

SHARON M. BERLINER, Ph.D., P.C.
CLINICAL PSYCHOLOGIST
14355-E TORREY CHASE BLVD.
HOUSTON, TEXAS 77014
(281) 440-5954

Initial Consultation

Your first visit will consist of obtaining detailed information about the problems that are causing you to seek psychotherapy, and a thorough history from childhood up to your present life. This information is vital in developing an in-depth understanding of your problems and their possible origins, as well as developing a treatment plan. Following this interview, I will give you my treatment recommendations based on this initial information. In general therapy sessions are once weekly, although more frequent sessions may occasionally be recommended due to the severity or type of problems on which we will be working.

Course of Therapy

The process of therapy itself consists of an ongoing open dialogue between therapist and client in which we will probably alternate between talking about your current life and difficulties and your past. Throughout this process I will be asking questions, making observation, or interpretations and attempting to put together in an understandable fashion what has led up to your current issues. With this new understanding of your self you may begin to develop new attitudes and perceptions which will then lead also to behavioral changes. We will, if appropriate, be looking at your current symptoms or problems as dysfunctional coping mechanisms and find constructive alternatives to these. We may make use of your dreams as invaluable unconscious aids to a more thorough understanding of who you are, your conflicts and as an additional means of finding solutions to your problems. If appropriate, you may be given homework assignments to work on in between appointments, and reading material may be recommended.

Throughout this process, I welcome your feedback on our work together. I view the therapeutic process as a collaboration in which your progress and reaction to all aspects of your therapy are extremely important to me. Your feedback, whether positive or negative, will help me do my job better!

The length of treatment is widely variable, ranging from a few weeks to several years depending on many factors. I will be happy to discuss your particular situation with you after the initial consultation. Because I believe that psychological growth is a life-long process, my hope is that your therapy with me will provide you with the psychological tools to continue this process on your own once our work together is completed.

Some of the Problems Dr. Berliner treats:

- Anxiety, Depression, Low Self-Esteem
- Troubled Relationships
- Eating Disorders
- Sexual Dysfunctions
- Losses through Death or Divorce
- Parenting Problems
- Obsessions, Compulsions
- Family of Origin Problems

PLEASE ANSWER ALL QUESTIONS

Patient's Name: _____

Complete Address: _____

Phone # _____ Cell # _____

Date of Birth: _____

Patient's Siblings (Age & Sex): _____

Marital Status: Married ___ Separated ___ Widowed ___ Divorced ___ Single ___

Mother Living ___ Age ___ Deceased ___ Age ___; Father Living ___ Age ___ Deceased ___ Age ___

Employed By: _____

Business Address: _____

Business Phone: _____ Position: _____

Name of nearest relative not living with you: _____

Relationship: _____

Complete Address: _____

Referred By: _____

Previous Psychological Treatment (Type & Dates): _____

Social Security Number: _____ Texas Driver's License: _____

Person Responsible for Account: _____

Address, if not same as above: _____

Name, Address, & Telephone Number of Family Physician: _____

Current / Chronic Medical Problems: _____

Current Medications: _____

Professional Profile

Sharon M. Berliner, Ph.D., a licensed clinical psychologist, received a doctorate degree from Michigan State University in 1975. Her training includes four years of graduate school, an internship in clinical psychology at Baylor College of Medicine in Houston and over twenty years of experience in individual and marital psychotherapy. She has been in full-time private practice since 1980. Dr. Berliner is a member of the Houston, Texas and American Psychological Associations, and the National Register. She also holds the position of adjunct assistant clinical professor at the University of Texas Health Science Center and is certified by the American Psychological Association in the treatment of alcohol and other psychoactive substance use disorders.

Checklist. The following is a list of problems that people sometimes experience. Put a check in the space to the right that best describes how much that symptom or problem has bother you in the past week.

	Not at all	Somewhat	Moderate	A lot
Section I	_____	_____	_____	_____
Poor appetite	_____	_____	_____	_____
Overeating	_____	_____	_____	_____
Difficulty sleeping	_____	_____	_____	_____
Low energy level	_____	_____	_____	_____
Difficulty concentrating	_____	_____	_____	_____
Sleeping too much	_____	_____	_____	_____
Feel hopeless about the future	_____	_____	_____	_____
Suicidal thoughts	_____	_____	_____	_____
Feelings of sadness	_____	_____	_____	_____
Less enjoyment of life	_____	_____	_____	_____
Feel like a failure	_____	_____	_____	_____
Loss of interest in sex	_____	_____	_____	_____
Crying more than usual	_____	_____	_____	_____
Loss of interest in social activities	_____	_____	_____	_____
Difficulty making decisions	_____	_____	_____	_____
Disappointment in myself	_____	_____	_____	_____
Loss of interest in work	_____	_____	_____	_____

	Not at all	Somewhat	Moderate	A lot
Section II				
Can't catch my breath	_____	_____	_____	_____
Feel like I'm smothering	_____	_____	_____	_____
Feel dizzy	_____	_____	_____	_____
Unsteady feelings	_____	_____	_____	_____
Experience palpitations	_____	_____	_____	_____
Shaking, trembling	_____	_____	_____	_____

Break out in cold sweats	_____	_____	_____	_____
Numbness or tingling sensations	_____	_____	_____	_____
Hot flushes	_____	_____	_____	_____
Chest pain or discomfort	_____	_____	_____	_____
Thoughts about dying	_____	_____	_____	_____
Fear of going crazy or losing control	_____	_____	_____	_____
Afraid to drive	_____	_____	_____	_____
Afraid to leave the house	_____	_____	_____	_____
	Not at all	Somewhat	Moderate	A lot

Section III

Fear of being embarrassed or humiliated	_____	_____	_____	_____
Fears of speaking in public	_____	_____	_____	_____
Afraid of choking in public	_____	_____	_____	_____
Hand trembling in presence of others	_____	_____	_____	_____
Fears of speaking in social situations	_____	_____	_____	_____
	Not at all	Somewhat	Moderate	A lot

Section IV

Persistent ideas I can't get off my mind	_____	_____	_____	_____
Recurrent thoughts	_____	_____	_____	_____
Persistent images that are disturbing	_____	_____	_____	_____
Can't ignore or suppress disturbing thoughts	_____	_____	_____	_____
Compulsion to do illogical things	_____	_____	_____	_____
Repeatedly checking locks and windows	_____	_____	_____	_____
Feeling that something horrible will happen if I don't check things	_____	_____	_____	_____
Compulsion to do things that are unreasonable	_____	_____	_____	_____

Not at all Somewhat Moderate A lot

Section V

Thinking about something disturbing that happened to me	_____	_____	_____	_____
Thinking about how I almost lost my life	_____	_____	_____	_____
Thoughts about accident or assault	_____	_____	_____	_____
Feelings about someone who hurt me	_____	_____	_____	_____
Thoughts about witnessing injury or death	_____	_____	_____	_____
Thinking about what happened to me	_____	_____	_____	_____
Thinking about what I have been through	_____	_____	_____	_____
Experiencing nightmares	_____	_____	_____	_____
Difficulty falling asleep	_____	_____	_____	_____
Waking up in middle of night or early morning	_____	_____	_____	_____
Feeling that what has happened to me is recurring	_____	_____	_____	_____
Avoid going near what happened	_____	_____	_____	_____
Avoid thinking about what happened to me	_____	_____	_____	_____
Avoid activities or situations that remind me of what occurred	_____	_____	_____	_____
Trouble with memory of what happened	_____	_____	_____	_____
Loss of interest in activities	_____	_____	_____	_____
Socially withdrawn	_____	_____	_____	_____
Thoughts of how my life has changed permanently	_____	_____	_____	_____
Outbursts of irritability	_____	_____	_____	_____
Outbursts of anger	_____	_____	_____	_____
Difficulty concentrating	_____	_____	_____	_____
Startle easily	_____	_____	_____	_____
Feeling of always being on guard	_____	_____	_____	_____

	Not at all	Somewhat	Moderate	A lot
Section VI				
Worry a lot	_____	_____	_____	_____
Excessively anxious	_____	_____	_____	_____
Afraid something terrible will happen	_____	_____	_____	_____
Worry about money all the time	_____	_____	_____	_____
Worry about misfortunes	_____	_____	_____	_____
Find self trembling	_____	_____	_____	_____
Experience uncontrolled twitching	_____	_____	_____	_____
Tremble a lot	_____	_____	_____	_____
Experience muscle tension	_____	_____	_____	_____
Feeling aches and pains	_____	_____	_____	_____
Feelings of restlessness	_____	_____	_____	_____
Tire easily	_____	_____	_____	_____
Suffer shortness of breath	_____	_____	_____	_____
Experience smothering sensations	_____	_____	_____	_____
Heart beats faster than usual	_____	_____	_____	_____
Sweat a lot	_____	_____	_____	_____
Feeling hands are cold and clammy	_____	_____	_____	_____
Suffer from dry mouth	_____	_____	_____	_____
Feelings of light-headedness, dizziness	_____	_____	_____	_____
Diarrhea	_____	_____	_____	_____
Stomach trouble and nausea	_____	_____	_____	_____
Feelings of being keyed up or on edge	_____	_____	_____	_____
Startle easily	_____	_____	_____	_____
Difficulty concentrating	_____	_____	_____	_____
Difficulty falling asleep	_____	_____	_____	_____
Increased irritability	_____	_____	_____	_____

INSTRUCTIONS:

For the QUEST to yield a correct result, it is important that you read and follow these simple instructions.

Select one paragraph in each of the following two groups of statements that best reflects your general attitudes and behaviors, as you have been most of your life.

You do not have to agree completely with every word or statement in the paragraph you select! You may agree with only 80 to 90 percent of a particular paragraph and still select that paragraph over the other two in the group. However, you should agree with the general tone and overall "philosophy" of the paragraph you select. You will probably disagree with some part of each of the paragraphs. Do not reject a paragraph because of a single word or phrase! Again, look at the overall picture.

Do not overanalyze your choices. Select the paragraph that your "gut feeling" says is the right one for you, even though you may not agree with 100 percent of it. The general thrust and feeling of the paragraph as a whole is more important than individual elements of it. Go with your intuition.

If you cannot decide which paragraph best fits you in one of the groups, you may make two choices, but only in one group; for example, C in group I, and X and Y in group II.

Circle the letter you have selected for that group.

GROUP I

A. I have tended to be fairly independent and assertive: I've felt that life works best when you meet it head-on. I set my own goals, get involved, and want to make things happen. I don't like sitting around -- I want to achieve something big and have an impact. I don't necessarily seek confrontations, but I don't let people push me around, either. Most of the time I know what I want and I go for it. I tend to work hard and to play hard.

B. I have tended to be quiet and am used to being on my own. I usually don't draw much attention to myself socially, and it's generally unusual for me to assert myself all that forcefully. I don't feel comfortable taking the lead or being as competitive as others. Many would probably say that I'm something of a dreamer -- a lot of my excitement goes on in my imagination. I can be quite content without feeling I have to be active all the time.

C. I have tended to be extremely responsible and dedicated. I feel terrible if I don't keep my commitments and do what's expected of me. I want people to know that I'm there for them and that I'll do what I believe is best for them. I've often made great personal sacrifices for the sake of others, whether they know it or not. I often don't take adequate care of myself -- I do the work that needs to be done and relax (and do what I really want) if there's time left.

GROUP II

X. I am a person who usually maintains a positive outlook and feels that things will work out for the best. I can usually find something to be enthusiastic about and different ways to occupy myself. I like being around people and helping others to be happy -- I enjoy sharing my own well-being with them. (I don't always feel great, but I try not to show it to anyone!) However, staying positive has sometimes meant that I've put off dealing with my own problems for too long.

Y. I am a person who has strong feelings about things -- most people can tell when I'm unhappy about something. I can be guarded with people, but I'm more sensitive than I let on. I want to know where I stand with others and who and what I can count on -- it's pretty clear to most people where they stand with me. When I'm upset about something, I want others to respond and to get as worked up as I am. I know the rules, but I don't want people telling me what to do. I want to decide for myself.

Z. I tend to be self-controlled and logical -- I am uncomfortable dealing with feelings. I am efficient -- even perfectionistic -- and prefer working on my own. When there are problems or personal conflicts, I try not to bring my feelings into the situation. Some say I'm too cool and detached, but I don't want my emotional reactions to distract me from what's really important to me. I usually don't show my reactions when others "get to me."

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OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home, and you may be given assignments such as to record your dreams, keep a journal, or read recommended books.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first one or two sessions will involve an evaluation of your needs. During this time, we can both decide if I am the best person to provide the services you need. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set a meeting with another mental health professional for a second opinion.

The length of treatment is widely variable, ranging from a few weeks to several years, depending on many factors. I will be happy to discuss your particular situation with you after the initial consultation. Because I believe that psychological growth is a life-long process, my hope is that your therapy with me will provide you with the psychological tools to continue this process on your own once our work together is completed.

MEETINGS

I will usually schedule one 50-minute session per week at a time we agree on, although sessions may be more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or we agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

My hourly fee is \$150 for the first session and \$135 for subsequent sessions. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, attendance at meetings with other

professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

Payment in full, or, if you are using insurance, payment of your co-pay in full is due by the end of each month. Unless specific arrangements have been made in advance, accounts 90 days or more in arrears will be turned over to a collection agency. The fee for any returned check is \$10.00.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. I cannot be responsible for problems with payment from your insurance company.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you received from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot may be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. If your insurance is managed care, I am required to give them ongoing detailed information about your problems and the necessity for continuing therapy. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 8 a.m. and 8 p.m., Monday - Thursday, I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered either by my secretary or my 24-hour voice mail, which pages me automatically. I will make every effort to return your call as soon as I am able. If you are difficult to reach, please inform me of some times when you will

be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist (psychiatrist) on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I will take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I will be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions 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 at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature

Date

Notice of Psychologists'/Mental Health Counselors' Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI 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 my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose 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 before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) 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 was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against me with the State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for 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 I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

IV. Patient's Rights and Psychologist's/Mental Health Counselor's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's/Mental health Counselor's 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 I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you by mail or in person with a revised form.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Privacy Manager at 281-440-5954.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on 4-14-03.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or in person

I have received a copy of the **Notice of Psychologists'/Mental Health Counselors' Policies and Practices to Protect the Privacy of Your Health Information.**

Signed _____

Date _____