

Inner Clarity, LLC  
9 Village Court  
Hazlet, NJ 07730  
Tax ID # 47-1357819

## **Notice of Policies and Practices to Protect the Privacy of Your Health Information**

*Experience has taught me that it is easier for you to focus on your process of therapy when all expectations and ground rules are clearly understood. Therefore, please read through the following policies and procedures. If you have any questions or concerns, please discuss them with your therapist before signing this agreement. Your signature indicates your agreement with all aspects of the following:*

**1. Confidentiality:** I will not release or transfer any information pertaining to you without your express written consent. The only exceptions are required by law (Duty to Protect Bill, signed 8/27/91) as follows:

a) **Serious Threat to Health or Safety:** When an individual's thoughts or actions pose a threat to her/himself, I must report this suicidal intent to the immediate family, the police, or arrange for you to be admitted to a psychiatric unit of a hospital or other healthcare facility. When an individual's thoughts or actions pose a threat to another, I must report this homicidal intent to the target or to the police.

b) **Child Abuse:** When I have reasonable cause to believe that child abuse or neglect has occurred, or is occurring, I must make a report to DCP&P (formerly known as DYFS).

c) **Adult or Domestic Abuse:** If I reasonably believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, I may report the information to the county adult protective services provider.

d) **Health Oversight:** If the New Jersey State Board of Psychological Examiners issues a subpoena, I may be compelled to testify before the Board and produce your relevant records and papers.

e) **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.

f) **Worker's Compensation:** If you file a worker's compensation claim, I may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in communication with the case, the Division of Worker's Compensation or the Compensation Rating and Inspection Bureau.

**2. Cancellation Policy:** Appointments must be cancelled or rescheduled by phone at least 24 hours in advance, unless there is a serious emergency, or you will be responsible to pay your full fee. Clients will need to have a credit card number on file to be charged in the case of a no show/less than 24 hour cancelled session.

**3. Length of Session:** Individual sessions are approximately 45 minutes in length. There are times when a longer session is needed. Extended session length and fees need to be discussed prior to lengthening session.

**4. Payment Policy:** Payment is due in the form of *cash, check, or credit card* at the *beginning* of each session. I do not accept insurance and it is the responsibility of the client to determine what out-of-network benefits your insurance company offers. It is also the responsibility of the client to submit all necessary documentation to the insurance company in order to obtain reimbursement. An invoice will be provided if needed for the purpose of submission to the insurance company for reimbursement. There will be a \$25 fee due for bounced checks. If you have a credit card number on file and have not responded to outreach for repayment of bounced check plus bounced check fee, your credit card will be charged the full session fee plus bounced check fee. Please note an additional 3% will be added to any credit card charges.

**5. Billing:** If you need a bill for your records or insurance company, one will be prepared for you. Please note that we may not be able to provide invoices for sessions more than 1 year old.

**6. Uses and Disclosures Requiring Authorization:** I may use or disclose your protected health information (PHI) for purposes outside of treatment, payment, and health care 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 I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization from you before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

**6. Lateness:** If you are late, your session may be cut short. This may occur because there may be a client scheduled directly after you. If we can make up the time, we will; however, if we cannot you will be charged your full fee. Please notify your therapist by calling or sending a text message if you anticipate that you will be late. If you are more than 15 minutes late, it may not be clinically appropriate to hold the session and you may be asked to reschedule.

**7. Phone Contacts:** In emergency situations and times of need, I want you to call for support. If this becomes a regular need, or if phone calls extend longer than 30 minutes, then we will arrange for phone sessions at an agreed upon rate.

**8. Respect:** Because you may attend a group or workshop here, you may become privy to personal information about others. Please respect their confidentiality.