



Guiding Hand, PC Consent and Service Agreement

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent. The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations.

The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations. By signing this form, you consent to our use and disclosure of your protected healthcare information for the use for treatment, payment, or health care operations.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- Guiding Hand, PC reserves the right to change the privacy policy as allowed by law.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- Guiding Hand, PC may condition receipt of treatment upon execution of this consent.

Confidentiality

I value the trust that you have instilled in me to keep your Protected Health Information confidential and private. I utilize Simple Practice, which is HIPPA (Health Insurance Portability and Accountability Act) compliant, to keep brief notes of our counseling sessions. There are exceptions to confidentiality. The exceptions include the following:

- If there is suspicion of child abuse, harm to oneself, or someone else
- For billing purposes for the insurance company
- If I receive a subpoena to court.

Clinical Records

The therapist will maintain electronic clinical records of each session, including the dates and identify information to support diagnosis and treatment plan. The clinician will document process. You may request a copy of your clinical records. Please allow for 5 to 7 business days to receive your records.

Cancellation Fees

If you are unable to attend a session, please make sure you cancel at least 24 hours beforehand. Otherwise, you may be charged a cancellation fee of \$89.00.

May we phone, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any member of your family?

YES NO If YES, please name the members allowed: _____

This consent was signed by:

(PRINT NAME PLEASE) _____

Signature: _____

Date: _____

Witness: _____

Date: _____