

Sumer Statler Aeed
Licensed Psychologist

This information will help me to better understand your goals and concerns. If you have any concerns regarding a question please leave it blank to discuss it in person.

All information provided will be held in strict confidence.

PATIENT INFORMATION

Full Name _____ Date of Birth _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work/Cell Phone _____

Is it ok to leave a message on your phone? Yes ____ No ____

Email address (optional) _____

Referred By _____

Occupation/Profession _____

Relationship Status _____

Any prior counseling or inpatient services? Yes _____ No _____

Who shall be responsible for payment?

Self ____ Insurance ____ Family ____ Other ____

**If you would like our office to provide insurance billing
please
provide the following information.**

Name of Insurance Company Primary Insured Person Date of Birth

Insured's ID Number Insured's Group Number

Address for Claims City/State/Zip

Provider or Customer Service Phone Number

I hereby authorize the release of information necessary to file or substantiate claims with my insurance company. I understand that I am responsible for any amounts due on my account in full, whether covered by insurance or not.

Signature of Client Date

Name of Primary Doctor _____

Name of Psychiatrist if applicable _____

Current Medications Taken

Name	Dose	Prescribed to Treat
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On a scale of 1-10 (10 highest) what is your current level of physical well-being?

On a scale of 1-10 (10 highest) what is your current level of emotional well-being?

Please describe briefly what brings you to therapy?

What do you hope to achieve? What are your goals and expectations?

Client Rights

Therapy is for your benefit so please ask questions about any techniques or procedures and be informed of any potential risks involved in treatment. You have the right to have an established set of goals to be regularly reviewed. You have the right to stop treatment at any time without any moral or legal obligations. If you would like a referral to another therapist may be provided at any time.

You have the right to confidential treatment. No information about your therapy shall be released without your written permission. This confidentiality is protected by law; however there are several exceptions to this of which you should be aware including:

1. If you are a danger to yourself or others.
2. If you describe a situation in which there is reason to suspect child or elder abuse or neglect.
3. Adolescents under 18 may only receive therapy with the written consent of their parent/guardians. The parent/guardians have the right to all information presented to the therapist. However, therapists often encourage parent/guardians to respect their children's privacy to aid in the therapeutic process.
4. In the event of a court order.
5. From time to time I may consult with other professionals regarding case management, every effort is made to protect your privacy and anonymity.

When an insurance company requests information other than on the claims form, this office shall provide only a summary with your written permission. Copies of progress notes shall not be released. Most if not all insurance companies require a diagnosis be provided in order to pay for services.

If any psychological tests are administered you have a right to a summary of the results. The actual test records remain the property of the therapist.

Should we be on your insurance panel our office is happy to provide the convenience of billing your insurance directly, however, you are ultimately responsible for all charges in the cases of denial of benefits, co-pays, or co-insurance amounts. Collection costs may be charged on outstanding balances past 90 days.

Sessions are 50 minutes in length. Our office has a cancellation policy of 24 hours. You will be charged for appointments not cancelled or rescheduled within 24 hours except in the case of family illness or emergencies. Insurance companies do not reimburse for missed appointments. With your permission we shall place you credit card on file to cover any late cancellations or missed appointments.

Credit Card # _____ Expiration _____

Billing Zip Code _____ CCV Code _____

Your signature below indicates that you have read and understood your rights described above:

Signature

Date

Notice of Psychologist's 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

Dr. Aeed 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 Dr. Aeed provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Dr. Aeed consults with another health care provider, such as your family physician or another psychologist.

-Payment is when Dr. Aeed obtains reimbursement for your healthcare. Examples of payment are when Dr. Aeed discloses 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 its 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 Dr. Aeed’s office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of Dr. Aeed’s practice and office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Dr. Aeed may use or disclose PHI for purposes outside of treatment, payment, or 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 Dr. Aeed is asked for information for purposes outside of treatment, payment or health care operations, Dr. Aeed will obtain an authorization from you before releasing this information. Dr. Aeed will also need to obtain an authorization before releasing you Psychotherapy Notes. “Psychotherapy Notes” are notes a Dr. Aeed makes about your conversations during a private, group, joint, or family counseling session, which Dr. Aeed has identified as 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) Dr. Aeed has relied on that authorization; or 2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither consent nor Authorization

Dr. Aeed may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse- Dr. Aeed is required to report PHI to the appropriate authorities when Dr. Aeed has reasonable grounds to believe that a minor is or has been the victim of neglect or physical and /or sexual abuse.

*Adult and Domestic Abuse-*If Dr. Aeed has the responsibility for the care of an incapacitated or vulnerable adult, Dr. Aeed is required to disclose PHI when Dr. Aeed has a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult’s property has occurred.

Health Oversight Activities-If the Arizona Board of Psychological Examiners or the Arizona Board of Behavioral Health is conducting an investigation, that Dr. Aeed is required to disclose PHI upon receipt of a subpoena from the Board.

Judicial and Administrative Proceedings- If you are involved in a court proceeding and a request is made for information about the professional services Dr. Aeed has provided you and /or the records thereof, such information is privileged under state law, and Dr. Aeed will not release information without the written authorization of you or your 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 of Health or Safety- If you communicate to Dr. Aeed an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and Dr. Aeed believes you have the intent and ability to carry out such a threat, Dr. Aeed has a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If Dr. Aeed believes there is an imminent risk that you will inflict serious harm on yourself, Dr. Aeed may disclose information in order to protect you.

Worker's Compensation- Dr. Aeed may disclose PHI 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 Psychologist's Duties

***Right to Request Restrictions*- You have the right to request restrictions on certain uses and disclosures of protected health information. However, Sarah Matheson is 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.

Right to Inspect and Copy- You have the right to inspect and/or obtain a copy of PHI in Dr. Aeed's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Aeed may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Dr. Aeed will discuss with you the details of the request and denial process. *Right to Amend*- You have the right to request and amendment of PHI for as long as the PHI is maintained in the record. Dr. Aeed may deny your request. On your request, Dr. Aeed will discuss with you the details of the amendment process.

Right to a Paper Copy- You have the right to obtain a paper copy of the notice from Dr. Aeed upon request, even if you have agreed to receive the notice electronically.

Dr. Aeed is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. Dr. Aeed reserves the right to change the privacy policies and practices described in this notice. Unless Dr. Aeed notifies you of such changes, however, Dr. Aeed is required to abide by the terms currently in effect. If Dr. Aeed revised our policies and procedures, Dr. Aeed will provide you a written notice of such changes during your next visit. You will be notified by mail if you do not have a future scheduled appointment and information is to be released.

V. Questions and Complaints **If you have questions about this notice, disagree with a decision made about your records, or you have other concerns about your privacy rights, please contact Dr. Aeed at 480-607-1022. If you believe that your privacy rights have been violated and wish to file a written complaint, please send your complaint to 7010 East Acoma Drive, Scottsdale, AZ 85254. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.**

You have specific rights under the Privacy Rule. Dr. Aeed will not retaliate against you for exercising your right to file a complaint.

Signature: _____ Date: _____