

**SERVICES AGREEMENT**  
(Effective 7/6/15)

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Licensed Clinical Psychologist  
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Welcome to my private practice! I look forward to getting to know you and your family. My goal is for us to work together as a team to improve the well-being of your child and your family. My practice specializes in improving the mental health of children and adolescents, and in supporting effective parenting strategies. I have designed my practice to support children, adolescents, and young adults with a variety of presenting problems and / or mental health diagnoses. This document explains patient rights and responsibilities, so please review it carefully.

**PSYCHOLOGICAL SERVICES**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This Services Agreement will provide a clear framework for our work together.

The outcome of treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. There are no miracle cures. I cannot promise that you / your child's behavior or presenting problems will change. I am committed to supporting you / your child, and your family to do my very best to understand your family's repeating patterns, and to make recommendations on evidence-based treatments to hopefully improve the areas identified as goals for therapy.

Before treatment of any problem can begin it is necessary to clearly define and understand the problem(s). With children, adolescents and young adults, it is critical to assess the issues from many points of views: individual, family, school, social, developmental factors, etc. We also need to understand the strengths and resources the child and family bring to the situation. In order to gain this insight and understanding, I typically use the following protocol:

1. Intake appointment consisting of a clinical interview with parent(s)/guardian and the child, if the child is 14 years of age or older. The goal of this session is to review the parameters of the presenting problems, developmental history, child and family functioning, and your goals and hopes for improvement. Typically I will request that basic behavior rating scales be completed. Note: this may occur via a web-based platform, ideally before we meet for the first session.

2. Child intake appointment if the child is under 14. This appointment allows me to meet your child and to get a basic understanding of their developmental functioning. It allows your child a chance to get to know me and become familiar with the surroundings at my office. Creating a strong collaborative relationship is a strong priority for me.
3. Typically there will be a portion of initial intake time dedicated to an observation of interactions between the parent(s) and the child. This allows me to observe several different factors, including family communication and interaction patterns.
4. Gathering of any necessary information from other settings (e.g., school) and / or other care providers (e.g., pediatrician; psychiatrist; dietician; special education teacher). Please note: there may be separate charges for my time spent outside of “face-to-face” meeting times, as my services rely heavily on consultation with other team members, and coordination of care amongst all team members. This reflects my personal philosophy on the “best practices” in providing treatment to children, adolescents, and young adults. Please see Professional Fee Schedule on p. 7 of this Agreement for specific fees that may apply (see “Additional Services”).
5. Feedback to parents/guardians and children/adolescents occurs on an ongoing basis. After initial information gathering, I will review my impressions with my patient, and the involved family members. Recommendations will then be discussed. This is when we will agree upon a treatment plan and how to best meet the goals of the patient and his / her family.
6. If further information and/or exploration of the issues is necessary, that will become part of the treatment plan.

\* PLEASE NOTE:

- a) In the case of parent divorce or legal separation, I require written consent from each custodial parent / legal guardian *before* I begin providing any services. I also require a copy of the divorce decree, the most recent custody court order, and any other relevant legal documents *before* therapy services will begin. Please be advised that I do not provide custody or parental fitness evaluations.
- b) In order to expedite gathering of information, it is often beneficial for parents to bring in copies of relevant documents to the initial intake session (e.g., any previous testing / assessments completed for the child; a child’s Individualized Education Program (IEP) from the school; meal plan from dietician). I am happy to make copies at my office of any original documents. Alternatively, I can request this information from other providers (with written permission from the parent / legal guardian). Please be aware this can delay services depending on how quickly the information is provided.

**CONFIDENTIALITY**

1. The law protects the privacy of all communications between a patient and a psychologist. In most situations, information about your treatment may be released to others only if you sign a specific written Authorization Form that meets certain legal requirements imposed by Health Insurance Portability and Accountability Act (HIPAA).
2. There are other situations that only require you to provide written, advance consent to use or disclose any protected health information (PHI) from your Clinical Record. Your signature on the Consent Form provides consent for those activities, including:
  - Certain protected information may be shared with administrative staff for administrative purposes such as billing. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without prior permission.
  - Contacts with business associates such as attorneys, accountants and collection agencies, as required by HIPAA, will involve a formal business associate contract, in which they promise to maintain the confidentiality of any PHI data, except as otherwise required by law.
  - Disclosures required by health insurers (as discussed later in this Agreement).
3. There are some situations in which a psychologist is permitted or required to disclose information without your Consent or Authorization, including:
  - If you are involved in a court proceeding and Dr. Pelletier receives a Court Order for information concerning the professional services provided to you. Therefore, if you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order Dr. Pelletier to disclose information.
  - If a patient files a complaint or lawsuit against a psychologist or staff at MidStep we may disclose relevant information regarding that patient in preparation for, or as part of the defense.
  - If a psychologist is treating a patient who files a worker's compensation claim, we may, upon appropriate request, be required to provide otherwise confidential information to your employer.
  - If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
4. There are some additional situations in which psychologists are legally obligated to take actions, including revealing information from a patient's treatment, in order to protect others from harm. If such a situation arises, Dr. Pelletier will make every effort to discuss it with you before taking any action and will limit any disclosure to what is necessary. This includes:

- If there is reason to believe that an identified child (whether being seen for services or not) may have been abused or neglected, the law requires that a report be made with the appropriate government agency, usually ChildLine operated by the Department of Public Welfare. Once such a report is filed, the psychologist may be required to provide additional information.
- If there is reason to believe that an elderly person or other adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), the law allows us to report this to appropriate authorities, usually the Department of Aging. Once such a report is filed, the psychologist may be required to provide additional information.
- If a patient presents a specific and immediate threat of serious bodily injury to a reasonably identifiable victim and he/she is likely to carry out the threat, a psychologist may be required to take protective actions, such as warning the potential victim, contacting the police, or initiating proceedings for hospitalization.
- If a patient seriously threatens to harm himself/herself, Dr. Pelletier may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

Please be advised, If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to respond. I request that you not bring up information of a clinically sensitive nature when in a public setting.

Other conditions regarding the confidentiality of your PHI may also apply, as described in the Privacy Notice (see attached document). Please review this as it describes in detail your patient rights according to federal laws, including HIPAA. While this written summary of limits to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now, or in the future.

**\* PLEASE NOTE: MINORS & PARENTS**

When the patient is a child or adolescent, I typically meet with the parents at different points in the treatment process. Patients under 18 years of age (who are not emancipated) and their parents should be aware that the law generally allows parents to examine their child's treatment records or PHI. In Pennsylvania, patients who are 14 or older (who are receiving mental health services) are considered the "holder of privilege of confidentiality." Therefore, I cannot reveal treatment information to others without the adolescent's consent (unless there is imminent risk of danger, or if ordered by a judge).

Additionally, because privacy in psychotherapy is often crucial to successful progress (especially with adolescents), it is typically my policy to request an agreement from parents that they consent to give up their access to their child's records. If you and I agree to such an arrangement, then I will only provide parents with general information

about the progress of the adolescent's treatment, and his/her attendance at scheduled sessions. Any other communication will require the adolescent's specific Authorization, unless the adolescent patient appears to be in imminent danger or is an imminent danger to someone else. In cases where immediate safety of the adolescent patient (or someone else) is of concern, I will notify the parents immediately. Before giving parents any information, the psychologist will discuss the matter with the adolescent patient (if possible), and address any concerns he or she may have.

**\* PLEASE NOTE: PARTICIPATION OF "OTHERS" IN THERAPY**

A family member, or friend may participate in and play an important part in treatment. A person participating in this way might attend only one session or might attend all of the patient's therapy sessions. In fact, the participant's relationship with the patient may be a primary focus of the treatment. However, a participant is not a patient and does not have a legal right to access the medical record, nor does she/he have the same rights as the patient regarding confidentiality. My primary responsibility and allegiance remains with my patient.

**\* PLEASE NOTE: FAMILY THERAPY SESSIONS**

Sometimes conjoint family therapy may be most effective in treating the individual. In such an instance, one person becomes my patient and the other family members are participants. If this is done, everyone involved agrees that I have permission to use my clinical judgment in how information revealed to me may be shared with others involved in the therapy. My intent in sharing information is always to promote the welfare of those involved. If you have any concerns about what information may be shared under these circumstances, please ask me.

**BILLING AND PAYMENTS (including Professional Fee Schedule)**

1. If I am a paneled provider for a patient's insurance company, I will accept the contracted maximum fee (MAF) as payment in full for services. The MAF is comprised of a co-pay (a per-session fixed amount for which the patient is responsible), or a co-insurance (a percentage of the MAF for which the patient is responsible) plus an amount or percentage the insurance company agrees to pay on behalf of the patient. For example, a patient may pay a \$25 co-pay at the time of a session, and then insurance is billed for the remaining portion of the MAF. Or, a patient may pay a 20% co-insurance amount at the time of service and the insurance is billed for the remaining 80% portion. As a courtesy service, my billing specialist, Alisha Munda (814.235.1100 x102), will submit claims to the patients' insurance companies.
2. \* PLEASE NOTE, - payment for services received is ultimately the responsibility of the patient and if an insurance claim is not responded to, or is denied, patients are responsible for the cost of the service.

3. **Co-pays and co-insurance payments:** *both insurance companies and my policy require that co-pays and co-insurance payments be paid at the time of service.* The co-pay/co-insurance amount due will be provided to you by me, at the beginning or end of the session. Patients will also be informed of outstanding balances.
4. \* **PLEASE NOTE:** If a patient does not pay his/her co-pay/co-insurance for two successive sessions, no further appointments will be scheduled until the payment is made. Future sessions already scheduled may be cancelled until the payment is made.
5. **Deductible:** many patients have deductibles at the beginning of their new insurance year (e.g., January). This means that the patient is entirely responsible for paying for the full amount of the service until his / her deductible is met. Deductible amounts vary from plan to plan and are met by paying for any covered health service out-of-pocket (e.g., a \$500 deductible may be met by paying \$150 to a psychologist and \$350 to a family physician). After the deductible for the insurance year has been met, insurance companies are required to pay their portion of remaining health services received that insurance year.
6. \* **PLEASE NOTE:** When the new insurance year begins and deductibles are being met, full co-payments/co-insurance payments are still due at the time of service. Patients will be informed at the start or end of the session, of the estimated amount of the deductible charge and will be asked to pay at the time of service. Patients are encouraged to educate themselves as to how their deductible works, and plan ahead for this time of year when their out-of-pocket expenses will increase.
7. **Professional Fee Schedule:**

<b>CPT Billing Code</b>	<b>Purpose</b>	<b>Fee</b>	<b>Explanation</b>
90791	Initial Evaluation	\$240	A 60- to 90-min initial appointment- paperwork is collected and reviewed. A comprehensive diagnostic interview is conducted in order to form initial diagnostic impressions and begin the treatment planning process.
90832	Therapy	\$80	A 16-37 minute psychotherapy session.
90834	Therapy	\$120	A 38-52 minute psychotherapy session. (Typically 45 min.)
90837	Therapy	\$160	A 53-67 minute psychotherapy session. (Typically 55-minutes) *PLEASE NOTE: This is the typical type of session scheduled unless discussed otherwise. *
90846 / 90847	Therapy	\$160	A family therapy session (with or without the patient present). Typically lasts 45 - 55 minutes in length.

Other Fees Sometimes Incurred:

<b>CPT Billing Code</b>	<b>Purpose</b>	<b>Fee</b>	<b>Description</b>
90785	Add-on Code	additional \$45	Interactive complexity (e.g., have to make mandated report; significant emotions increase intensity of effort to communicate with patient or caregiver)
90839	Therapy for Crisis	\$160	Therapy to address urgent / potentially life threatening circumstances (30 - 74 minutes)
90840	Therapy for Crisis	additional \$80	If crisis session runs 75 minutes or longer, \$80 billed for each additional 30 minutes spent addressing the crisis
90853	Group Therapy	\$80	Charge (per group member) for a 60 minute group session
96101	Psychological Assessment	\$160	Charge per "hour" (31 - 90 min) for face-to-face administration of tests, time interpreting results, and report preparation time
N/A	Additional Services	\$160 / hr (rounded to the 1/4 hour)	<p>Services related to my participation outside of face-to-face time with you and / or your child, not limited to, but including the following:</p> <ul style="list-style-type: none"> <li>• Court Services (e.g., testifying in court)</li> <li>• Extensive phone call / e-mail consultations</li> <li>• Crisis phone calls</li> <li>• School Team Meetings</li> <li>• School Observation</li> <li>• Letter writing</li> </ul> <p><u>PLEASE NOTE:</u> These fees are typically not covered by your insurance company. The patient / responsible financial party will be responsible for these charges.</p>

\* PLEASE NOTE: Self-pay patients who do not have insurance, or who do not wish to use their insurance benefits will be offered a 15% discount on all fees presented in the above tables, if fees are *paid in full* at the time of service.

8. Professional Fee Schedule During the Insurance Credentialing Process:

Because I recently moved to the State College area from out-of-state, I am in the process of applying to become an "in-network" provider for several local insurance carriers (e.g., Highmark Blue Cross; CCBH; Medical Assistance). I anticipate it could take several months for me to become credentialed with the companies for which I am applying. Therefore, I am offering reduced rates to clients who are insured through the carriers for which I'm attempting to become an in-network provider. This applies only to those clients who would choose to use their in-network insurance benefits, if possible. Please see reduced rates in the table below:

**Professional Fees for Credentialing Process- “Out-of-Network / Out-of-Pocket”**

<b>CPT Billing Code</b>	<b>Purpose</b>	<b>Fee</b>	<b>Explanation</b>
90791	Initial Evaluation	\$150	A 60- to 90-min initial appointment- paperwork is collected and reviewed. A comprehensive diagnostic interview is conducted in order to form initial diagnostic impressions and begin the treatment planning process.
90832	Therapy	\$60	A 16-37 minute psychotherapy session.
90834	Therapy	\$80	A 38-52 minute psychotherapy session. (Typically 45 min.)
90837	Therapy	\$100	A 53-67 minute psychotherapy session. (Typically 55-minutes) <u>*PLEASE NOTE:</u> This is the typical session scheduled unless discussed otherwise. *
90846 / 90847	Therapy	\$100	A family therapy session (with or without the patient present). Typically lasts 45 - 55 minutes in length.
90785	Add-on Code	\$25	Interactive complexity (e.g., have to make mandated report; significant emotions increase intensity of effort to communicate with patient or caregiver)
90839	Therapy for Crisis	\$100	Therapy to address urgent / potentially life threatening circumstances (30 - 74 minutes)
90840	Therapy for Crisis	\$50	If crisis session runs 75 minutes or longer, \$50 billed for each additional 30 minutes spent addressing the crisis
90853	Group Therapy	\$50	Charge (per group member) for a 60 minute group session
96101	Psychological Assessment	\$100	Charge per “hour” (31 - 90 min) for face-to-face administration of tests, time interpreting results, and report preparation time
N/A	Additional Services	\$160 / hr	Services related to my participation outside of face-to-face time with you and / or your child, not limited to, but including the following: <ul style="list-style-type: none"> <li>• Court Services (e.g., testifying in court)</li> <li>• Extensive phone call / e-mail consultations</li> <li>• Crisis phone calls</li> <li>• School Team Meetings</li> <li>• School Observation</li> <li>• Letter writing</li> </ul> <p><u>PLEASE NOTE:</u> These fees are typically not covered by your insurance company. The patient / responsible financial party will be responsible for these charges.</p>



**\*PLEASE NOTE:** The rates above will only be available until the date at which my contract as an in-network provider becomes effective with your insurance company. At that time, my typical rates will be in effect, and you will pay according to what is owed based on your individual insurance plan. Some insurance companies may retroactively credential me as an “in-network” provider, back to the date at which I applied to the insurance panel. If this is the case and we are able to subsequently bill in-network claims for sessions in which you were paying my reduced out-of-network / out-of-pocket rates, we will adjust things accordingly to provide any earned refunds.

#### 9. Late Cancellation & No-Show Fees:

Patients who cancel with less than 24 business hours’ notice (see below): \$50 fee

\* **PLEASE NOTE:** To be in compliance with the cancellation policy, all Tuesday appointments must be cancelled by the previous Thursday, given I am not in the office on Fridays or Mondays. Otherwise, the standard fee will be charged.

Patient who do not show to the appointment, without any notice to Dr. Pelletier: \$80 fee

\* **PLEASE NOTE:** Insurance companies do not reimburse for cancelled or missed appointments. All fees incurred for late cancellations and no-shows are the full responsibility of the patient or responsible financial party.

Patients who fail to present for two consecutive sessions will be contacted to determine whether they want to continue therapy. If no response is received within 3 business days, all future appointments will be cancelled. To resume the option to schedule further therapy, all no-show and late cancellation fees must be paid in full.

10. Outstanding Balances / Collections Procedures: Monthly statements will be sent to you showing charges, your payments and your insurance company’s payments. If there is an error on your statement, please call Alisha Munda so she can promptly resolve the problem. Insurance companies usually make payments within 30 - 60 days. Any insurance charges left unpaid after 60 days will become your responsibility to pay. You may then settle with your insurance company. Payment is due within ten days of receipt of your statement. A finance charge of 1.5% per month (18% per annum, \$5.00 minimum charge) is assessed on any unpaid balance over 60 days old. Returned checks result in a \$25 service charge in addition to any bank service charges.

\***PLEASE NOTE:** If patients have questions about their statement or amounts owed, they are encouraged to contact my billing specialist, Alisha Munda (814) 235-1100 x102.

\* **PLEASE NOTE:** *Patients whose balances (patient portion) exceed \$300 will be given one month from the statement date indicating an outstanding payment balance exceeding \$300, to return their balances under \$300. If that does not occur, patients will be contacted to make a payment or payment arrangements. Payment arrangements must be made (and followed) in order to schedule further appointments and/or to retain existing appointments.*

\* Patients will be sent a letter indicating the amount of their outstanding bills. Patients will be sent a second letter of outstanding balance with an appraisal that payments are necessary to avoid having the balance sent to collections. Although I will make every effort to work with patients on payment plans in cases of financial hardship, patients who refuse to make payment arrangements or adhere to them will be sent to collections. Thus, when reasonable efforts to collect an outstanding balance have failed, the account will be turned over to a collections agency or a claim will be made in small claims court. Should your account be submitted to a collections agency, the responsible financial party agrees to pay all costs to collect the debt, including, but not limited to, interest in the amount of 18% per annum, all associated attorney's fees, and all associated court fees. If such action is necessary, 50% of the outstanding amount is added to the bill as a "collection fee." This charge is included in the claim. In most collection situations, the only information I release is the name of the patient and responsible party, the dates and nature of services provided, and the amounts due. State law requires us to inform you that a negative credit report is submitted to a credit-reporting agency if you fail to fulfill your financial obligations.

11. If a patient's insurance changes, patients are responsible for informing Dr. Pelletier and/or Alisha Munda of said changes in plan, policy, and/or provider. If a patient's insurance changes to a company with whom Dr. Pelletier is not paneled, but the patient prefers to continue treatment with Dr. Pelletier, there are options:

- a. Dr. Pelletier will consider applying for panel membership if the company is within an acceptable range in their fee schedule, paperwork demands, and rules and regulations.
- b. Patients can contact their insurance company to request a single-case agreement. If they are willing to negotiate such an agreement and will meet the requirements specified above, efforts to make those arrangements will be made.
- c. The patient may elect to use the self-pay schedule (see #7 above). If self-pay costs are prohibitive, Dr. Pelletier can facilitate a transfer to a therapist who is paneled with the patient's new insurance or provides services on a sliding-fee scale.
- d. If a patient loses his/her insurance—patients who begin treatment insured and then lose their insurance will have the options of continuing services at self-pay rates (see #7 above) or if self-pay rates are prohibitive, have Dr. Pelletier facilitate a transfer to a therapist at a community mental health center or sliding fee scale-based treatment center.
- e. Due to chronic and recurrent changes in insurance company's fee schedules, Dr. Pelletier reserves the right to evaluate whether or not to maintain her professional relationship with any and all insurance companies. These decisions are at Dr. Pelletier's sole discretion; decisions may be determined by the insurance company's fee schedules, paperwork demands, and level of support offered toward providing quality treatment to patients. If Dr. Pelletier discontinues panel membership with a patient's insurance and the patient wishes to continue treatment with Dr. Pelletier, patients may call their insurance provider and request a single-case agreement, which can be negotiated. If the insurance companies are unwilling to do so, or their terms are not within reasonable limits, patients may elect to pay for service according to the self-pay schedule (see #7 above). If no single-case agreement can be negotiated and self-pay costs are prohibitive, Dr. Pelletier will facilitate a transfer to a therapist who is paneled with the patient's insurance.

12. Any and all agreed-upon changes to the above billing policy must be made and maintained in writing. With your signature on the Consent Form, you are authorizing Julie A. Pelletier, P.C. and/or its affiliated office and billing personnel to release any medical or other information necessary to your insurance company and its affiliates for the purposes of billing, receiving authorization for services, and/or to process any claims for payment of services. You are authorizing payment of medical benefits to Julie A. Pelletier, P.C. Additionally, you are authorizing Julie A. Pelletier, P.C., and/or its affiliated office and billing personnel to contact you for billing purposes.

### **INSURANCE REIMBURSEMENT**

Insurance companies usually provide coverage for specific mental health diagnoses. My staff and I will do what we can to help you receive the full benefits to which you are entitled (including filing your insurance claim for you). However, you are ultimately responsible for payment of my fees. It is important that you find out exactly what coverage you have. You should read carefully the section in your insurance coverage booklet that describes mental health coverage, paying particular attention to deductibles, co-payments, number of sessions allowed, and authorization requirements. Sometimes, after a certain number of sessions, it is necessary to seek approval from your insurance for more therapy. If you have questions, please call your plan administrator.

Most insurance companies require you to authorize me to provide them with clinical information such as symptoms, clinical history, diagnoses, treatment plans, and clinical progress. I try to provide the requested information while being sensitive to my patients' desires for confidentiality. The submitted information becomes part of the insurance company files and will probably be stored in a computer. I have no control over what your insurance company may do with information submitted to them. I will provide you with a copy of any report I submit upon your request. If you prefer, you always have the right to pay for services yourself to avoid insurance complexities.

### **APPOINTMENTS**

Therapy sessions are typically 55 minutes long. This time is reserved for you. Because your therapy session is a substantial portion of my day's schedule, it is important that you keep track of your appointments. Reminder e-mails or texts are a courtesy only, are not guaranteed, and should not be relied upon as a way of keeping track of your appointments. You will be charged for missed visits or visits cancelled with less than 24 business hours' notice (see #9 in the Billing and Payments Section above).

Effective therapy requires full attention. As such, please make arrangements for childcare because it is not provided at my office. Children should not be left in the waiting room unsupervised. Should a problem arise due to inadequate supervision, your therapy session would be cut short that day.

### **CONTACTING ME**

I am usually in my office between 9AM and 5:30PM Tuesday through Thursday. I typically do not work on Mondays or Fridays. When I am in my office I am usually with a patient. The most reliable way to contact me is through voice mail (814.235.1100 x108). I try to return messages

within 2 business days. Please be aware that I only check messages on days when I am in my office. If you prefer to contact me via e-mail (for scheduling purposes only), you can do so at: [jap@midstep.com](mailto:jap@midstep.com).

- \* **PLEASE NOTE:** If you are experiencing a mental health crisis please try to reach me through telephone: (814.235.1100 x108). You can also send me an e-mail to alert me there is a crisis situation: [jap@midstep.com](mailto:jap@midstep.com). However, please be aware that I will not coordinate crisis care via e-mail. My preference is to speak in person at my office, if at all possible. If not possible, I would then prefer to speak via telephone.
- \* If I am unavailable, please leave a message alerting me to the crisis situation. The next step is to call the Centre County “CAN HELP” crisis line at 1-800-643-5432 for immediate assistance with a trained crisis counselor. Please let them know that I am your child’s treating psychologist so they can inform me of the call.
- \* **If the situation is life-threatening, call 9 1 1.**

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. As required by HIPAA, I am permitted to keep two sets of records—the medical record and my psychotherapy notes. The medical record includes the dates and times of sessions, the type of therapy provided, the results of any psychological testing, and any summaries of symptoms, diagnosis, treatment plan, and treatment progress. The medical record is available for your review. Psychotherapy notes and personal notes, on the other hand, are protected by HIPAA law and are considered the property of the health care provider who created them.