

# Re-New Psychological Services, LLC

Dr. Krystal Stanley, Owner  
202-341-0500

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Washington, DC 20005

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Washington, DC 20009

## Demographic Information and Personal History

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_ Gender: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

Current religious denomination/affiliation:

None  Protestant  Catholic  Jewish  Muslim  Buddhist  Hindu  Other (specify): \_\_\_\_\_

Involvement:  None  Some/irregular  Active Importance of spiritual concerns in your life? \_\_\_\_\_

Ethnicity/national origin: \_\_\_\_\_

Any other way you identify yourself?: \_\_\_\_\_

Sexual Orientation:

Lesbian  Gay  Bisexual  Heterosexual  Queer  Questioning  Other (specify): \_\_\_\_\_

**Your medical care:** From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

## Psychological and Treatment History

### Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?  
 No  Yes If yes, please indicate:

| Dates of Service | From whom? | Where? (city/state) | Presenting Concerns | Outcome? |
|------------------|------------|---------------------|---------------------|----------|
|                  |            |                     |                     |          |
|                  |            |                     |                     |          |
|                  |            |                     |                     |          |

2. Have you ever taken medications for psychiatric or emotional problems?  No  Yes If yes, please indicate:

| When? | Prescribing Physician | Which Medications? | For What? | With what results? |
|-------|-----------------------|--------------------|-----------|--------------------|
|       |                       |                    |           |                    |
|       |                       |                    |           |                    |
|       |                       |                    |           |                    |
|       |                       |                    |           |                    |

### Abuse history:

- I was not abused in any way  
 I was abused

If you were abused, please indicate the type of abuse:

P = Physical, such as beatings.

S = Sexual, such as touching/molesting, fondling, or intercourse.

N = Neglect, such as failure to feed, shelter, or protect.

E = Emotional, such as humiliation, etc.

| Age | Type | By whom? | Duration of Abuse | Reported? Y/N | Outcome of reporting abuse |
|-----|------|----------|-------------------|---------------|----------------------------|
|     |      |          |                   |               |                            |
|     |      |          |                   |               |                            |
|     |      |          |                   |               |                            |
|     |      |          |                   |               |                            |

### Chemical use

How much of each do you consume each week, on average?

Beer \_\_\_\_\_

Wine \_\_\_\_\_

Hard Liquor \_\_\_\_\_

Have you ever felt the need to cut down on your drinking?  No  Yes

Have you ever felt annoyed by criticism of your drinking?  No  Yes

Have you ever felt guilty about your drinking?  No  Yes

Have you ever experienced "black outs" (e.g., unconsciousness; forgetting the events of the night) as a result of drinking?  No  Yes

If yes, please explain: \_\_\_\_\_

Which drugs (not medications prescribed for you) have you used in the last 10 years? Please provide details about your use of these drugs or other chemicals (e.g., amount, frequency, effect, etc.) \_\_\_\_\_

\_\_\_\_\_

## Checklist of Concerns

Please mark all of the items below that apply:

- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, undereating, appetite, vomiting (see also “Weight and diet issues”)
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Housework/chores—quality, schedules, sharing duties
- Inferiority feelings
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
- Legal matters, charges, suits
- Loneliness
- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Pain, chronic
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Procrastination, work inhibitions, laziness
- Relationship problems (with friends, with relatives, or at work)
- School problems (see also “Career concerns ...”)
- Self-centeredness
- Self-esteem
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desire differences, other (see also “Abuse”)
- Shyness, oversensitivity to criticism
- Sleep problems—too much, too little, insomnia, nightmares
- Smoking and tobacco use
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management, stress disorders, tension
- Suspiciousness, distrust
- Suicidal thoughts
- Temper problems, self-control, low frustration tolerance
- Thought disorganization and confusion
- Threats, violence
- Weight and diet issues
- Withdrawal, isolating
- Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition

## What You Should Know about Confidentiality in Therapy

I will treat what you tell me with respect and great care. The Code of Ethics for Psychologists and other mental health professionals and the laws of the District of Columbia prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about- in other words, the “confidentiality” of therapy.

I must also let you know, however, that there are some exceptions to confidentiality. There are times when I am legally required to reveal information about some of the things that we have discussed in therapy. It is important that we discuss this up front so that you have a clear understanding of what I can and cannot keep confidential. You need to know about these rules now, so that you don't tell me something as a “secret” that I cannot keep secret. Please read these pages carefully and keep this copy.

1. **When you or other persons are in physical danger**, the law requires me to tell others about it. Specifically:
  - a. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.
  - b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.
  - c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
  - d. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts; thus, the state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer before we discuss any of this.

In any of these situations, I would reveal only the information that is needed to protect you or the other person. I would not tell everything you have told me.

2. In general, **if you become involved in a court case or proceeding**, you can prevent me from testifying in court about what you have told me. This is called “privilege,” and it is your choice to prevent me from testifying or to allow me to do so. However, there are some situations where a judge or court may require me to testify:
  - a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt.
  - b. In cases where your emotional or mental condition is important information for a court's decision.
  - c. During a malpractice case or an investigation of me or another therapist by a professional group.
  - d. In a civil commitment hearing to decide if you will be admitted to or continued in a psychiatric hospital.
  - e. If you are seeing me for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don't have to tell me what you don't want the court to find out through my report.
  - f. If you were sent to me for an evaluation by worker's compensation or Social Security disability, I will be sending my report to a representative of that agency and it can contain anything that you tell me.

3. There are a few other things you must know about confidentiality and your treatment:

- a. I regularly consult (talk) with other professionals about your treatment. This other person is also required by professional ethics to keep your information confidential. Likewise, when I am out of town or unavailable, another therapist will be available to help my clients. I must give him or her some information about my clients.
- b. I am required to keep records of your treatment, such as the notes I take when we meet. You have a right to review these records with me. If something in the record might seriously upset you, I may leave it out, but I will fully explain my reasons to you.

4. Here is what you need to know about confidentiality **in regard to insurance and money matters:**

- a. If you use your health insurance to pay for your sessions, the insurance company, the managed care organization, or perhaps your employer's benefits office will require me to provide information about your functioning in many areas of your life, your social and psychological history, and your current symptoms. I will also be required to provide a treatment plan for your problems and information on how you are doing in therapy.
- b. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although I believe the insurance company will act morally and legally, I cannot control who sees this information after it leaves my office. You cannot be required to release more information just to get payments.
- c. If you have been sent to me by your employer's employee assistance program, the program's staffers may require some information. Again, I believe that they will act morally and legally, but I cannot control who sees this information at their offices. If this is your situation, let us fully discuss my agreement with your employer or the program before we talk further.
- d. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due to me.

5. **Children and families create some special confidentiality questions.**

- a. When I treat children under the age of about 12, I must tell their parents or guardians whatever they ask me. As children grow more able to understand and choose, they assume legal rights. For those between the ages of 12 and 18, most of the details in things they tell me will be treated as confidential. However, parents or guardians do have the right to general information, including how therapy is going. They need to be able to make well-informed decisions about therapy. I may also have to tell parents or guardians some information about other family members that I am told, especially if these others' actions put them or others in any danger.
- b. In cases where I treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. I may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes and my role. Then we can be clear about any limits on confidentiality that may exist.
- c. **Spouses/Romantic Partners:** If you tell me something your spouse/partner does not know, and not knowing this could harm him or her, I cannot promise to keep it confidential. I will work with you to decide on the best long-term way to handle situations like this.
- d. If you and your spouse have a custody dispute I will need to know about it. My professional ethics prevent me from doing both therapy and custody evaluations.

e. If you are seeing me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. The court, however, may order me to testify.

f. At the start of family treatment, we must also specify which members of the family must sign a release form for the common record I create in the therapy or therapies. (See point 7b, below.)

6. **Confidentiality in group therapy is also a special situation.** In group therapy, the other members of the group are not therapists. They do not have the same ethics and laws that I have to work under. You cannot be certain that they will always keep what you say in the group confidential.

7. Finally, here are a few other points:

a. I will not record our therapy sessions on audiotape or videotape without your written permission.

b. If you want me to send information about our therapy to someone else, you must sign a “release-of-records” form. I have copies you can see, so you will know what is involved.

c. Any information that you tell me and also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

## Consent to Use and Disclose Your Health Information

This form is an agreement between you, your therapist, and Re-New Psychological Services. When we use the words “you” and “your” below, this can mean you, your child, a relative, or some other person if you have written his or her name here:

When we examine, test, diagnose, treat, or refer you, we will be collecting what the law calls “protected health information”(PHI) about you. We need to use this information in our office to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others to arrange payment for your treatment, to help carry out certain business or government functions, or to help provide other treatment to you. By signing this form, you are also agreeing to let us use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read or heard our notice of privacy practices, which explains in more detail what your rights are and how we can use and share your information.

**If you do not sign this form agreeing to our privacy practices, we cannot treat you.** In the future, we may change how we use and share your information, and so we may change our notice of privacy practices. If we do change it, you can get a copy from our website, [www.renewpsychological.com](http://www.renewpsychological.com), or by calling us at 202-341-0500 and talking to our privacy officer.

If you are concerned about your PHI, you have the right to ask us not to use or share some of it for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to accept these limitations. However, if we do agree, we promise to do as you asked. After you have signed this consent, you have the right to revoke it by writing to our privacy officer. We will then stop using or sharing your PHI, but we may already have used or shared some of it, and we cannot change that.

\_\_\_\_\_  
Signature of client or his or her personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or personal representative

\_\_\_\_\_  
Relationship to the client

\_\_\_\_\_  
Description of personal representative’s authority

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

## **INFORMATION FOR CLIENTS**

We are excited that you have given us the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy. We believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure talks about the following:

- The risks and benefits of therapy.
- The goals of therapy and what our methods of treatment are like.
- How long therapy might take.
- How much our services cost, and how we handle money matters.
- Other important areas of our relationship.

After you read this brochure, you can talk in person with your therapist about how these issues apply to you.

This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this brochure, you will be asked to sign it at the end.

### **About Psychotherapy**

We strongly believe you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you.

Your therapist may take notes during your meetings. You may find it useful to take your own notes, and also to take notes outside the office. We view therapy as a partnership between the therapist and you. You define the problem areas to be worked on; we use our knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, we believe that it is beneficial to tell your therapist about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

An important part of your therapy will be practicing new skills that you will learn your sessions, and your therapist may ask you to practice outside your meetings. For instance, your therapist might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of our clients see us once a week for 3 to 4 months. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either you or your therapist may decide to end it if it is in your best interest. If you wish to stop therapy at any time, we ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, discuss this with your therapist. We can often make such a “time out” be more helpful.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger,

frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a romantic relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. We do not take on clients we do not think we can help. Therefore, your therapist will enter your relationship with optimism about your progress.

### **Consultations**

If you could benefit from a treatment we cannot provide, we will help you to get it. You have a right to ask your therapist about such other treatments, their risks, and their benefits. Based on what your therapist learns about your problems, he/she may recommend a medical exam or use of medication. If your therapist does this, he/she will fully discuss his/her reasons with you, so that you can decide what is best. If you are treated by another professional, we will coordinate our services with them and with your own medical doctor.

If for some reason treatment is not going well, your therapist might suggest you see another therapist or another professional for an evaluation. As a responsible agency and ethical therapists, we cannot continue to treat you if the treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, your therapist will help you find a qualified person and will provide him or her with the information needed.

### **What to Expect from Our Relationship**

We will use our best knowledge and skills to help you. This includes following the ethics and standards of our professional organizations (e.g., the American Psychological Association, American Counseling Association, or National Association of Social Workers). In your best interests, professional organizations put limits on the relationship between a therapist and a client, and we will abide by these. Below is an explanation of these limits, so you will not think they are personal responses to you.

First, the therapists in our agency are licensed in a variety of mental health fields (e.g., Psychology, Professional Counseling, Social Work), or are supervised by a licensed professional in one of the fields listed. We are not licensed to practice law, medicine, finance, or any other profession. We are not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the professional organizations require us to keep what you tell us confidential (that is, just between you, your therapist, and his/her supervisor). You can trust your therapist not to tell anyone else what you tell me, except in certain limited situations. Those situations are explained in the "About Confidentiality" section of this brochure. For instance, if we meet on the street or socially, your therapist may not say hello or talk to you very much. His/her behavior will not be a personal reaction to you, but a way to maintain the confidentiality of your relationship.

Third, in your best interest, and following professional standards, your therapist can only be your therapist. He/she cannot have any other role in your life. A therapist cannot, now or ever, be a close friend to

or socialize with any of his/her clients. A therapist cannot be a therapist to someone who is already a friend. A therapist can never have a sexual or romantic relationship with any client during, or after, the course of therapy. A therapist cannot have a business relationship with any client, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, we want you to understand and agree that your therapist will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) Your therapist's statements will be seen as biased in your favor because of the therapy relationship; and (2) the testimony might affect your relationship with your therapist, and we must put this relationship first.

Even though you might invite your therapist, he/she will not attend your family gatherings, such as parties or weddings.

Your therapist will not celebrate holidays or give you gifts; may not notice or recall your birthday; and may not receive any of your gifts eagerly. This is in an effort to maintain boundaries appropriate to the therapeutic relationship as set forth in our professional standards and ethics.

### **About Our Appointments**

You will usually meet with your therapist for a 50-minute session once or twice a week, then less often. Meetings are scheduled for both your convenience and that of your therapist. Your therapist will tell you well in advance of vacations or any other times you will not be able to meet.

An appointment is a commitment to your work. You and your therapist agree to meet here and to be on time. If your therapist is ever unable to start on time, be assured that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that your therapist will have another appointment after yours. A cancelled appointment delays our work. Please try not to miss sessions if you can possibly help it. When you must cancel, please give your therapist at least 24 hours notice. **Except for unpredictable emergencies (or because of a situation that would be seen by both you and your therapist as an unpredictable emergency), you will be charged \$35 for sessions cancelled with less than 24 hours' notice or if you do not show for a scheduled session.**

You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible. We cannot be responsible for any personal property or valuables you bring into this office.

### **Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is especially true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that your sessions are paid for. Meeting this responsibility shows your commitment and maturity.

Our current regular fees are as follows. You will be given advance notice these fees should change. Regular therapy services: \$150 for a 50-minute session. We also offer sliding scale fees between \$120 and \$150.

If there is any problem with charges, billing, your insurance, or any other money-related point, please bring it to your therapist's attention. We will do the same with you. Such problems can interfere greatly with your work. They must be worked out openly and quickly.

#### *If You Have Traditional (or "Indemnity") Health Insurance Coverage*

Re-New Psychological Services participates in a variety of insurance plans: Blue Cross Blue Shield (PPO and HMO), Cigna, TriCare, and PHCS. Please keep two things in mind:

1. We had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance

coverage, deductibles, payment rates, copayments, and so forth.

2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. **If you ask us to bill a separated spouse, a relative, or an insurance company, and we do not receive payment on time, we will then expect this payment from you.**

**If You Have a Managed Care Contract**

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss.

Re-New Psychological Services will provide information about you to your insurance company only with your informed and written consent. We may send this information by mail or by fax. We will try our best to maintain the privacy of your records, but we ask you not to hold us responsible for accidents or for anything that happens as a result.

**If You Need to Contact Your Therapist**

Your therapist will likely not be available at all times. Your therapist does not take phone calls when he/she is with a client. You can always leave a message on the office voicemail and your therapist will return your call within 24 hours. Generally, your therapist or someone from our office will return messages daily except on weekends and holidays.

If you have an emergency or crisis, or a behavioral or emotional crisis and cannot reach your therapist immediately by telephone, you or your family members should call 911 or go to the nearest Hospital emergency room.

*If We Need to Contact Someone about You*

If there is an emergency during your work with your therapist, or if he/she becomes concerned about your personal safety, he/she is required by law and by the rules of professional organizations to contact someone close to you—perhaps a relative, spouse, or close friend. Your therapist is also required to contact this person, or the authorities, if he/she becomes concerned about your harming someone else.

**Other Points**

As professional therapists, we naturally want to know more about how therapy helps people. To understand therapy better, we must collect information about clients before, during, and after therapy. Therefore, we will ask you to help us by filling out some questionnaires about different parts of your life—relationships, changes, concerns, attitudes, and other areas. We ask your permission to take what you write on these questionnaires and what we have in our records and use it in research or teaching that we may do in the future. If we ever use the information from your questionnaire, it will always be included with information from many others. Also, your identity will be made completely anonymous. Your name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

If, as part of our therapy, you create and provide to your therapist records, notes, artworks, or any other documents or materials, your therapist will return the originals to you at your written request but will retain copies.

If your therapist is a pre-licensed therapist working towards licensure in the District of Columbia, he/she will be working under the supervision of Dr. Krystal Stanley, Licensed Psychologist and Owner of Re-New Psychological Services. Your therapist will be meeting with Dr. Stanley weekly to update her on your work together and your current status. If you have any concerns about any aspect of your care at Re-New Psychological Services and do not feel comfortable addressing them with your therapist, please contact Dr. Stanley at 202-341-0500.

## **Statement of Principles and Complaint Procedures**

It is our intention to fully abide by all the rules of the professional organizations (e.g., American Psychological Association, American Counseling Association, and/or National Association of Social Workers) and by those of the District of Columbia professional licensing boards.

Problems can arise in the therapeutic relationship, just as in any other relationship. If you are not satisfied with any area of your work with your therapist, please raise your concerns with him/her at once. Work with your therapist will be slower and harder if your concerns are not worked out. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that any therapist has treated you unfairly or has even broken a professional rule, please contact Dr. Stanley at 202-341-0500. You can also contact the state or local professional associations and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint.

Re-New Psychological Services and its therapists do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. Each therapist in our organization is personally committed to this, and is also required by federal, state, and local laws and regulations. We as an organization and individual therapists will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to your therapist's attention, or to the attention of **Dr. Krystal Stanley**, owner of Re-New Psychological Services.

Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed the Client Information form; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

- Relationship to client:  Self \_       Parent \_       Legal guardian  
 Health care custodial parent of a minor (less than 14 years of age)  
 Other person authorized to act on behalf of the client - specify

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

## 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.

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, our privacy officer will be happy to help you understand our procedures and your rights. His or her name and address are at the end of this notice.

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### A. Introduction: To our clients

This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our privacy officer for more explanations or more details.

### B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in our office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.

- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

We use PHI for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations we don't have to agree to do that. If you want, our privacy officer, whose name is at the end of this notice, can explain more about this.

### **C. Privacy and the laws about privacy**

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices. We will obey the rules described in this notice. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new notice of privacy practices in our office where everyone can see. You or anyone else can also get a copy from our privacy officer at any time. It is also posted on our website at [www.renewpsychological.com](http://www.renewpsychological.com).

### **D. How your protected health information can be used and shared**

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So we will tell you more about what we do with your information.

Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your

consent or authorization.

#### 1. Uses and disclosures with your consent

After you have read this notice, you will be asked to sign a separate **consent form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called “health care operations.”

In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent we cannot treat you.

##### a. The basic uses and disclosure: For treatment, payment, and health care operations

Next we will tell you more about how your information will be used for treatment, payment, and health care operations.

*For treatment.* We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

We may share your PHI with others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

*For payment.* We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things.

*For health care operations.* Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

##### b. Other uses and disclosures in health care

*Appointment reminders.* We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Just tell us.

*Treatment alternatives.* We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

*Other benefits and services.* We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

*Research.* We may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.

*Business associates.* We hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

## 2. Uses and disclosures that require your authorization

If we want to use your information for any purpose besides those described above, we need your permission on an **authorization form**. We don’t expect to need this very often. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

## 3. Uses and disclosures that don’t require your consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

### a. When required by law

There are some federal, state, or local laws that require us to disclose PHI:

- We have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.

### b. For law enforcement purposes

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

### c. For public health activities

We may disclose some of your PHI to agencies that investigate diseases or injuries.

### d. Relating to decedents

We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

### e. For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers’ compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

### f. To prevent a serious threat to health or safety

If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

## 4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law. If it is an emergency, and so we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don’t approve we will stop, as long as it is not against the law.

5. An accounting of disclosures we have made. When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these

disclosures.

### **Your rights concerning your health information**

1. You can ask us to communicate with you about your health and related issues 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 have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
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. 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 one in our waiting area, and you can always get a copy 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.

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.

### **F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above, please speak to the privacy officer, whose name and telephone number are listed below. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the privacy officer. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or our health information privacy policies, please contact our privacy officer, who is **David Rives, Office Manager** and can be reached by phone at **202-341-0500**. The effective date of this notice is **February 14, 2013**.