



ASSESSMENT AND THERAPY

Associates of Grand Forks

COUPLES INTAKE FORM

www.grandforkstherapy.com

General Information:

Partner #1: _____ Date of Birth: _____ Age: _____

Address: _____

Telephone: _____

Home

Cell/Other

Partner #2: _____ Date of Birth: _____ Age: _____

Address: _____

Telephone: _____

Home

Cell/Other

Referral Information:

Who referred you? _____

Marital Status:

Married Dating Living with Partner Divorced

Children: Names and ages:

Presenting Problem(s): Please summarize current problem(s), why you are coming here – how and when it started and how it has affected you: _____

ASSESSMENT AND THERAPY ASSOCIATES OF GRAND FORKS (ATAGF), PLLC PATIENT SERVICES AGREEMENT

Welcome to our practice. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations.

The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging we provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before your session. You and your provider can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between you, ATAGF, and your provider.

YOUR PROVIDER

Your provider is a Licensed Psychologist, Psychology Resident, a Licensed Professional Clinical Counselor (LPCC), or a Licensed Independent Clinical Social Worker (LICSW). Individuals who are Licensed Psychologists have a Ph.D. in Clinical or Counseling Psychology and have completed the requirements for licensure as a psychologist in the state of North Dakota. Individuals who are Psychology Residents have a Ph.D. in Clinical or Counseling Psychology and are working toward completing the requirements for licensure as a psychologist in the State of North Dakota. Psychology Residents are supervised by a Licensed Psychologist in our practice and will provide you with the name of his or her supervisor during the initial session. Individuals who are LPCCs have a Master's degree in Counseling and have completed the requirements for licensure as a counselor in the state of North Dakota. Individuals who are LICSWs have a Master's degree in Social Work and have completed the requirements for licensure as social workers in the state of North Dakota.

PSYCHOLOGICAL SERVICES

You are coming to ATAGF for couple's therapy. Couple's therapy is not easily described in general statements. It varies depending on the personalities of the provider and patient and the particular problems you are experiencing. There are many different methods we may use to deal with the problems you hope to address. Couple's therapy 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 you and your provider talk about both during your sessions and at home.

Couple's therapy can have benefits and risks. Since couple's 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, couple's therapy has also been shown to have many benefits. Couple's therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Yet, there are no guarantees of what you will experience.

The first few sessions with your provider will involve an evaluation of your needs. Part of this evaluation may involve completing psychological inventories with your therapist. By the end of the evaluation period, your provider will be able to offer you some first impressions of what your work together will include. There may also be a treatment plan to follow which may include referrals to other providers for services (such as individual psychotherapy and/or other treatment recommendations). You should evaluate this information along with your own opinions of whether you feel comfortable working with these providers. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the provider you select. If you have questions about our procedures at ATAGF, you should discuss them with your provider whenever they arise. If your doubts persist, your provider will be happy to help you set up a meeting with another mental health professional for a second opinion.

During the course of couple's therapy, your provider may see a smaller part of the treatment unit (e.g., an individual) for one or more sessions. These sessions should be seen by you as a part of the work your provider is doing with the couple, unless otherwise indicated and documented. If you are involved in such sessions with your provider, please understand that generally these sessions are confidential in the sense confidential information will not be released to a third party (e.g., another treatment provider) unless your provider is required by law to do so or unless your written authorization is obtained. In fact, because these sessions should be considered a part of couple's therapy, your provider will also seek the authorization of the other individual in the couple before releasing confidential information to a third party.

Your provider may need to share information learned in an individual session with the entire treatment unit (the couple) if your provider is to effectively serve the couple being treated. Your provider will use his/her best judgment as to whether, when, and to what extent disclosures will be made to the treatment unit. If appropriate, your provider will also first give the individual the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters you absolutely want to be shared with no one, you may want to consult with an individual therapist who can treat you individually.

These policies are intended to allow your provider to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the couple being treated. If your provider is not free to exercise his/her clinical judgment regarding the need to bring such information to the couple during couples' therapy, your provider may be placed in a situation where your provider may have to terminate treatment of the couple. These policies are intended to prevent the need for such termination.

MEETINGS

Our providers normally conduct an evaluation during the first session that typically consists of answering questions. During this time, you and the provider can both decide if he/she is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, your provider will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time you agree on, although some sessions may be shorter / longer or more / less frequent. If you are coming for psychological testing, this testing is likely to be conducted in several different sessions. Your provider will be able to discuss his/her plan for testing with you after the initial session.

Once an appointment hour is scheduled, you are asked to provide 24 hours [1 day] advance notice of cancellation if you are unable to make it to your appointment. Although ATAGF provides reminder calls or SMS (text) messages for appointment times as a courtesy, it is your responsibility to know when you are scheduled to meet with your provider. Given reminder calls or SMS (text) messages can be made less than 24 hours in advance, if you cancel when you get your reminder, it is likely that your cancellation will be considered a late cancellation/no-show. After two late cancellations and/or no-shows, ATAGF providers reserve the right to remove you from a regular spot in their schedules and speak with you prior to scheduling additional appointments to determine your commitment to therapy and/or the psychological evaluation.

PROFESSIONAL FEES

The fees involved for services at ATAGF depend upon the particular service and type of provider involved. Please contact ATAGF administrative staff or speak with your provider for more information about fees for the services provided to you. In addition to weekly appointments, ATAGF providers may charge for other professional services you may need, although the provider will break down the hourly cost if he/she works for periods of less than one hour. Other services may include but are not limited to telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of your provider. If you become involved in legal proceedings that require your provider's participation, you will be expected to pay for all of your provider's professional time, including preparation and transportation costs, even if your provider is called to testify by another party. Because of the difficulty of legal involvement, ATAGF providers charge more than the hourly rate for preparation and attendance at any legal proceeding. You are encouraged to discuss this fee with your providers prior to any legal involvement.

CONTACTING YOUR PROVIDER

Due to the work schedules of our providers, they are often not immediately available by telephone. Although ATAGF providers are usually in the office between 8 AM and 5 PM these hours vary based upon the individual provider with whom you are working. Please discuss your provider's office hours with him/her. Your provider probably will not be available when he/she is with a patient. The telephone is answered by an administrative assistant 8am to 8pm Monday through Thursday and from 8am to 5pm on Friday. These administrative assistants know where to reach your provider and may inform you when he or she is available to speak with you.

Your provider will make every effort to return your call on the same day you make it, with the exception of evenings, weekends, and holidays. If you are difficult to reach, please inform ATAGF administrative assistants of times when you will be available. If you are unable to reach your provider and feel that you cannot wait for him/her to return your call, it is advised you call 911, go to your local Emergency Room, call the 24-hour crisis line at Northeast Human Service Center at (701) 775-0525, or call the University of North Dakota (UND) Crisis Line at 701-777-2127 if you are a UND student. If your provider will be unavailable for an extended time, he/she will provide you with the name of a colleague to contact, if necessary. **PLEASE NOTE: ATAGF providers do not carry a pager and are not available 24 hours a day. If you believe you may need such crisis services, ATAGF may not be the best practice for you.**

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a provider. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require you to provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- Your provider may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, he/she makes every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you don't object, your provider will not tell you about these consultations unless he/she feels it is important to your work together. Your provider will note consultations in your Clinical Record (which is called "PHI" in our Notice of Privacy Practices attached to this Agreement).
- You should be aware ATAGF providers practice with other mental health professionals and that we employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- We also have contracts with various entities that enable us to perform treatment, billing, and practice management operations. As required by HIPAA, we have formal business associate contracts with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and/or a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to seriously harm himself/herself or someone else, your provider or ATAGF staff may take actions to prevent this, including seeking hospitalization for him/her, notifying law enforcement, or contacting family members or others who can help provide protection.

There are some situations where ATAGF is permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis and treatment, such information is protected by the provider-patient privilege law. ATAGF providers cannot provide any information without your written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your provider to disclose information.
- If a government agency is requesting the information for health oversight activities, your provider may be required to provide it for them.
- If a patient files a complaint or lawsuit against an employee of ATAGF, the ATAGF employee may disclose relevant information regarding that patient in order to defend him or herself.
- If a patient files a worker's compensation claim, ATAGF must, upon appropriate request, provide appropriate information including a copy of the patient's record or other information concerning mental health care services, to the North Dakota Worker's Compensation Bureau.

There are some situations in which an ATAGF provider is legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment.

- If we have reason to suspect that a child is abused or neglected, the law requires that we file a report with the Department of Human Services. Once such a report is filed, we may be required to provide additional information.
- If we have knowledge of or reasonable cause to suspect that an adult with developmental disabilities or mental illness is abused, neglected, or exploited, the law requires that we report such information to the Protection and Advocacy Project. Once such a report is filed, we may be required to provide additional information.
- If a patient threatens serious physical harm to an identifiable victim, we may take actions to protect the victim. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, your provider will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary. Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important you and your provider discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be complex, and your provider is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of your provider's profession require that he/she keep Protected Health Information about you in your Clinical Record. You may examine and/or receive a copy of your Clinical Record (or a summary or explanation of the information contained in your Clinical Record if agreed by you in advance), if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, ATAGF recommends that you initially review them in your provider's presence or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, ATAGF can charge a copying fee of \$20 per page for the first 25 pages, 75 cents per page for any pages beyond twenty-five and includes administrative, document retrieval, and postage charges. There may be instances in which your provider does not believe reviewing your record is in your best interest, and this will be discussed with you should this occur.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that ATAGF amends your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about ATAGF policies and procedures

recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and ATAGF privacy policies and procedures. Your provider or an ATAGF administrative assistant is happy to discuss any rights with you.

RECORDING

Your sessions with any ATAGF provider may not be recorded in any way by any party unless agreed to in writing by mutual consent (between you/your guardian and your ATAGF provider). The end date of this mutual consent will be included in the written agreement. A copy of this written agreement will be maintained in your medical record.

APPOINTMENT REMINDERS

ATAGF utilizes electronic SMS messaging (texting) for appointment reminders which may include phone calls with voicemail. It is your responsibility to ensure that contact information is updated with ATAGF staff and that failure to do so may result in someone other than yourself receiving the appointment reminder. You may also choose to opt out of text messaging reminders. In order to do so, please submit the request to ATAGF staff in writing and appointment reminders will be handled accordingly.

BILLING AND PAYMENTS

ATAGF providers do not bill insurance for couple's therapy because no mental health diagnosis is rendered by ATAGF therapists during couple's therapy because the couple is the client. Therefore, couple's therapy is an out-of-pocket service. You will be expected to pay for each session at the time it is held, unless you and your provider agree otherwise. Credit card payments and similar arrangements are more confidential than checks (with names on them), as we deposit these checks into our banking account. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, your provider may be willing to negotiate a fee adjustment or payment plan.

Because the couple is the client, both members of the couple are responsible for the bill. ATAGF requires a current credit card number be kept on file for all out-of-pocket services. Each member of the couple will sign this agreement and agree to abide by terms put forth in that agreement. The credit card number provided will be billed if payment has not been received thirty (30) days after date of billing or if alternative payment arrangements have not been made, documented, and followed with your couple's therapist (see Credit Card Payment, Couple's Therapy document attached to this intake packet).

If your account has not been paid for more than thirty (30) days and alternative arrangements for payment have not been agreed upon, ATAGF has the option of using legal means to secure the payment. This may involve hiring a collection agency (i.e., United Accounts) or going through small claims court which will require your provider to disclose otherwise confidential information. In most collection situations, the only information ATAGF releases regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

If your account has not been paid for more than thirty (30) days and arrangements for payment have not been agreed upon or if the arrangements have not been followed, your provider may speak with you about a referral to another agency or provider who is able to provide more cost-effective services to you.

EMAIL INFORMED CONSENT

Email can be a useful method of correspondence for clients. Transmitting confidential information by email can create a number of risks, both general and specific that clients need to be aware of if they choose this method of correspondence.

A. General email risks include but are not limited to the following:

- Email can be immediately broadcasted worldwide and received by many intended and unintended recipients;
- Recipients can forward email messages to other recipients without the original sender's permission or knowledge;
- Users can easily send an email to the incorrect address;
- Email is easier to falsify than handwritten or signed documents;

- Backup copies of email may exist even after the sender or recipient has deleted his or her copy;
- Without the benefit of face-to-face interaction, emails can be misinterpreted in tone and meaning.

B. Specific email risks include but are not limited to the following:

- Email containing information pertaining to a client’s diagnosis and/or treatment must be included in the client’s medical record. Thus, all individuals who have access to the medical record will have access to the email messages;
- If you are sending your emails from your employer’s computer, your employer does have access to your emails;
- While it is against the law to discriminate, an employer who has access to your email could use the information to discriminate against the employee. Additionally, the employee could suffer social stigma from a workplace disclosure;
- Insurance companies who learn of your PHI information could deny you coverage;
- Although therapists and ATAGF staff will endeavor to read and respond to email correspondence promptly, they cannot guarantee that any particular email message will be read and responded to within any particular time frame.

C. Conditions for use of email

All email messages sent or received that concern your diagnosis or treatment or that are a part of your medical record will be treated as part of your PHI. Reasonable means will be used to protect the security and confidentiality of the email. Because of the risk outlined above, the security and confidentiality of email cannot be guaranteed.

Your consent to email correspondence includes your understanding of the following conditions:

- All emails to and from you concerning your protected health information (PHI) will be a part of your file and can be viewed by health care, insurance providers, and ATAGF office support staff.
- Your email messages may be forwarded within ATAGF as necessary for diagnosis, treatment, and reimbursement. However, they will not be forwarded outside the office without your consent or as required by law.
- Though all efforts will be made to respond promptly, this may not be the case. Because the response cannot be guaranteed *please do not use email in a medical emergency.*
- You are responsible for following up with the therapist or support staff if you have not received a response.
- Medical information is sensitive and unauthorized disclosure can be damaging. You should not use email for communications concerning diagnosis or treatment of AIDS/HIV infection, other sexually transmittable diseases, mental health, developmental disability, or substance abuse issues. It is your right, however, to choose to communicate about this information if you desire.
- Since employers do not observe an employee’s right to privacy in their email system, you should not use their employer’s email system to transmit or receive confidential emails.
- ATAGF will take reasonable steps to ensure that all information shared through emails is kept private and confidential. However, ATAGF is not liable for improper disclosure of confidential information that is not a result of our negligence or misconduct.
- If you consent to the use of email, you are responsible for informing your therapist of any type of information that you do not want sent to you by email.
- You are responsible for protecting your password and access to your email account and any email you send or receive from ATAGF to ensure your confidentiality. Your therapist cannot be held liable if there is a breach of confidentiality caused by a breach in your account security.
- Any email that you send that discusses your diagnosis or treatment constitutes informed consent to the information being transmitted. If you wish to discontinue emailing information, you must submit a written notification that you wish to discontinue or an email informing your therapist that you are withdrawing consent to email information.

CHECK APPROPRIATE BOX(ES):

- Yes, I have read the above and consent to email correspondence between ATAGF/my provider and me.**
- Yes, I have read the above and consent to email correspondence between ATAGF/my provider and other individuals for whom I have signed a release of information form.**
- No, I don’t want/need to correspond with my ATAGF provider.**

Email address to use for correspondence: _____

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ THE INFORMATION IN THE *PATIENT SERVICES AGREEMENT* (Revised April 2019), *ACKNOWLEDGEMENT OF APPOINTMENT REMINDERS, EMAIL INFORMED CONSENT* AND AGREE TO ABIDE BY ITS TERMS DURING THE PROFESSIONAL RELATIONSHIP YOU HAVE WITH ATAGF, ITS STAFF, AND ITS PROVIDERS. YOUR SIGNATURE ALSO INDICATES YOU WERE OFFERED A COPY OF THIS AGREEMENT FOR YOUR OWN RECORDS.

Printed legal name of Partner #1

Printed legal name of Partner #2

Signature of Partner #1

Date

Signature of Partner #2

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (NPP)

I acknowledge I was provided a copy of the Notice of Privacy Practices (NPP) for Assessment and Therapy Associates of Grand Forks, PLLC (effective date September 23, 2013; updated April 25, 2019).

Printed legal name of Partner #1

Printed legal name of Partner #2

Signature of Partner #1

Date

Signature of Partner #2

Date

For Office Use Only:

If no acknowledgement could be obtained, please document the reason(s) why below and efforts taken to obtain the acknowledgement:



ASSESSMENT AND THERAPY
Associates of Grand Forks

www.grandforkstherapy.com

CREDIT CARD PAYMENT (COUPLE'S THERAPY)

I understand couple's therapy is an out-of-pocket service (at the rate of \$_____ per therapy hour) and that Assessment and Therapy Associates of Grand Forks, PLLC (ATAGF) will not bill my insurance company for couple's therapy services. I further understand that both members of the couple are responsible for all fees that are incurred as part of couple's therapy. It is ATAGF's policy is that couple's therapy is paid for at the time of service. Additionally, a current credit card number must be kept on file, regardless of my preferred method of payment.

I understand my credit card will not be charged if I choose to pay by check or cash at the time of service or if alternative arrangements have been made with my provider (see below). I give ATAGF permission to charge my credit card for any services that have not been paid by myself within thirty (30) days of billing or if this is my chosen payment method. All paid invoices will be mailed to the credit card holder at the time the credit card is charged.

I authorize ATAGF to automatically withdraw payments from my account for the cost of services outlined above based upon the terms chosen below. This authorization will remain in effect until I give written notification to terminate the authorization.

Partner name #1: _____ Partner name #2 _____

Cardholder name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Phone Number: _____

Type of Credit Card (Visa, Mastercard, Discover, etc.): _____

Credit Card Number: _____/_____/_____/_____

Expiration Date: _____/_____

Terms of payment (check one):

- Charge the full couple's therapy fee to my credit card at the time of service
- I will pay via another method (check, cash) at the time of service; my credit card will only be charged if my bill is not paid within thirty (30) days of billing
- Other terms discussed and agreed upon between myself and my couple's therapist as outlined below:

My signature below indicates I understand and agree to be bound by agreements outlined in this document.

Partner signature #1

Date

Partner signature #2

Date

Clinician or ATAGF representative signature

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Assessment and Therapy Associates of Grand Forks, PLLC Notice of Privacy Practices (Brief Version)

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a shorter version of the attached, full, legally required notice of privacy practices. Please talk to our privacy officer (see the end of this form) about any questions or problems.

How we use and disclose your protected health information with your consent

We will use the information we collect about you mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities that are called, in the law, **health care operations** (e.g., billing for services). After you have read this notice we will ask you to sign a **consent form** to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this. We send appointment reminders that include phone calls (with voicemails) or SMS messaging (texting). If this is a problem for you, please notify us, and you can no longer receive these reminders.

Disclosing your health information without your consent: There are times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices (please ask for a copy).

Your rights regarding your health information

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you for it. Contact our privacy officer to arrange how to see your records. See below.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.
7. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
8. You have a right to be notified if there is a breach involving your PHI, if your PHI has not been encrypted to government standards; and our risk assessment fails to determine there is a low probability your PHI has been compromised.
9. You have the right to decide you would not like to be included in fundraising communications that we may send out.

Your choices regarding your health information: You also have some choices regarding whether or not we share your information. For example, whether or not we tell family or friends about your health care, releasing Psychotherapy Notes, or whether or not you are contacted for fundraising efforts. Please see the long version of our Notice of Privacy Practice for additional information.

Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer, who is Tiram Gamliel, LPCC and can be reached by phone at (701) 780-6821. The effective date of this notice is September 23, 2013. It was updated on April 25, 2019.