



Notice of Privacy Practices

This notice describes how information about you may be used and disclosed by Julianne Lettinga, MA LPC, and how you can get access to this information. Please review it carefully. PHI (Patient Health Information) refers to information in your health record that could identify you. This Notice of Privacy Practices describes how I may use or disclose your PHI, my legal duties and your rights concerning your health care information.

My responsibilities: I am required by law to protect the privacy of your information and to provide you this notice about my information practices. I am also required to abide by the terms of this notice and to notify you if I am unable to agree to a requested restriction you have made relative to the use or disclosure of your information. In addition, I am required to accommodate reasonable requests you make regarding the communication of your health information by alternative providers.

I acknowledge that I have received the Notice of Privacy Practices.

Effective date of this notice _____.

Signature: _____

If signed by someone other than the patient, state relationship to patient:

Witness:

Treatment Information to Note

1. You have the right to expect to be treated by me competently, respectfully and conscientiously at all times.

2. You are expected to agree to attend sessions regularly as scheduled. After two late cancellations or missed appointments you will be charged 50% of the full rate for individual appointments not canceled 24 hours in advance. Cancellations thereafter will be charged at the full session rate of \$150. If you are able to reschedule your session within the week, the cancellation fee will be waived.

3. The fee for initial assessment is \$180 (first session), individual psychotherapy (60-minute session) is \$150. Unless otherwise specified in treatment plan, sessions will always be coded 90837 (53+ minute session). Payment is expected at the time of service. I accept major credit card, CashApp or Venmo. Cash App and Venom only accepted for private pay sessions. Sliding scale is available should this be decided by both parties as best for treatment and financial needs of the client.

4. You and I agree to adhere to the general principle of not acting out feelings. Specifically, there is no spontaneous touching and no impulsive actions of any kind. You are encouraged to express all of your feelings and reactions vocally, by talking or otherwise and need to be limited by polite social customs. Further, you are expected and agree not to act in ways that are overtly harmful to you, harmful to others, or damaging to property. This agreement applies both in and outside of therapy.

7. You agree not to terminate treatment abruptly, but rather to talk in at least one, but preferably two successive individual sessions about a desire to leave therapy. This requirement increases the probability that termination of therapy is well thought through and not based on a rush of feelings when the going gets difficult.

I agree to and accept the above conditions and I acknowledge receipt of a copy hereof:

Signature: _____

Date: _____

Therapist's Signature:

Julianne Lettinga, MA, LPC

Uses and Disclosures for Treatment, Payment and Health Care Operations

Your protected health information (PHI) may be used and disclosed for treatment, payment, and health care operations with your consent. To help clarify these terms, here are some of the definitions.

- **PHI** refers to information in your health record that could identify you.
- **Treatment** refers to the provision, coordination, or management of your health care and other services related to your health care. An example of treatment would be when a therapist consults with another health care provider, such as your family physician or another psychologist.
- **Payment** is when reimbursement is obtained. Examples of payment are when your PHI is disclosed to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health care operations** are activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management supervision and care coordination.
- **Use** refers to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of this office, such as releasing, transferring or providing access to information about you to other parties.

Psychologist, psychotherapist, therapist, mental health care provider are all terms used to describe someone with my credentialing.

Uses and Disclosure Requiring Authorization

Your PHI may be disclosed for purposes outside of treatment, payment, or healthcare operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information for purposes outside of treatment, payment, or health care operations is requested, an authorization from you will be obtained before this information. You may revoke all such authorizations (of PHI) at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

PHI may be used or disclosed without your consent or authorization in the following

circumstances:

- **Child abuse:** If I have reasonable cause to suspect child abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.
- **Adult and domestic abuse:** If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
- **Health oversight activities:** If I receive a subpoena or other lawful request from the Department of Health, the Michigan Board of Psychology, coroner, or medical examiner, I must disclose the relevant PHI pursuant to the subpoena or lawful request.
- **Judicial and administrative procedures:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and information will not be released without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious threat to health or safety:** If you communicated a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, your therapist may disclose relevant PHI and take the reasonable steps

permitted by law to prevent the threatened harm from occurring. If your MHP believes that there is an imminent risk that you will inflict serious physical harm on yourself, information may be disclosed in order to protect you from self-harm.

· **Worker's compensation:** PHI may be disclosed regarding you as authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Mental Health Providers Duties Patient's Rights:

· You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required by law to agree to a restriction that you request.

· You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a mental health professional and request that your bill be sent to an alternative address.)

· You have the right to inspect or obtain a copy of PHI in mental health and billing records used to make a decision for as long as that record is maintained. Access to PHI may be denied under certain circumstances, but in some cases you may have this decision reviewed.

· You have the right to request an amendment of PHI for as long as the PHI is maintained in the record.

· You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.

· You have the right to obtain a paper copy of the notice from my upon request, even if you receive the notice electronically.

Mental Health Provider Duties:

· I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

· I reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise policies and procedures, I will notify you in person at my office, over the phone, or by US mail, whenever I believe the change in policy or procedure directly affects or creates a disclosure of your PHI.

V. Complaints or Concerns

If you are concerned that your privacy has been violated or you disagree with a decision that has been made regarding access to your records, you may contact me directly at any time to discuss this or the Board of Professional Licensing (LARA).

VI: Effective Date, Restrictions and Change to the Policy:

This notice is in effect as of August 1, 2020.

Julianne Lettinga, MA, LPC

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