Sirel Taner-Caballero, LMHC
797 Washington Street. Suite: 4, Newton, MA 02460
Phone: 978-549-6401 Fax: 617-500-4120

FACE SHEET

TODAY's DATE: _____

NAME: _____

ADDRESS: _____

D.O.B.: _____

PHONE NUMBER: _____

EMAIL: _____

EMPLOYER: _____

REFERRAL SOURCE: _____

INSURANCE: _____

ID NUMBER: _____

INSURANCE AUTHORIZATION NUMBER:_____

NUMBER OF VISITS: _____ COPAY/COINSURANCE: _____

OTHER INFORMATION: _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In Sirel Taner-Caballero, LMHC private practice your privacy is a priority. Sirel Taner-Caballero, LMHC is dedicated to maintaining the confidentiality of your Protected Health Information (PHI). PHI is any information that identifies you, and is about your physical or mental health or condition, the provision of health care to you or the payment for that care. Sirel Taner-Caballero, LMHC uses and discloses your PHI to conduct normal business. Three areas in which we use your PHI are:

• **Treatment** – Sirel Taner-Caballero, LMHC keeps a record of each visit and/or admission that may include your test results, diagnoses, medications, and your response to medications or other therapies. This allows those working with you to provide the best care to meet your needs.

• **Payment** – Sirel Taner-Caballero, LMHC keeps a record of the services and supplies you with a bill that you receive at each visit or admission so that Sirel Taner-Caballero, LMHC can be paid by you, your insurance company or third party. Sirel Taner-Caballero, LMHC may tell your health plan about upcoming treatment or services that require their prior approval and authorization.

• **Health Care Operations** – Sirel Taner-Caballero, LMHC may use PHI to improve the services provided, to train staff and students, for business management, and for customer service. Your information may be shared among Sirel Taner-Caballero, LMHC staff and programs to facilitate treatment, payment or health care operations. Business associates who access medical information must follow Ms. Taner-Caballero's privacy requirements.

There are times when Sirel Taner-Caballero, LMHC is allowed or required to use/disclose medical information **without your permission**. These circumstances are listed below:

• If required by law
• For public health activities such as tracking diseases or medical devices
• To protect victims of abuse, neglect, or domestic violence
• For health oversight activities such as fraud investigations
• For judicial or administrative proceedings
• For law enforcement
• To military command authorities if you are a member of the armed forces
• To coroners, medical examiners and funeral directors
• To avert serious threat to public health or safety
• To a correctional institution if you are an inmate
• For research following strict internal review to ensure protection of information
• Tell you about health benefits and services
• To send appointment reminders
• To recommend treatment alternatives

Where state or other federal laws offer you greater privacy protections, we will follow those more stringent requirements. For example, under certain circumstances, records containing alcohol abuse treatment, AIDS-related testing or treatment; or certain privileged information, may not be disclosed without your written authorization. Sirel Taner-Caballero, LMHC may communicate PHI to family, friends or personal representative such as a guardian involved in your care with your permission. In an emergency, Sirel Taner-Caballero, LMHC may disclose PHI to a spouse, family member, friend or personal representative so that the person may assist in your care.

All other uses and disclosures, not previously described, may only be used with your signed or verbal authorization, unless in an emergency. You may revoke your authorization at any time.

YOUR RIGHTS

You have the right to:

• Request restrictions on how Sirel Taner-Caballero, LMHC uses or discloses your PHI. Ms. Taner-Caballero, LMHC does not have to agree to your request. This request must be in writing.

• Request that we use a specific telephone number or address to communicate with you. This request must be in writing.

• Request an opportunity to inspect or copy health information used to make decisions about your care– whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records. You must submit your request in writing to Sirel Taner-Caballero, LMHC at 797 Washington Street, Suite 4, Newton, MA 02460. If you request a copy of the information, Sirel Taner-Caballero, LMHC may charge a fee for the cost of copying, mailing and supplies associated with your request. Sirel Taner-Caballero, LMHC may deny your request to inspect or copy your health information in certain limited circumstances.

• Request an amendment to your medical information if you need to make additions or corrections. This request must be in writing.

• Request that Sirel Taner-Caballero, LMHC provide you with an accounting of disclosures Ms. Taner-Caballero has made of your health information. An accounting is a list of disclosures, but this list will not include certain disclosures of your health information, for example, those Ms. Taner-Caballero has made with your authorization. This request must be in writing.

• Obtain a paper copy of this Notice even if you receive it electronically.

THERAPIST's RESPONSIBILITIES

Sirel Taner-Caballero, LMHC is required by law to maintain the privacy of protected health information, provide this Notice of our legal duties and privacy practices, and to abide by the terms of the Notice currently in effect. Sirel Taner-Caballero, LMHC reserve the right to change privacy practices, and make the new provisions effective for all information Ms. Taner-Caballero maintains. Revised Notices will be posted in our facilities, and will be available from your direct treatment provider.

FOR MORE INFORMATION

If you need clarification or more information on any portion of this Notice, you may:

• Write to Sirel Taner-Caballero, LMHC at 797 Washington Street, Suite 4, Newton, MA 02460 or call 978-549-6401 and ask to speak to Sirel Taner-Caballero.

If you would like to exercise your rights, or if you feel your privacy rights have been violated, you may also file a complaint with the Secretary of Health and Human Services. All complaints will be thoroughly investigated, and you will not suffer retaliation for filing a complaint.

Sirel Taner-Caballero, LMHC
Privacy Practices Acknowledgment Form

Client Name:_____

I (print name)_____hereby

acknowledge that I have received a copy of the Sirel Taner-Caballero, LMHC Notice of Privacy Practices (the Notice).

I understand that the Notice describes how Ms. Taner-Caballero, LMHC uses and discloses my medical and billing information. The Notice also describes my rights and how I can receive additional information.

_____ _____/_____/_____
Signature of Patient / Parent / Legal Representative Date

_____
Relationship to Patient

FOR OFFICE USE ONLY
We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:
__Individual refused to sign
__Communication barriers prohibited obtaining the acknowledgement
__An emergency situation prevented us from obtaining the acknowledgment
__Other (please specify)

_____

Date: _____

Sirel Taner-Caballero, LMHC

TREATMENT AND FEE AGREEMENT

Welcome to the practice of Sirel Taner-Caballero, LMHC. This document explains several important aspects of your treatment with me and although it is long and complex, it is important that you read it carefully and ask any questions you may have at any time. You will receive a copy to take home with you.

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems that the patient brings. There are a number of different approaches, which can be utilized to address your problems, and psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and outside of your sessions. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Psychotherapy often requires recalling unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

1. The confidentiality of communication between a client and the psychotherapist is protected by Law. I will release information to others about our work together only with your written permission.

The following are some <u>exceptions</u>:

Courts - Generally, you have the right to prevent your therapist from testifying in a court of law. However a therapist might be ordered to testify in certain legal proceedings such as those relating to: child custody, adoption, psychiatric hospitalizations and court ordered evaluations and when you, the client, introduce your mental or emotional condition as an element of a claim or defense, and the judge or presiding officer finds that it is more important to the interests of justice that the communication be disclosed than that the relationship between the client and the therapist be protected.

Licensed metal health counselors must turn over their records if a lawfully issued Bishop order accompanies a subpoena. Harmful intents or act - If I believe that a child, elderly or disabled person is being abused, we are required to file a report with the appropriate state agency and breach confidentiality without the client's permission. We do try to discuss this with a client when possible. Also, if in our professional judgment we believe that a client is threatening serious harm to another, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking the client's hospitalization. If a client threatens to harm him or herself, we may seek hospitalization or contact family members or others who can help provide protection.

Consultation with other professionals - I may occasionally find it helpful to consult with other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your clinical record.

Use of insurance - If you use insurance, I am required to provide the insurer with the clinical diagnosis, and sometimes treatment plans and clinical summaries. Massachusetts Law prohibits insurers from releasing any data about outpatient mental health care without specific permission. You cannot be required

to consent to such a release as a condition of coverage. If your insurer does not agree to cover those services that your therapist and you deem to be necessary and appropriate, you and your therapist will negotiate a mutually agreeable fee. If you chose not to use your insurance or if I am not accepting your insurance carrier, you can pay for your services directly.

Primary Care Physician: As a matter of routine most insurance companies request that I maintain contact with your primary care physicians to insure coordinated care. If you do not wish me to contact your physician please let me know and sign to opt out of PCP contact sheet.

Overdue payments for services - If a client's account is overdue and suitable arrangements for payment has not been agreed to, I have the option of using other means to secure payment such as a collection agency. In most cases, the information that would be released would be the client's name, the nature of the services provided, and the amount due.

Under eighteen years of age - If you are under eighteen years of age, please be aware that while the specific content of our communication will remain confidential, your parents do have the right to receive general information on how your treatment is proceeding.

2. If I determine an inability to be of professional assistance to the client, I will either avoid initiating the counseling relationship or immediately terminate that relationship. This is decided after the 2-4 sessions of initial consultation period. In either event, I will suggest appropriate alternatives. In the event the client declines the suggested referral, I am not obligated to continue the relationship.

3. Each client is ultimately responsible for the fees for service. The fee is $210.00 per session, which are 50 minutes in length. I may use a sliding fee scale for clients who struggle with financial hardship. Please discuss any financial concerns with me during your evaluation sessions.

Please be prepared to pay after each session in cash, check, credit card or through insurance. Clients using their insurance are also responsible for their co-payments. In the event that your insurance does not cover our services, you have a deductible, your insurance is no longer valid, you have utilized your benefit, or your insurance company retroactively demands payment from me, you are responsible for payment in full.

I hereby authorize Sirel Taner-Caballero, LMHC to release to all payers, whether an insurance company, Medicaid, or a state agency, the information necessary for billing for services provided to me and/or my family. Further, I authorize any and all payers to pay directly to Sirel Taner-Caballero for services.

4. All sessions are by appointment only. The client is responsible for appearing at each scheduled session on time. Therapy is a time sensitive activity and your appointment is reserved specifically for you. If the client cannot appear, they are responsible to contact me to reschedule at least 48 hours before the appointment. If the client does not appear or cancels in less than 48 hours, they will be held responsible for the full fee. The client understands that a cancelled session is not covered by insurance and the fee is $125.00. The fee will be waived only if we can reschedule in the same week or if I can fill your spot with another client.

5. Due to my work schedule, I am often not immediately available by phone. While I am usually in my office between 9 a.m. and 6 p.m., I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by my voicemail that I monitor frequently. I will make every effort to return your call with in 24 hours, except on weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call your family physician, psychiatrist or the emergency room at the

nearest hospital and ask for the psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Should you decide to contact me via email please note that this is not a secure means of communication and you are accepting the risk associated with transmitting personal information over the internet. I will make every reasonable effort to maintain email/electronic security and respond within 48 hours.

6. In addition to our appointments, it is my practice to charge for other professional services the client's care may require such as: report writing, attend school meetings, team meetings, coordinating care with other specialists which the client or the legal guardian have authorized, to write emails, phone conversations, treatment summaries, or the time required to perform any other service which may be requested. Sirel Taner-Caballero, MA, LMHC will charge $200.00 per hour with increments of 15 minutes ($50.00) for these types of services and they will be paid by the client directly as the insurance will not cover for these charges. The fees will be presented at the end of each month as they appear. In unusual circumstances, the client may become involved in a litigation, which may require my participation. If that were to happen, the client is expected to pay for the professional time required. Because of the complexity and difficulty of legal involvement, I charge $300.00/hour to prepare for, travel to, and attend at any legal proceeding.

Further, I understand and agree to all of the aforementioned terms, restrictions and conditions.

7. Therapy will be terminated at a mutually agreeable time according to the client's needs. The client may terminate service at any time.

8. _____ I have received the Sirel Taner-Caballero, LMHC HIPAA privacy notice. I have received a copy of the Client Treatment Agreement that describes my rights as a client, the limits of confidentiality, how to make a complaint, Sirel Taner-Caballero, LMHC payment policy, and missed appointment policy. I have heard and understand the procedure for making a formal complaint and have been given the name and phone number of my contact person.

_____ _____/_____/_____
Client Date

_____ _____/_____/_____
Parent or Legal Guardian* Date

*Parental consent is not necessary if client is 18 years of age or older

_____ _____/_____/_____
Sirel Taner-Caballero, LMHC Date

RELEASE AND REQUEST FOR MEDICAL INFORMATION

Date: _____/_____/_____

Dear Dr. _____

Regarding: _____ DOB: ___/___/___

I had the pleasure of seeing your patient at my office today.

I would appreciate your attention in forwarding results of his/her latest physical exam and or most recent office note for my records. If you have any additional information or concerns regarding this patient, please feel free to contact me.

Sincerely,

Sirel Taner-Caballero, LMHC

The signature below acknowledges my consent to the release/exchange of information between Sirel Taner-Caballero, LMHC and my Primary care Physician. I understand that I may revoke this consent in writing at any time, except where information has already been released. Unless otherwise revoked, this authorization will expire open termination of this episode of behavioral health treatment or termination with your current primary care physician, whichever occurs first. The primary care physician is hereby notified that any information disclosed to him or her pursuant to this release and Request for medical information is protected by state and federal laws and may not be disclosed without expressed written authorization.

_____
Physician's name

_____ _____/_____/_____
Patient name Date

_____
Patient/Parent/Guardian Signature

I refuse to allow release/exchange of information between Sirel Taner-Caballero, LMHC and my Primary Care Physician.

_____ _____/_____/_____
Patient/Parent/Guardian Signature Date

Copied and sent to PCP on _____/_____/_____