/or their community, and/or (2) have been determined, by a Tandem



Psychology LLC therapist, to be developmentally disabled or intellectually disabled. Your therapist will make every effort to discuss this with you in advance if it seems like they will need to file a report.

These situations have rarely occurred within the practice of Tandem Psychology LLC. If a similar situation occurs, your therapist will make every effort to fully discuss it with you before taking any action.

Your therapist may occasionally find it helpful to consult other professionals about a case. During a consultation, your therapist will make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless they feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss with your therapist any questions or concerns that you may have at your appointment. Your therapist will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and Tandem Psychology LLC therapists are not attorneys.

Professional Records

The laws and standards of mental healthcare require that Tandem Psychology LLC therapists keep treatment records. You are entitled to receive a copy of the records unless your therapist believes that seeing them would be emotionally damaging, in which case Tandem Psychology LLC will send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, Tandem Psychology LLC recommends that you review them with your therapist so that you can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is Tandem Psychology LLC policy to request an agreement from parents/guardians that they agree to give up access to your records. If they agree, Tandem Psychology will provide them only with general information about you and your therapist's work together, unless your therapist feels there is a high risk that you will seriously harm yourself or someone else. In this case, Tandem Psychology LLC will notify them of the concern. Tandem Psychology LLC will also provide them with a summary of your treatment when it is complete. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what the therapist is prepared to discuss. [At the end of your treatment, Tandem Psychology LLC will prepare a summary of you and your therapist's work together for your parents/guardians, and will discuss it with you before it is provided to your parents/guardians.]



Contacting Your Therapist

Due to therapists' work schedules they are often not immediately available by telephone. However, Tandem Psychology LLC makes every effort to respond as soon as possible to voice messages. When your therapist is unavailable, the telephone is answered by a voicemail that is monitored at least once each day. Tandem Psychology LLC will make every effort to return your call within 24 hours. However, there may be delays on weekends or when therapists are on vacation. When you leave a voicemail message, it is useful if you can leave some times that you are available to be reached.

If you are unable to reach Tandem Psychology LLC and are experiencing a psychological crisis or emergency, please contact your family physician or the nearest hospital emergency room and ask to speak with the on-call psychologist, psychiatrist, or crisis counselor. Providers can then contact Tandem Psychology LLC therapists to alert them to the situation. One possibility is Northwestern University's Hospital's 24-hour line: 312-926-8100. If your therapist anticipates being unavailable for an extended time, they will provide you with the name and contact information of a colleague to contact in case of emergencies.

While Tandem Psychology LLC is happy to communicate basic information via email or telephone, for example, scheduling appointments, specific content related matters being addressed in therapy are best reserved for in-person sessions. Phone calls lasting 10 minutes or longer are subject to professional service fees. Further, please be aware that the privacy and confidentiality of email communication cannot be guaranteed.

Social Media

In order to protect the nature of the therapeutic relationship and better ensure client privacy and confidentiality, Tandem Psychology LLC therapists will not knowingly communicate or connect with clients via social networking sites (Facebook, Instagram, LinkedIn, etc.) during or after the termination of therapy.

Charges and Billing

Tandem Psychology LLC fees are set within the usual and customary range for the area. By agreeing to participate in treatment or obtain psychological services from Tandem Psychology LLC, you are agreeing to full payment for service. At your request, Tandem Psychology LLC will provide the current cost of services to you. Fees are typically re-evaluated on an annual basis and are subject to change with a 4-week notice.

Payment is required at the time of service. Tandem Psychology LLC accepts cash, checks, and credit cards (Visa, MasterCard, Discover, American Express) for payment. Please make all checks payable to: Tandem Psychology LLC. Returned checks will incur a \$15 service charge.

Insurance Reimbursement

In order for you and your therapist to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will



usually provide some coverage for mental health treatment; however, you (not your insurance company) are responsible for full payment of my fees.

It is very important that you find out exactly what mental health services your insurance policy covers. 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 your therapist will provide you with whatever information they can based on their experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, your therapist may volunteer to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow therapists to provide services to you once your benefits end. If this is the case, Tandem Psychology LLC therapists will do their best to find another provider who will help you continue your psychotherapy.]

Tandem Psychology LLC therapists will complete and submit all paperwork to Blue Cross Blue Shield PPO on your behalf and BCBS PPO will reimburse him directly.

If you intend utilize out-of-network insurance benefits, Tandem Psychology LLC will be happy to provide you, at your request, with the necessary documentation and receipts so that you may submit claims for reimbursement directly to your insurance company on your own behalf.

You should also be aware that most insurance companies require you to authorize Tandem Psychology LLC to provide them with a clinical diagnosis. Sometimes Tandem Psychology LLC will have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, Tandem Psychology LLC has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Tandem Psychology LLC will provide you with a copy of any report submitted, if you request it.

Once you have all of the information about your insurance coverage, you and your therapist may discuss what can be expected to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end treatment. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above [unless prohibited by contract].

Professional Fees

In addition to weekly appointments, Tandem Psychology LLC charges \$190 per hour for other professional services you may need. Other services include report writing, telephone conversations lasting longer than



10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of Tandem Psychology LLC.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full and honest disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (“client”) nor your attorney, nor anyone else acting on your behalf will call members of the Tandem Psychology LLC to testify in court or at any other proceeding, nor will a disclosure of the clinical records be requested. If you become involved in legal proceedings that require your therapist’s participation, you will be expected to pay for their professional time even if they are called to testify by another party. [Because of the difficulty of legal involvement, Tandem Psychology LLC charges \$1000 per hour for preparation and attendance at any legal proceeding.] **Initial** →

Owed Balances

If you are carrying an account balance at the termination of treatment, you agree to authorize the full balance be charged to the credit card you provide Tandem Psychology LLC. If your account is past due by more than 45 days, a collection agency may be utilized to obtain payment. The collection agency fees, court costs, and attorneys’ fees will be added to the unpaid balance, for which you are responsible. Additionally, Tandem Psychology LLC reserves the right to terminate services for non-payment.

Cancellation Policy

A scheduled appointment means that the time is reserved for only you. If you must cancel a scheduled appointment, please notify Tandem Psychology LLC at least 24-hours in advance of the appointment. Unless circumstances beyond your control interfere with notification (as determined by Tandem Psychology LLC), failure to cancel within 24-hours will result in a “Failed Session” fee (equal to the full cost of the appointment for which you were scheduled). Please note that insurance companies do not provide reimbursement for cancelled sessions; thus, even if you are using insurance to pay for your services, you will still be responsible for paying directly to Tandem Psychology LLC the “Failed Session” fee. The purposes of this fee are simply to cover the cost of business expenses incurred for the missed hour and also to encourage provision of advanced notice for cancellations so that therapists may offer the hour to someone else who may need the time. Also, please be advised that if you “no show/no call” for more than two or more appointments or if you demonstrate a pattern of being late, Tandem Psychology reserves the right to suspend counseling services.



Agreement

Form becomes effective date of signatures below, thereby, replacing previous versions.

I have read the above information on all seven (7) pages of this Treatment Agreement and I understand and agree to abide by its terms. My signature indicates my agreement and my consent to receive treatment from Tandem Psychology LLC:

Client/Parent Name

Client Signature

Date

Minor Name (If client is over 12 years old)

Minor Signature (If client is over 12 years old)

Date



**CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY
EMAIL OR TEXT**

I, _____(Name) _____ (Date of Birth), authorize Tandem Psychology LLC (3354 North Paulina St., Suite 206F, Chicago, IL, 60657; 312.380.9031) to transmit, via non-secure email or text, the following protected health information, health records and health care treatment:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Receiving information from a collateral party
- Receiving information from client or minor client’s parent/guardian
- Other (specify): _____

to myself:

Your Name: _____
 Email: _____
 Cell Phone: _____

to the following individuals as well:

Name: _____
 Email: _____
 Cell Phone: _____

Such transmission is for the purpose of facilitating faster, more convenient communication.

Unless written notice is provided by the client/client’s parent/guardian, this authorization will terminate upon the termination of services. Form becomes effective date of signatures below, thereby, replacing previous versions.

Client/Parent Name

Client Signature

Date

Minor Name (If client is over 12 years old)

Minor Signature (If client is over 12 years old)

Date



HIPPA NOTICE OF PRIVACY PRACTICES

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health and related healthcare services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how Tandem Psychology LLC may use and disclose your PHI in accordance with applicable laws and the American Psychological Association Code of Ethics. It also describes your rights regarding how you may access and control your PHI.

Each time you meet with your therapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated by Tandem Psychology LLC.

Applicable federal and State laws require Tandem Psychology LLC to maintain the privacy of clients' personal and health information, and Tandem Psychology LLC is committed to doing so. This Notice explains Tandem Psychology LLC's privacy practices, legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "health information" and includes data regarding your health care and treatment – including identifiable factors such as your name, age, address, and income or other financial information. Tandem Psychology LLC will follow the privacy practices described in the Notice while it is in effect. This notice takes effect the date of signatures on the final page and will remain in effect until it is replaced.

How Your Health Information is Protected

Tandem Psychology LLC protects your health information by:

- Treating all of your collected health information as confidential.
- Restricting access to your health information only to those clinical staff who need to know your health information in order to provide services to you; such staff have by contract agreed to protect and maintain the confidentiality of your health information.
- Only disclosing personal health information that is necessary for an outside service company to perform its function on Tandem Psychology LLC's behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

How Tandem Psychology LLC May Use and Disclose Health Information About You:



Tandem Psychology LLC 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:

- **For Treatment:** This is when Tandem Psychology LLC provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when Tandem Psychology LLC consult with another health care provider, such as your family physician, psychiatrist, or another mental health care professional.
- **For Payment:** Tandem Psychology LLC may use and disclose PHI in order to receive payment for services provided to you. This will only be done with your written authorization. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes or legal action due to lack of payment for services, Tandem Psychology LLC will only disclose the minimum amount of PHI necessary for purposes of collection.
- **For Health Care Operations:** Tandem Psychology LLC may use or disclose, as needed, your PHI to support the performance and operation of the practice. Examples of healthcare operations are quality assessment and improvement activities. If government agencies require records for the purposes of mental healthcare quality management, your personal information will be removed.
- **As Required by Law:** Under the law, Tandem Psychology LLC must make disclosures of your PHI to you upon your written request. In addition, Tandem Psychology LLC must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the HIPPA requirements. When the law requires Tandem Psychology LLC to report abuse or neglect, or respond to judicial or administrative proceedings, or to law enforcement officials, Tandem Psychology LLC will further comply with the requirement set forth below concerning those activities.
- **Breach Notifications:** In the case of a breach of unsecured PHI, Tandem Psychology LLC will notify you as required by law. If you have provided Tandem Psychology LLC with a current email address, Tandem Psychology LLC may use email to communicate information related to the breach. Tandem Psychology LLC may also provide notification by other methods as appropriate.
- **Psychotherapy Notes:** Tandem Psychology LLC will not use or disclose your psychotherapy notes without your prior written authorization except for the following: (1) Tandem Psychology LLC use for your treatment (2) to defend Tandem Psychology LLC if you sue or bring other legal proceeding, (3) if the law requires Tandem Psychology LLC to disclose information to you or the Secretary of Health and Human Services or for some other reason, (4) in response to health oversight activities concerning anyone providing services for Tandem Psychology LLC, (5) to avert serious and imminent threat to health or safety, or (6) to the coroner or medical examiner



after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, Tandem Psychology LLC will stop using or disclosing these notes.

Uses and Disclosures Requiring Authorization

By signing an authorization form, you allow Tandem Psychology LLC to use or disclose information about you for purposes of treatment, payment, and healthcare operations. This provides specific permission above and beyond that which you have given by signing the "Treatment Agreement" form. Tandem Psychology LLC will request that you sign an authorization form if Tandem Psychology LLC is asked to release information for the purposes of your treatment elsewhere, payment or healthcare operations. Tandem Psychology LLC will also need you to sign an authorization form if you request that Tandem Psychology LLC release your psychotherapy notes (if applicable).

When written, psychotherapy notes are for Tandem Psychology LLC use to assist in providing you the best care possible. These notes contain very sensitive material and are not written with the intention of being released, so they are given a higher degree of protection than PHI. You may revoke all authorizations at any time by written consent. You may not, however, revoke an authorization if Tandem Psychology LLC has already taken action on it based on your prior signature. Further, if the authorization was obtained as a condition of acquiring or using insurance benefits, your insurance company has a legal right to receive information to contest a claim.

Uses and Disclosures Not Needing Consent Nor Authorization

Tandem Psychology LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Tandem Psychology LLC has reason to suspect that a child is abused or neglected, he is required by law to report the matter immediately to the appropriate state authorities.
- **Adult and Domestic Abuse:** If Tandem Psychology LLC has reason to suspect that an adult who is protected by state law is abused, neglected, or exploited, he is required by law to immediately make a report and provide relevant information to the appropriate state authorities.
- **Health Oversight:** Tandem Psychology LLC may disclose PHI regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a court subpoenas information about the professional services provided to you and/or the records of the services provided, Tandem Psychology LLC may be compelled to provide your PHI. Although courts have recognized a therapist-client privilege, there may be circumstances under which the privilege would not apply. Tandem Psychology LLC will not release information unless you provide written authorization, your legally appointed representative provides written authorization, or court order instructs the release of information. The privilege does not apply when you are being evaluated for a third party (e.g., law enforcement agency, social security, etc.) or where the evaluation is court ordered.



- **Serious Threat to Health or Safety:** If your therapist is engaged in their professional duties and you communicate to them an explicit threat of imminent serious physical harm or death to an identifiable victim(s), and your therapist believes you may act on the threat, he has a legal duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If your therapist has reason to believe that you present a serious risk of physical harm or death to yourself, they may need to disclose information to a family member, friend of yours, and/or relevant authorities in order to protect you.
- **Worker's Compensation:** If you file a worker's compensation claim, Tandem Psychology LLC is, upon request, required by law to submit your relevant mental health information to you, your employer, the insurer, a certified rehabilitation provider, or the Department of Labor and Industries. This department, along with your employer and any personal representative can request your PHI.
- **National Security:** Under certain circumstances, Tandem Psychology LLC may be required to disclose to military authorities the health information of Armed Forces personnel. Tandem Psychology LLC may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. In addition, under certain circumstances, Tandem Psychology LLC may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of PHI or an inmate or client.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding PHI that Tandem Psychology LLC maintains about you. To exercise any of these rights, your requests must be made in writing. Tandem Psychology LLC would be happy to assist you with this process at any time.

- **Right to Request Restrictions:** You have the right to request additional restrictions or limitations on certain uses and disclosures of PHI, payment, or healthcare operations, although Tandem Psychology LLC is not required to agree to meet this 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 receiving services. Upon your request, Tandem Psychology LLC will send any mailed communications to another address.)
- **Right to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. Tandem Psychology LLC reserves the right to charge a reasonable, cost-based fee for copies.



- **Right to Amend or Supplement:** You have the right to request an amendment of PHI for as long as such records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- **Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure to the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for the disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- **Right to Revoke Your Consent:** You have the right to revoke your consent at any time with written notice. Your revocation will be effective when Tandem Psychology LLC receives it, but will not apply to any uses or disclosures that occurred prior to that time.
- **Right to a Paper Copy of this Notice:** If you received this notice electronically (e.g., accessing a website), you have the right to obtain a paper copy of the notice from Tandem Psychology LLC upon request.

Psychologist's Duties

- Tandem Psychology LLC is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Tandem Psychology LLC reserves the right to change the privacy policies and practices described in this notice. Unless Tandem Psychology LLC notifies you of such changes, however, Tandem Psychology LLC is required to abide by the terms currently in effect.
- If Tandem Psychology LLC revises these policies and procedures, you will be provided with a revised notice at the time of your next scheduled appointment.

Complaints

If you are concerned that Tandem Psychology LLC violated your privacy rights, or you disagree with a decision Tandem Psychology LLC has made about access to your records, you have the right to contact:



Tandem
psychology

Office for Civil Rights
U.S. Department of Health and
Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: 800.368.1019
Fax: 312.886.1807
TDD: 800.537.7697

Secretary of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201
Phone: 202.619.0257

OR

Effective Date

Form becomes effective date of signatures below, thereby, replacing previous versions.

Acknowledgement

I have received, read, and understand this "HIPPA Notice of Privacy Practices" document given to me by Tandem Psychology LLC.

Client/Parent Name

Client Signature

Date

Minor Name (If client is over 12 years old)

Minor Signature (If client is over 12 years old)

Date



**INFORMATION ON TANDEM PSYCHOLOGY LLC'S ALLIANCE WITH SECOND STORY
CONSULTANTS AND WAIVER OF LIABILITY**

Please be advised that I am providing services to you as a therapist in private practice. I have contracted with Second Story Consultants to conduct various marketing efforts on my behalf, although I am not an employee of and do not work for Second Story Consultants. Therefore, Second Story Consultants may list me on some of its marketing materials as an "Alliance Counselor". Second Story Consultants is in no way responsible for and cannot attest to the quality, or lack thereof, of any services that I provide you during the lifespan of our professional relationship. You (as the client) agree that you, or any representative acting on your behalf, will not at any time bring any legal action(s) against Second Story Consultants or any of its representatives for services that I provide you. By signing your name below, you signify that you understand and agree with this litigation limitation and waiver of legal rights regarding Second Story Consultants or any of its representatives.

Acknowledgement

I have received, read, and understand this agreement.

Client/Parent Name

Client Signature

Date

Minor Name (If client is over 12 years old)

Minor Signature (If client is over 12 years old)

Date



PAYMENT AUTHORIZATION

Terms and Definitions:

- **Scheduled appointment:** Time you have scheduled with your therapist for an appointment
- **24 Hour Advance Notice:** Providing your therapist 24 hour advance notice that you will **NOT** be able to attend a scheduled appointment
- **No Show/No Call:** Failure to provide notice to your therapist that you will be missing your appointment and/or not showing up for your scheduled appointment with your therapist
- **Termination of Treatment:** Date of last appointment, as determined by either yourself or Tandem Psychology LLC, whichever is first
- **Client:** Person who is working with the therapist for professional services

Cancellation Policy:

In the event that you (the “client”) No Show/No Call or do not provide a minimum of 24 hour advanced notice for your scheduled appointment, you will be charged a failed session fee (equal to the full fee of the scheduled service). Notably, if you are using insurance to pay for therapy, your missed appointment will not be billed to your insurance company. Instead, you will be responsible for self-paying for your missed appointment.

Balance at Termination:

In the event that you (the “client”) are carrying an account balance at the termination of treatment, you agree to authorize the full balance be charged to the credit/debit card you provide below.

Authorization to Collect Payment Using Your Credit/Debit Card:

By providing the information requested below and affixing your signature with the date, you agree to allow your therapist to charge your credit/debit card the full amount for scheduled and/or missed appointments (when you fail to provide 24 hour advance notice of an appointment cancellation or when you no show/no call for a scheduled appointment) or for the full balance owed at the termination of treatment. This authorization may be revoked at any time with your written consent.

Card Number: _____ - _____ - _____ - _____

Exp Date: ____/____

3 Digit security code (back of card): _____

Name on card: _____

Billing address: _____

City, State & Zip code: _____

Signature: _____

Date: _____