

Cognitive Care

SOLUTIONS

Comprehensive Cognitive Wellness

Welcome to Cognitive Care Solutions (CCS). These pages explain our professional services, office policies, and the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that along with California state law safeguards your privacy rights. Thank you for reviewing this information. HIPAA requires that we obtain your signature acknowledging that we have provided you with this information on the first date of service.

We will do our best to provide courteous, caring, and confidential services to you or family members in need. Considerate and appropriate care is your right, regardless of ethnicity, age, religious beliefs, nationality, or social background.

PSYCHOLOGICAL SERVICES

CCS provides Cognitive Enhancement Therapy to those with mild cognitive impairment or mild dementia, with the goal of keeping the brain stronger for longer and maintaining functional abilities. Cognitive Enhancement Therapy targets the modifiable risk factors that research supports to maintain brain health.

This practice has an educational, self-care treatment approach, based on scientific research. Today and in subsequent visits, we will provide information on potential treatment options or problem-solving strategies to enhance your cognitive abilities and assist in dealing with stress and depression. Typically, we will recommend homework to accelerate positive changes.

In our first visit, we will gather information about you and personal or family background to provide the best possible assistance later. In most situations, we will suggest neuropsychological testing to provide more precise information. Together, we will develop a lifestyle action plan to best address goals and concerns. With your written consent, we will be able to coordinate services with key physicians and other professionals if you so desire.

Today or at a later date, we may realize that you might benefit from a referral to someone else who can provide more appropriate treatment options. Do not hesitate to ask for referrals to other health care providers for any reason!

CONTACTING COGNITIVE CARE SOLUTIONS

Should an urgent situation arise, we will do our best to provide you with an appointment here or at an alternative location with another health care provider if necessary as soon as possible. We make every effort possible to return phone calls from patients promptly. Since we are not medical doctors, we cannot answer questions about medications or medical treatment. Please share these concerns with your physician. Also, we recommend that patients and families immediately go to the Emergency Room of their preferred hospital in case of a serious or potentially life-threatening medical or mental health emergency. Please call if urgent matters develop outside of business hours. Of course, we can only assist you for limited periods of time on the telephone. Substantive concerns are better addressed during office visits. When the office is on vacation or one of us is away on please feel free to use the cell phone number provided by the therapist who is treating you.

OFFICE POLICIES

Therapists see only one patient or family at a time. Overhead expenses must be covered regardless of whether or not patients appear for scheduled visits. For these reasons, patients are expected to pay a fee for missed appointments that had not been cancelled with office staff 24 hours in advance. This fee will be billed to you in our monthly invoice. The only exception to this policy is when we both agree that there had been emergency circumstances beyond your control responsible for the cancelled visit. Generally, individuals who fail to show up for two scheduled visits without providing 24-hour notice are informed that we will be unable to provide additional services.

PROFESSIONAL FEES

Self-pay patients are expected to pay in full for services and will be invoiced on a monthly basis. The total amount of the invoice is due two weeks after the invoice is received. Patients whose care is covered by health insurance are responsible for paying the deductible and co-pay expenses either at the time of your visit or within two weeks of billing. For some individuals, there may be additional fees for special administrative services (such as when you want your therapist to consult with your attorney). We will do our utmost to notify you of professional fees on a timely basis and suggest payment plans that help you avoid excessive debt.

Patients who are seen for Neuropsychological Assessments will be charged the day of testing for the number of hours they are seen that day (ie., from 1:00-4:00 charge will be \$750 for the 3 hours), billed in 10 minute increments and payable at time of service. We will then invoice for the balance due once the report is completed. Invoices will be due two weeks after the invoice is received.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a therapist. 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. However, in the following situations, no authorization is required:

- Your therapist may occasionally find it helpful to consult other health and mental health professionals who can help me do a better job of providing psychological services. During consultation, we make every effort to avoid revealing the identity of our patients. The other professionals are also legally bound to keep the information confidential. Guidance from professional colleagues improves our skills in helping people while safeguarding privacy.

There are three circumstances in which the law requires your therapist to share confidential information, even without patient or guardian consent. Psychological records or the testimony of a therapist can be: (1) court-ordered or (2) mandated by state or federal law to protect human health and safety without written consent. (3) If your visit is related to a workplace, motor vehicle, or other accident, we have a legal obligation to provide information about diagnosis and services to the relevant insurance carrier.

You will want to sign a Release of Information and Assignment of Benefits Form if you want our services to be partially or fully paid by your health insurance plan. Since treatment works best when there is teamwork, we will ask if you are willing to consent in writing to sign a Release of Confidential Information to the referring physician and/ or other provider(s) of your choice. This decision is entirely up to you.

CLINICAL RECORDS

Protected clinical information is safeguarded in your clinical record. With the exception of unusual circumstances, adults have the legal right to examine and/ or receive a copy of information in their clinical record, providing that they request this in writing. Untrained readers can misinterpret technical information in

mental health records. Therefore, we recommend that you initially review your clinical record in our presence during a follow-up psychotherapy visit, or sign a release enabling us to forward this information to another mental health professional with whom you can discuss the contents. There is a nominal cost, payable in advance and not covered by insurance, for photocopying, postage, and staff time in handling records. We will ask you to pay this fee when you provide us with a signed, written request for this information. Special HIPAA-compliant forms are available at this office to enable you to request a review of your protected mental health record.

PATIENT RIGHTS

HIPAA provides you with expanded rights with regard to protected health information. These rights include requesting that we amend your record and requesting an accounting of most disclosures of protected health information.

Children and Dependent Adults: Patients under 18 years of age who are not emancipated from their parents and dependent adults should be aware that the law may allow parents or family caretakers with power of attorney to examine an individual's treatment records. Because privacy in psychotherapy is often crucial to successful progress, it is sometimes our policy to request an agreement that parents or guardians consent to give up their access to their dependent's records. Of course, we will update you on your child's or dependent adult's progress and look forward to your guidance in treatment planning. The exception to this policy is the rare situation in which we feel that an individual is in danger or is a danger to someone else, in which case, we will notify parents or caretakers of our concern immediately. Before giving family caretakers any information, we will discuss the matter with our patients, if possible, and do our best to handle any objections that they may have.

BILLING AND PAYMENTS

You will be invoiced monthly for your Cognitive Enhancement Therapy Sessions. Payment is due within two weeks of billing. A late fee of \$50 per month will be added to late payments.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve employing an attorney who assists us in collections or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

Your contract with your health insurance company requires that you authorize us to provide information relevant to the services that we provide. If you are seeking reimbursement for services under your health insurance policy, you will be required to sign an authorization form that allows us to provide such information. We are required to provide a clinical diagnosis and procedure (treatment) code. Sometimes, we will be requested to provide additional clinical information such as treatment plans or summaries. Occasionally, insurance examiners request copies of complete progress notes describing our work with patients to determine if our services were medically necessary. (If you refuse such authorization, the insurance company can deny your claims and you will be responsible for paying for services yourself). In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. All insurance companies claim to keep such information confidential. However, we have no control over what they do with it once it is in their hands.

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 your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above [unless prohibited by contract].

QUESTIONS AND COMPLAINTS

Please contact Allyson Lehrich, LCSW, President, your therapist, or our staff if you want more information about our privacy practices and have questions or concerns. You are also free to submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information.

7/1/2016

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA provides for the protection of individually identifiable health information that is transmitted or maintained in any form or medium. The privacy rules affect the day-to-day business operations of all organizations that provide medical care and maintain personal health information.

What Health Information is Protected?

HIPAA protects an individual's health information and his/her demographic information. This is called "protected health information" or "PHI". Information meets the definition of PHI if, even without the patient's name, if you look at certain information and you can tell who the person is then it is PHI. The PHI can relate to past, present or future physical or mental health of the individual. PHI describes a disease, diagnosis, procedure, prognosis, or condition of the individual and can exist in any medium – files, voice mail, email, fax, or verbal communications.

HIPAA defines information as protected health information if it contains the following information about the patient, the patient's household members, or the patient's employers:

- Names
- Dates relating to a patient , i.e. birthdates, dates of medical treatment, admission and discharge dates, and dates of death
- Telephone numbers, addresses (including city, county, or zip code) fax numbers and other contact information
- Social Security numbers
- Medical records numbers
- Photographs
- Finger and voice prints
- Any other unique identifying number

HIPAA stipulates the following patient's right under its privacy rule:

- Patients have a right to receive a notice of the privacy practices of any health care provider health clearing house, or health plan.
- Patients have a right to see their PHI and get a copy.
- Patients have a right to request that changes be made to correct errors in their records or to add information that has been omitted.
- Patients have a right to see a list of some of the disclosures that have been made of their PHI.
- Patients have a right to request that you give special treatment to their PHI.
- Patients have a right to request confidential communications.
- Patients have a right to complain.

A health provider can disclose an individual's PHI without the patient's authorization if the disclosure deals with treatment, payment, operations, or if the information is mandated by law. Otherwise, for most other uses, the patient will need to authorize the provider to make the disclosure.

A patient has the right to submit a complaint if he believes that the health provider has:

- Improperly used or disclosed their PHI
- Concerns about their HIPAA Privacy policies
- Concerns about the provider's compliance of its privacy policies.

The patient may file the complaint with either of the following:

- The provider's Chief Privacy Officer
- The US Department of Health and Human Services, Office of Civil Rights, www.hhs.gov/ocr/hipaa/