

Harmony in Parenting

A Psychology Center, Inc.

16542 Ventura Blvd. Suite 320 Encino, CA 91436

(818) 381-9591 or (818) 824-9915

General Information

Harmony in Parenting – A Psychology Center, Inc. is a practice consisting of Rosalie Finer, Ph.D. and Azine Graff, Psy.D.

The corporation is a covered entity. Each psychologist is bound by the same code of ethics and laws, which are outlined in the forms that follow.

We are committed to providing you with the highest quality of care. Psychological services are unique-- both highly personal and at the same time a business contract. Because psychological services often begin in a situation of considerable emotional and psychological stress, a clear understanding and agreement about rights, responsibilities, and limitations of the professional relationship are important. Please read the following important information carefully.

Recommendation

At the outset of seeking psychological services, it may be advisable for you to see a physician to rule out any medical conditions which might contribute to your difficulties.

Access

Children under 12 cannot be left unattended in our waiting area. Unfortunately, if you bring under-age children who must wait outside, we may have to reschedule your appointment.

Out of respect for you, your psychologist usually does not answer the telephone when seeing clients; the phone is answered 24 hours a day by voicemail, which is monitored regularly. Calls are usually returned within 24 hours with the exception of weekends and holidays.

Your psychologist cannot guarantee a phone response within a certain period of time; if you are unable to reach the psychologist and have an emergency that cannot wait, call your family physician, the nearest emergency room, or 911. When your psychologist is unavailable for an extended time, such as a vacation, a colleague will be available for you to contact.

Referrals

Please remember that referrals are an integral part of our practice and that we would appreciate you expressing your satisfaction with us to your friends, family, and colleagues.

Questions or Complaints

Notice to Consumers: The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the Board of Psychology on the internet at <http://www.psychboard.ca.gov>, by e-mailing at bopmail@dca.ca.gov, by calling 1 (866) 503-3221, or by writing to the following address: Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825.

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Psychological Treatment Agreement

The following is information about psychological treatment services. Please read it carefully.

The Process of Psychological Treatment

You are being seen for psychological treatment. Psychological treatment is not easily described. It varies depending on the therapist, the personality of the client, and the particular problems the client brings in. Treatment generally involves a series of meetings with the psychologist to understand your difficulties, to try different approaches, and to observe your progress.

A number of different approaches can be applied to psychological concerns. During the course of therapy, your psychologist is likely to draw on various approaches according in part to the nature of the problem being treated and her assessment of what will benefit you. These include cognitive, psychodynamic, interpersonal, existential, family systems, or psychoeducational approaches.

Treatment can be challenging. Therapy often requires recalling distressing aspects of your history. You may experience unpleasant thoughts or strong feelings like sadness, guilt, anxiety, anger, loneliness, or frustration, which are natural reactions to the therapy process and often provide the basis for change. Your psychologist may propose different ways of looking at, thinking about, or handling situations. You may be asked to do in-between session homework assignments to help facilitate change. Change can sometimes be easy or rapid but more often is gradual and can be frustrating. If you are uncomfortable with anything the psychologist asks you to do, please tell the psychologist right away.

Treatment can result in a number of benefits to you, including improved interpersonal relationships, reduced symptoms, and resolution of specific problems that led you to seek therapy. Attempting to resolve issues that brought you to therapy in the first place may result in changes that you did not originally intend such as changes in behavior, employment, education, or relationships. Sometimes a change that is viewed as positive by one person will be seen as negative by another.

Most people who receive treatment do benefit; however, there is no guarantee that psychotherapy will yield positive or intended results--matters can get worse as well as better. It is impossible to predict the outcome of treatment because success depends on many factors including your motivation, effort, and such life circumstances as your interactions with family, friends, and others.

Plan of Treatment

The first few sessions with your psychologist will usually involve the evaluation of your needs, which may last 2 to 4 sessions. Within a reasonable time after the initiation of service, your psychologist will be able to discuss with you her initial understanding of your difficulties, whether you can benefit from treatment, therapeutic objectives, the procedures used in the course of therapy, and her view of the possible outcomes of treatment.

Treatment involves an investment of time, money, and energy, so you should decide carefully if you want to proceed. If you have unanswered questions about the treatment plan, you have the right to ask and receive a complete answer.

Referral or Termination

Your psychologist does not accept clients whom, in her opinion, she cannot help. If at any point she determines that she is not effective in helping you reach the therapeutic goals, she will discuss this with you and, if appropriate, discontinue treatment or offer you the names of other qualified professionals. If you request and authorize it, your psychologist can talk to the professional of your choice to provide

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essential information to them to facilitate a transition.

You have the right to ask about other treatments for your difficulty and their risks and benefits. If you would like to seek a treatment that your psychologist does not provide, she can assist you in obtaining them. You have the right to discontinue therapy at any time; please discuss the possibility of terminating beforehand. If you discontinue treatment before your goals have been met, your psychologist can provide you with names of other qualified professionals who might be able to assist you.

Appointments

If you are late for a session, your psychologist is not required to extend the appointment to make up for lost time. If you are late to a private appointment and have not called ahead, your psychologist may not wait more than 20 minutes. If you do not appear for a scheduled appointment and did not call or if you have not seen your psychologist in 30 days, your psychologist may assume you have discontinued service and discharge you from treatment.

I have read, understood, and agreed to the conditions outlined above in the General Information and Psychological Treatment Agreement forms. I have clarified any questions before signing this consent. I consent to psychologist rendering therapeutic services to myself and/or my minor child(ren).

Signature of Client	Printed Name	Date
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Signature of Personal Representative	Printed Name	Relationship	Date
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Signature of 2 nd Personal Representative	Printed Name	Relationship	Date
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Psychologist	Date
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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. WE WILL ASK YOU TO SIGN A FORM INDICATING THAT YOU HAVE RECEIVED THIS INFORMATION.

We have built our practice in this community on a foundation of integrity, respect, and professionalism. These values are reflected in our longstanding commitment to protect your privacy. Fully advising your psychologist of your physical and emotional condition is important in allowing your psychologist to provide optimal service to you. In order for you to feel comfortable doing this, your privacy is of the highest priority. That is why we want you to know how we protect the information you share with us. Psychologists have been, and continue to be, bound by professional standards of confidentiality that are often more stringent than those required by law; therefore, we have always protected your right to privacy.

What Is “Protected Health Information” (PHI)?

When we psychologically examine, diagnose, treat, or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you.

PHI includes non-public information about you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for this health care. This may include your name, addresses, and phone numbers; your symptoms, diagnoses, treatment goals, treatment methods, progress, and outcome; others treating you; legal matters; payment information; and your personal history or current situation.

We collect information about you from conversations with you in this office or over the telephone, through questionnaires and forms we may ask you to complete from time to time, from psychological tests we may administer to you, and from observing you over time in the course of providing professional services to you, as well as information received from others, such as family members or other professionals.

How, When, and Why We Use Your Information

Your psychologist might use or disclose your health information for many different reasons.

A “use” of information occurs when we examine, utilize, apply, or analyze such information within our practice for the purpose of providing professional services. A “disclosure” occurs when it is released or transferred to a third party outside of our practice for the purpose of providing professional services.

Your psychologist will not use or disclose any more of your information than is necessary to accomplish the purpose for which the use or disclosure is made.

We will routinely use your information to address your symptoms, problems, and personal goals. We may use your information to select methods of treatment, offer additional services to you, or recommend referrals to other professionals for services we do not provide.

We may use your information to review our clinical practices for quality assurance purposes, to evaluate and improve the effectiveness of health care services that you received.

We may be required by clinical standards, professional ethics, or law to disclose limited information to specific professionals or agencies for optimal professional care to you, where you have requested or

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consented to a disclosure or waived your privacy, or in some instances for safety.

If you are using health insurance, your carrier may require information that may include but may not be limited to your name, address, employer, social security number, date of birth, diagnosis, and dates that services were rendered. Upon request we can provide this information on a statement to you to submit to your insurance carrier for reimbursement purposes.

We create and retain written records relating to professional service that we provide so that we are better able to assist you with your needs and provide quality service to you. We document services to show we actually provided services to you, which we billed to you or your insurance company. Personal information we receive about you may be entered into this record.

Safeguards of Your Privacy

We pledge to take measures to safeguard the information of current and former clients. In order to protect this information against unauthorized access, we maintain physical, electronic, and procedural safeguards that comply with state and federal regulations.

As a general principal, we do not disclose any personal information about our clients or former clients to anyone, not even acknowledging that we know you or that you are receiving services from us. If your psychologist receives a request from third parties for your information or records, she will consult you first. She will not disclose your information to other health professionals, to your family members, or to members of the general public without your prior consent.

Your psychologist strives to keep any communication between you and her discrete. Communication by you to your psychologist, whether by phone, mail, or in person, will be handled only by Harmony in Parenting – A Psychology Center, Inc. Voicemail and computer records are password-protected. Your psychologist will attempt to leave voicemail messages that are discrete if she does not know who might access your messages. She will avoid sensitive subject matter in semi-public areas such as the waiting room or corridor, unless you initiate. Your psychologist will not acknowledge you if you inadvertently see each other in a public place, unless you initiate. She does not accept contact requests from clients through social media sites.

We do not recommend e-mail communication between psychologist and client because encryption technology is constantly evolving and may be subject to unauthorized intrusion.

We have no employees in our practice; however, in the event that we do in the future, we will require a written agreement from them to maintain your privacy.

Any institutions outside our office that will have access to your information, such as insurance companies, billing/accounting services, or typing services, are similarly required to protect your information by contract or law.

Records that have been provided to us by other health care professionals will not be re-released by us. Records may only be destroyed after a period of time prescribed by ethics and law. We may keep our records at the office or in a remote location, transport only in a secure manner, and store them under lock and key inaccessible to others.

To maintain the highest ethical and legal standards of protecting your privacy, we will adhere to these policies and may amend them in the future as needed to remain current with law and ethics. Any changes will apply to all information we maintain at that time.

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Disclosures Allowed with Your Consent

Disclosures of any of your information generally require your prior consent, which must include what will be released, to whom, and for what purpose. We ask that you agree to these policies, below:

1. To ensure that services are consistent with current and prior treatment and that important facts leading to your diagnosis and treatment are not overlooked, we may ask for your consent in writing to communicate with or obtain records from other treating professionals, such as your physician or another therapist, who are either currently, have formerly, or will be providing service to you.
2. To maintain high standards of care, a psychologist periodically obtains consultation from colleagues about cases. In such consultations, information which would identify you will not be disclosed.
3. When services are paid by a third party such as an insurance company, you usually have waived your right to complete confidentiality as part of the terms of your policy. A psychologist may therefore be required by your carrier as part of the terms of your coverage to disclose information or records in order to process a claim. You hereby authorize such disclosures if you request payment by a third party.
4. If you bring a family member to your appointment and disclose information in their presence, that information is considered disclosed to them. We will disclose your information in such a session with your verbal permission.
5. When a couple or parents are being seen in treatment for their child's benefit, the psychologist's policy is that she cannot keep secrets from either partner or parent.
6. If you are under age 18, you have the right to confidentiality, but your parents, including a non-custodial parent, have a right to know about your treatment. Unless there is a serious danger, the psychologist will provide parents with only general information about the content of sessions held with teenagers.
7. If you send me an e-mail or if you ask me to respond to you about something via an e-mail, you must understand that it may not be entirely confidential.
8. In the event your psychologist is incapacitated, she has designated one trusted colleague to administer all confidential matters as necessary for the continuity of your care. You hereby authorize your psychologist to release your information under these circumstances.
9. In the event your psychologist closes or transfers her practice, you hereby authorize her to place your record in the custody of a trusted colleague for proper storage, retrieval, and disposal under these circumstances.
10. Other uses and disclosures not described in this Privacy Notice will be made only with authorization from the .

You can cancel your authorization by putting your request in writing at any time to stop any future uses and disclosures of your information by us, to the extent that we have not already taken action in reliance on such authorization and to the extent that disclosure is not required by law.

Legally Mandated Exceptions to Privacy

Your information is private with some rare but important legally mandated exceptions.

1. If you present an immanent danger to yourself or others or are unable to care for yourself, limited information may be disclosed to facilitate hospitalization for your protection.
2. If you or a member of your family communicate to a psychologist a serious threat of immanent physical harm by you to an identifiable person or the public or of property damage, the psychologist must warn the person as well as public law enforcement agencies reasonably able to prevent or lessen such harm.
3. If there is a reasonable suspicion of abuse or neglect of an identifiable child, elder, or dependent adult, a report may be required to designated public agencies. A patient's disclosure of viewing child pornography constitutes a reason to suspect and report.
4. If a valid medical emergency exists, for example if you become unconscious in the office or are in severe pain and cannot communicate, your psychologist may summon emergency medical services and/or call the emergency contact you named on the information form.
5. In some legal proceedings, such as where your emotional condition is an important issue, a judge may

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order records or testimony concerning you or your family without your consent.

6. If you fail to assume financial responsibility for your bill, limited personal information may be disclosed for purposes of debt collection, such as your name, date and type of services you have received, and the amount due.

7. If you are incapacitated or deceased, your information remains secure. However, disclosure may be authorized by the entity with health care power of attorney or charged with making decisions about your estate.

8. We may be required to disclose some information to government agencies, which check to see that we are obeying the privacy laws.

What Rights You Have Regarding Privacy

Although your record is the physical property of the healthcare practitioner that collected it, the information belongs to you. We respect your privacy choices.

You have the right to ask that we limit how we use or disclose your information. You will have to tell us what you want. Although we will consider every request and try to respect your wishes, we will exercise professional judgment in each instance. If we accept your request, we will abide your wishes except in emergency situations. You cannot limit the uses or disclosures that we are legally required to make.

Client have the right to restrict certain disclosures of PHI to health insurance companies if the client pays out of pocket in full for the health care service. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require client authorization.

In most cases, you have the right to look at or get a copy of information that we have, but you must make the request in writing. If we don't have your information but know who does, we will tell you how to get it. In certain situations, such as if we believe specific information may cause harm to you, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial, and explain your right to have our denial reviewed.

If you request a copy of your information, there may be a reasonable charge for our time and copying and delivery costs. Instead of providing the information you requested, we may provide you with a summary or explanation of the information as long as you agree to that and any cost in advance.

If you believe that there is a mistake in your information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing.

In the event of a breach of unsecured protected health information, affected clients have the right to be notified. You have the right to get a list of instances in which we have disclosed your information. The list will not include uses or disclosures that you have already consented to such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses or disclosures made before April 14, 2003.

You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address).

We will attempt to accommodate your request so long as we can easily provide the information to you in the format you requested, and it is within the confines of the legal and ethical standards

In the future we may change how we use and share your information and so may change this Notice of Privacy Practices.

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Questions or Complaints about Privacy

If you have questions or believe your privacy has been violated, you are encouraged to address your concerns with your psychologist, Azine Graff, PsyD/Rosalie Finer, PhD, (818) 381-9591/ (818) 824-9915. You may also contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, DC 20201, by calling (202) 619-0257, or by accessing the Internet at <http://www.hhs.gov/ocr/hipaa>. We will not limit your care or take any action against you if you complain.

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Receipt and Acknowledgment of Notice of Privacy Practices

Please read our [Notice of Privacy Practices](#) before you sign this form. The Notice of Privacy Practices explains our practices related to safeguarding the privacy of your health information, how we use or disclose it, and how you can see it. If you do not agree to our privacy practices, many of which are required by law, we cannot treat you.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Harmony in Parenting - A Psychology Center, Inc.

I understand that if I have any questions regarding this notice or my privacy rights, I can contact the psychologist with which I work.

I refuse to accept the terms. I understand you cannot provide services as a result.

I agree to accept the terms. I consent to services being provided.

After you have signed this form, you have the right to revoke it at any time by writing a letter telling us you no longer accept the terms, and we will comply with your wishes about using or sharing your information from that time on unless we are required to do so by law or to the extent that we may already have used or shared some of your information.

Signature of Client	Printed Name	Date
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Signature of Personal Representative (if other than client)	Printed Name	Relationship	Date
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Signature of 2 nd Personal Representative (if other than client)	Printed Name	Relationship	Date
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Date Notice of Privacy Practices was given

Person seeking service refuses to acknowledge receipt.

Signature of Psychologist	Date
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Financial Agreement

We value this opportunity to be of service to you. We have found that coming to a mutual agreement early about payments allows us and you to move ahead to your primary goals, so we would like to take this opportunity to explain the financial policies of this office.

Responsibility of Payment

Payment for all fees is due and payable at the time services are rendered, unless other payment arrangements have been approved in advance by us. Services will be charged directly to the client. In the case of minors, payment is the responsibility of the parent who consents to service.

Insurance

As a general policy, if you want to use health insurance, we request that you pay us directly at the time service is rendered, and then you may obtain reimbursement from your carrier. We strongly recommend you clarify your mental health benefits with your carrier before incurring the cost of services. The responsibility for knowing and verifying your health insurance eligibility and benefits rests with you. Regardless of your insurance status, you are ultimately responsible for full payment of the balance on your account for all professional services from the date rendered.

Release of Information to Third-Party Payors

Disclosure of medical information regarding the conditions being treated and the services being provided is generally required by insurance companies or other third-party payors for billing or quality assurance purposes. Client or responsible person hereby authorizes release of this information as requested by third-party payors for this purpose. While insurance companies generally assure clients that no information will be released to your employer or other third parties, once information leaves this office, we cannot guarantee its security.

Delinquent Payment

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we recommend you contact us promptly for assistance in the management of your account. In circumstances of unusual financial hardship, the psychologist may be willing to negotiate a plan.

Failure to pay fees when they are due may result in rescheduling your appointment or suspending service to you.

If an outstanding balance accrues and remains unpaid 60 days after the billing date, and suitable arrangements for payment have not been agreed to, bills may be submitted for collection including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.

Checks returned by the bank are subject to a service charge of \$35.

Upon request we can provide you an itemized statement (superbill) that you can submit to your insurance company for the purpose of obtaining reimbursement.

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Cancellations & Unkept Appointments

Scheduling an appointment involves the reservation of time specifically for you. Once an appointment is scheduled, you are expected to keep it unless you provide a minimum of 24 hours prior notice to cancel or to reschedule or we both agree that you were unable to appear due to circumstances beyond your control.

I have read, understood, and agreed to the conditions outlined above in the Financial Agreement. I have clarified any questions before signing this consent.

Signature of Client	Printed Name	Date
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Signature of Personal Representative	Printed Name	Relationship	Date
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Signature of 2 nd Personal Representative	Printed Name	Relationship	Date
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Psychologist	Date
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CLIENT INFORMATION:

NAME _____ AGE _____ DOB _____

HOME TEL. _____ CELL TEL. _____

ADDRESS _____ CITY/ZIP _____

EMPLOYER _____ OCCUPATION _____

CURRENT LIVING SITUATION _____

DESCRIBE ANY HEALTH PROBLEMS _____

MEDICATIONS TAKEN & DOSAGE _____

DOCTOR'S NAME AND PHONE # _____ (_____) _____

EMERGENCY CONTACT NAME/RELATIONSHIP _____

EMERGENCY CONTACT PHONE:(_____) _____

PRIMARY LANGUAGE _____ ETHNICITY _____

FOR MINORS:

NAME OF PARENT/CAREGIVER # 1 _____ RELATIONSHIP _____

CELL TEL. #1 _____ EMPLOYER _____

OCCUPATION _____

NAME OF PARENT/CAREGIVER # 2 _____ RELATIONSHIP _____

CELL TEL. #2 _____ EMPLOYER _____

OCCUPATION _____

MARITAL STATUS OF PARENTS _____

IF SEPARATED/DIVORCED, SPECIFY PHYSICAL AND LEGAL CUSTODY _____

HOW DID YOU HEAR ABOUT OUR SERVICES? _____

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

CLIENT: _____ DATE: _____

PARENT/ GUARDIAN: _____ DATE: _____