

ANCHOR COUNSELING

Statement of Understanding and Notice of Privacy Practices for Minor Clients

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

All requested information shall be relevant to the care and well-being of the individuals served. All information should be considered Protected Health Information (PHI), in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Privacy and Exceptions Thereto: Signature of this Privacy Notice shall serve as acknowledgment that James Robert Ross (DBA Anchor Counseling) may use and share information for treatment, payment and overall healthcare operations that may include counseling, billing and quality assurance. The use or sharing of any information not directly related to services and supports, shall have prior written authorization with the following exceptions:

1. A signed release by the minor.
2. The counselor hears something that leads him/her to suspect the possibility of child abuse (The law requires the counselor to report suspicion of abuse.)
3. A judge orders the counselor to provide information to the court regarding the patient's assessment or therapy.
4. Information from a minor child deemed important for the parents to know.
5. If you use your insurance or HMO benefits, we will provide information to the insurance company required for you to access your mental health benefits..

Professional Consultations: Your therapist may consult with another medical professional in order to obtain an opinion regarding your treatment.

Rights of the Individual: The parent may request restrictions on the use or sharing of information, receive confidential communication, inspect and receive copies of any shared information, receive an accounting of shared information and amend or revoke authorization.

Duties of James Robert Ross (DBA Anchor Counseling): (1) Maintain privacy and provide notice of legal duties and privacy practices. (2) Abide by this effective notice and any restriction agreements. (3) Provide notice of revised privacy practices.

Right of Complaint: If the client believes that his privacy has been violated he has the right to complain to the US Department of Health and Human Services. A complain form is available on-line at:

www.cms.hhs.gov/hippaa2/support/correspondence/complaint/securitychoice.asp

Emergencies and After Hours Contact: Regular office hours are 8:00 a.m. to 5:00 p.m. After hours you may leave a message on our answering machine, or in an emergency you may reach an on-call therapist by calling the emergency 221-1723.

Appointments: If you cancel an appointment, you must notify our office 24 hours in advance, or you will be charged \$35 for the missed appointment.

Fees: Your fee is due and payable at the time of service unless you have made prior arrangements with our office. If you have financial concerns, please discuss your fee with your counselor. You agree to be responsible for all fees. There is a \$30.00 service charge for a returned check.

I have read and understand the above stipulations regarding my treatment, and I accept responsibility for payment of the fee. This notice has been issued and considered effective date signed. This copy shall be retained by Anchor Counseling for a minimum of six (6) years.

Names of minors to be treated

I certify that I am the legal and custodial parent and that I hereby authorize James Robert Ross, dba Anchor Counseling, to provide therapy for the minor child or children named above.

Signature of parent

Date

Signature (Witness)

Date