

Acknowledgement and Consent to Treatment

Summary of Privacy Practices - Bari Isaacson, LPC

My commitment to you:

I recognize the importance of maintaining your privacy and confidentiality. My release of information about you *whether in written or electronic record format* * is guided by the following principals:

. I release *only the minimum* information necessary for a given purpose (an example is to process your insurance claim or set up billing records).

. I release *only the minimum* information necessary to other health care providers to make decisions and coordinate your care and treatment (an example is to consult with a primary or other medical/mental health specialist)

. I will share or release to you or any treatment provider (with your authorization) any and all records necessary to provide for your care and treatment.

. You may request that some or all of your protected health information not be used or disclosed. I am not required by law to agree with such requests especially if the information is necessary for effective treatment or would result in the appearance of fraudulent activity.

I or We have been given a copy of the Office Policies

1. I/We understand 'Confidentiality and It's Limits'
2. I/We agree to not involve Bari Isaacson LPC in legal or court issues unless specifically agreed upon at the start of treatment
3. I/We consent to allow Bari Isaacson LPC (my billing representative) to release protected health information necessary for processing my insurance claim
4. I/We consent to the release of clinical record information to the insurance company for the purpose of utilization review and quality assurance review
5. I/We have read and agree to the directions and guidelines in the "Office Policies"
6. I/We agree to make all co-payments and pay balances on unreimbursed insurance billings (for example deductibles and uncovered services)
7. I/We agree to cancel 24 hours prior to a scheduled session and to pay late fees for any session cancelled with less than 24 hours notice.
8. Phone consultations, letters to attorneys, agencies or other entities will be billed at \$15 per quarter hour with a \$15 minimum.

Attention Parents & Custodians of Minors

Under Oregon law, both parents are entitled to a minor child's records. This means that all statements made by either parent could be included in a child's record and accessible to both parents whether written or electronic.

I/We give free consent for this treatment.

_____ Date ___ / ___ / _____

_____ Date ___ / ___ / _____

*Uses and disclosures of Electronic Health Record (EHR) information is available at:
www.hhs.gov/ocr/privacy/hipaa or posted at my office.