



Contract Information for Client's Psychological Services

Welcome to Pasco Family Psychological Service LLC (PFPS LLC). This document contains important information about professional services and business policies. It also contains important information about the Health Insurance Portability and Accountability Act (HIPAA) and No Surprise Billing Act (NSA). **HIPAA is a federal law that provides privacy protections** and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, payment, and health care operations. HIPAA requires that you receive a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for mentioned purposes. The notice (which can be found within publications of government Public Law 104-191 with its official versions at 45 Code of Federal Regulations Part 160, 162, and 164) explains HIPAA and its application to your personal health information in greater detail. Please let us know at your first appointment if you are unfamiliar and would like a physical copy. **The NSA is a federal law banning out-of-network charges or balance bills** in emergency and certain non-emergency settings beginning January 1, 2022. The Department of Health and Human Services (HHS) developed standard notice and consent documents under section 2799B-2(d) of the Public Health Service Act (PHS Act). NSA requires a separate notice to be available and provided **to individuals seeking help who have insurance, but the provider they are seeking is an out-of-network provider. This does not apply to individuals who do not have insurance or do not plan to submit any bills to their insurance provider for coverage or if the provider they are seeking is in-network with their insurance company and plan.** It is meant to inform the individuals with insurance coverage planning to use their insurance benefit that by signing the form they will be giving up their right against out-of-network charges and their insurance company will not cover those additional charges. In such cases NSA additionally requires that the out-of-network provider to clarify clearly the estimated cost of services. If the insured individual chooses to proceed, knowing the out-of-network status of the provider/facility and the cost difference with in-network provider/facility/services, then the insured individual must sign a separate form waiving their rights against possibly more expensive out-of-network charges.

Generally, these laws require obtaining your signature acknowledging that you have been provided with this information prior to our first appointment. Although these documents are long and sometimes complex, it is very important that you read them carefully before your initial appointment, so you can discuss any questions you have about the procedures prior to your initial appointment. The relevant points are summarized below for your specific knowledge. And as you will continue to read further in this contract, at PFPS LLC and with Dr. Erfanian, cost for services have always been clarified regardless of any regulation, a person's financial or insurance status.

When you sign this Informed Consent Contract document, it will represent your acknowledgment of having read, understood, received satisfactory answers to your questions and your consent to proceed with services at PFPS LLC provided by Nasrin Erfanian, Ph.D. Also, it will represent your payment agreement and testifies to your identity under penalty of law. The NSA notice is separately available in the portal, in the event that this provider (Dr. Erfanian) is out-of-network with your insurance, and you have chosen to proceed with services with this provider (Dr. Erfanian) or you choose not to use your insurance despite being in network.



In the interest of clarity for all who seek services at PFPS LLC, relevant business practices, fees, and confidentiality regulations are listed and described below.

PSYCHOLOGICAL SERVICES include clinical assessment and interview at your initial session, psychotherapy including collaborative therapy goal(s) development and treatment planning, family and/or group therapy if needed for further support, psychoeducation and skill building if needed and possible, as well as comprehensive psychological evaluation as requested and indicated to clarify the nature of one's difficulties and to further treatment planning for effective outcome.

Initial clinical assessment includes history gathering, screening for symptoms as well as interview to identify your needs. Some of these steps can be completed via Valant's (MYIO) HIPAA compliant Electronic Patient Medical and Health Record system used at PFPS LLC.

A patient portal specifically is assigned for your access to complete necessary information, to review any new information shared/requested, to review your balance and to use for brief secure messaging. Completion of assigned measures before your appointment allows best preparation for your clinical visit.

Psychotherapy is a process and varies depending on the characteristics of both the therapist and the client as well as the client's history and the particular issues at hand. While initially cognitive and behavioral conceptualization is used in treatment, several different approaches that may prove more useful to address a particular issue may be utilized to best fit the issues but always with understanding and agreement of the client and as medically necessary (See Alert below to understand importance of understanding and agreement with services).

Psychotherapy is not like a medical doctor's visit, because it calls for an active effort on the part of the client to participate in and out of the appointment sessions to use the strategies introduced and work through the issues. Psychotherapy can aid in discovering tools and techniques that can be utilized to improve the quality of one's life and one's relationships. This involves openness to change, which may feel threatening not only to you, but also to those people close to you. The prospect of giving up familiar patterns, no matter how ineffective or even harmful, can often make one feel very vulnerable. The process can include experiencing a variety of feelings like sadness, guilt, anxiety, anger, and fear and making changes that one may have not originally intended to do. Like any professional service, therapy may not work, and for a relatively small number of people, problems may get worse. Even so, many people find that therapy is worth the discomfort they may feel. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, it is important to clarify that there are no guarantees of what you will experience.

Psychological Evaluation is a comprehensive procedure, with as long as 4-6 hours of face-to-face time using industry's most objective and standardized tools, which provide statistically sound and nationally represented normative comparison groups to evaluate one's functioning in a broad range of cognitive, social, emotional, and behavioral realms. It is a time consuming and expensive set of procedures, but well worthwhile when trying to differentiate complex variables impacting one's functioning for the purpose of better assisting the client as well as others who care for them (family, healthcare providers or agencies). It can be helpful to possibly adjust the course of treatment and services to better meet the needs of a client. Careful consideration is given and discussed with the client as to the source of request for such an evaluation, purpose of request, who will have access to the findings and how it will be used.

Alert: Insurance coverage for these services is based on the insurance company's determination of **an identified patient and medical necessity**, which is diagnosis driven and requires a evidence based treatment approach and duration. Thus, this provider and agency follow those guidelines as best as possible. However, periodically insurance companies request audit of patients' records (up to 2 years in the past) to assure medically necessary and related treatment approach & durations were delivered. If they determine that the services were not provided according to their specifications, they demand the provider to reimburse the insurance company those payments made to the provider up to 2 years in the past. In such an event and if unsuccessful with appeals, you will be informed and your account/card on file will be charged since you will be responsible to reimburse the provider for services received in the past but determined unnecessary by the insurance company for the amount determined by the insurance company.



FEES

90791-**Initial Intake Evaluation** (60-90 minutes): **\$175**

90837/34/32-**Ongoing Individual Therapy sessions**: (30-60 minutes): **\$150/session**

Any additional time spent in assessment or therapy whether due to complexity of situation, urgency, or crisis: **\$45/15minutes** (*Typically not covered by insurance).

90847/46-**Family Therapy** Sessions with or without identified pt.(30-60 minutes):**\$200/sessi**
(*Typically not covered by insurance)

90839-**Crisis counseling only for established and ongoing therapy clients** (30-60 minutes):
\$175/session

90853-**Group Therapy Sessions** (60-90 minutes): **\$75/per participant per session.**

96130/31 and 96136/37-**Psychological Evaluation**: **\$400/ face-to-face hour** using professional standardized tools of assessment.

(*Typically, insurance requires prior authorization).

Psychological Evaluation Materials Fee: **\$200 one-time fee per evaluation session**

(*Not covered by any insurance).

90885-Record and **Document Review**: **\$100** (* Not covered by insurance)

90889-**Personal Copy of Comprehensive Psych Eval**: **\$100**

(* Not covered by insurance)

Standardized Questionnaires used for partial assessment with therapy as needed **\$50/Q.**

(* Typically, not covered by insurance).

Consultation and or therapy outside of the office with a school or agency on behalf of the client or with the client: **\$200/hour plus cost and time for travel: \$25/15 minutes of travel**

(*Not covered by insurance)

Telehealth/Virtual services/phone therapy services are available and may be required due to illnesses or other reasons. **Charges are the same as face to face**, listed above

If clients choose to use Telehealth/Virtual services and insurance to cover the services, they need to confer with their insurance provider and their plan to assure coverage of telehealth services. This is especially important since COVID is not considered a crisis situation at this time and insurance regulations have changed almost every 6 months since 2022 and are quite variable per insurance company and plan.

*Your insurance company may wish to know what telehealth platform is used to assure HIPAA compliancy. **PFPS LLC currently uses HIPAA compliant EMR/EHR connected platform called Valant io or MYio.**

Other Fees: Periodically, fees increase due to changes in patient's insurance coverage, inflation and cost of living increases. Also, fees may be added for **services not covered by insurance** (See Alert on previous page). Extended impromptu phone consultations, and the time spent performing any other service you may request of providers will lead to additional charges as stated below, which are not covered by insurance).

Client requested **completion of forms** for various needs outside of sessions **\$50/ new request.**

Client request for **summary of their documents and report preparation** for their use for various purposes outside of regular and customary record keeping: **\$100/report.**

Review of extensive documents from various sources for purpose of better assessment and treatment planning, recommendations and or consultation: **\$100/ occurrence.**

Extensive phone contact that lengthens into an impromptu therapy session requiring additional documentation time: **\$45/15 minutes** (*typically not covered by insurance).



Cancellation Policies & Fees: At PFPS LLC, clients' issues are taken seriously; time is devoted to being there for them and we do not double book our time. When clients don't show, late cancel or cancel without explanations, we wonder about issues that may be going on that may need to be addressed. If discussion of such doesn't help improve the need for late cancellations or not showing up, then it may be not a good time to devote to therapy and it may be best to stop therapy all together until ready.

Change or cancellation of appointments with at least 36 hours' notice does not lead to any extra charges to the clients. However, **not showing up** for a scheduled appointment without a legitimate notification will lead to a charge of **\$75**. **Late cancellations** on the day of the appointment or less than 36 hours without a legitimate explanation will lead to a **\$45** charge.

Repeated late cancellations or frequent cancellations or appointment changes with or without explanation, will lead to discussion of intention, benefits, and readiness for therapy, because our goal is not to create un-necessary financial hardship for anyone. If discussions don't improve the repetitive cancellations etc., for the sake of saving client's finances and using our time better, we **reserve the right to refuse therapy services** to a client or **refuse accommodation for appointment times that are busiest and most requested times for the practice**. The reason for this is to prevent clients incurring an expensive bill and allow other clients, who may be better ready to meet the demands of therapy work, to have the time they need for their appointments.

PFPS's providers do not provide forensic, court-ordered, or custody evaluations and providers have rarely been summoned or ordered to appear in court. However, if at any time, in the unusual circumstance that a client is involved in a legal proceeding that requires your provider's court ordered participation, the client will be expected to pay for all of the psychologist's professional time, including preparation and transportation costs, even if the provider is called to testify by another party to whom the client is related. **These costs are not covered by any insurance.** Because of the complexity and difficulty of legal involvement, **charges are separate for legal fees, which will be discussed with you should this ever occur.**

Crisis services: Be aware that PFPS LLC services are **not** suited for crisis counseling, and we do not provide such services, **unless** we are working through a situation **with an established client**. If you know you will require more intensity in your services and more immediate availability from your provider, please seek services from other providers and agencies who have such services and availability to meet your needs. If we begin services for you and determine that you will require more intensive services, we will inform you and assist you in seeking services with a provider and an agency better suited to meet your needs. You may also contact your insurance for further assistance regarding such providers, agencies, and services.

Payment Policies: **Registering a valid payment card within the portal is required.** Payment must be made at the time services are rendered by exact **cash** or a **bank check**, unless you choose to pay by the card registered within the portal or unless you have insurance coverage that requires another agreement. **Credit, Debit, & HSA cards are accepted within the portal with a 4% convenience fee** charge added to the balance due. You can **access your balance due and statements online through the secure portal of the Valant/ MYio medical records and can make payments through the portal yourself but with a 4% convenience fee**. Payment will be charged to your card on record within the portal, should a payment not be received at the end of the appointment and prior to your next appointment. Future appointments are conditioned on payment of any prior services or outstanding fees.



Denied payments, returned checks or denial of pay by your credit card or financial institution will result in a **\$50 fine** added to the expected payment. **If needed, statements will be delivered via the portal**, which you can print and use to mail in your payment and as records of your medical bills.

Insurance Reimbursement: In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources the identified patient/client has available to pay for the treatment. If using a health insurance policy, it will usually provide some coverage for mental health treatment. **It is the subscriber's responsibility to find out exactly what mental health services are covered for the patient/client by the insurance policy plan, and whether treatment, types of treatment or therapy (family, group, EMDR, crisis, intensive, inpatient, outpatient, etc.), and psychological evaluations are covered, require referral from primary provider or require prior authorization. Subscriber/patient/client needs to know if there is a deductible or out-of-the-net-work benefits and how/when these get applied. Also, inquire about any co-pay or co-insurance and if they get applied before or after the deductible is met. If you have questions about your insurance coverage, please call your insurance plan's administrator.**

Of course, we will try to help by making efforts to verify your insurance benefits and will help provide you & your insurance company with whatever information needed to receive reimbursement on your behalf for the services you receive at PFPS LLC. However, it will not always be possible to have that information gathered by your provider prior to your appointment. Furthermore, what the provider receives as information may be different than what the policy holder receives. Thus, **it is your responsibility to clarify your insurance benefits, medical necessity criteria for such services, and any other criteria or prior authorization required for mental/behavioral/psychological health.**

Please be informed as stated under the Alert note on previous pages, that the insurance companies will cover only the cost of what they consider “medically necessary” services. To this end, from time to time, the insurance company may audit a patient/client's records at PFPS LLC (even after services have been completed dating back up to 2 years) to determine the covered services (what a patient/client received for the whole duration of the treatment at PFPS LLC for which the insurance paid) were “medically necessary” services based on their assessment criteria, regardless of the patient or provider's assessment of “medical necessity”. Should they determine that the services were not medically necessary, the insurance companies reserve the right to enforce retroactive request for refund from the provider for some or all the services cost received at PFPS LLC and with possible addition of interest or fines as determined by the insurance company and plan. In such an unlikely event, PFPS LLC and its providers, of course, will make efforts to prove medical necessity on the patient/client's behalf and defend the coverage of the services that have already been received. However, in the unlikely event of insurance companies' denial of medical necessity, please be aware that PFPS LLC providers will inform and retroactively charge subscriber/patient/client for the services that the insurance company requests a refund. This means you may get a statement/notification from PFPS LLC at any time and up to 3 years after the completed treatment with PFPS LLC and/or any of its providers and will be responsible for payment of any or all services for which your insurance company retroactively denies “medical necessity” and requests refund with interest. You will be billed and your card on file may be charged.

By using your insurance, you are giving permission to PFPS LLC and its providers to share any information your insurance company requires to pay for services received at PFPS LLC by its providers. We will be happy to help you understand the information you receive from your insurance company and the information and explanations they provide us about your plans and/or their exceptions. If Dr. Erfanian is considered an out-of-network provider with your insurance or you do not plan to use your insurance for payment of services, please read the NSA notice, a separate document in this portal's tab.

Once you have 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 our sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems created by insurance coverage described above.



Please note that the **insurance contract is between you and your insurance company** and the **responsibility for your fees and payment of them is yours**. Consequently, **disputes concerning coverage must be resolved by you with your insurance carrier**. Furthermore, even though payment may be sent from the insurance company directly to PFPS LLC, **it is your responsibility for any balance** not covered by your insurance such as those listed earlier.

Unpaid bills may be turned over to a collection agency and/or an attorney and, if so, you will also be responsible for collection and/or legal costs.

CONFIDENTIALITY & HIPAA

Insurance Co. access to your records: You should also be aware that most insurance companies require a code number that indicates a clinical diagnosis. The insurance company will sometimes ask for more information including symptoms, diagnoses, degree of impairment and treatment methods. As described above, because insurance companies only cover the cost of medically necessary services, from time to time, they will randomly audit records at PFPS LLC to determine the covered services were “medically necessary” services based on their assessment criteria. (This may include your records and may expand up to 2 years prior even after completion of services with PFPS LLC and its providers).

This information will become part of the insurance company files and will probably be stored on a computer or cloud. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands and how it may or may not affect your future benefits, costs or plan options with them. Our policy is to provide only as much information as the insurance company needs to pay your benefits and advocate for the services provided. Please see the above section on Fees and Insurance Reimbursement regarding possible financial ramifications to you, in the unlikely event that covered services be retroactively denied by your insurance company.

CONFIDENTIALITY: Psychological Services include talking over very private matters in appointments. To some extent, a psychologist’s ability to help a client will depend on how open they can be about themselves (ideas, feelings, and actions). So, to promote feeling free to talk openly knowing their right to privacy is protected, the law makes it a psychologist’s duty to keep client information confidential. This means that, with some very limited exceptions (some noted above and below), great care is taken to reveal no information about you to anyone else or send out information about you without your permission. In family or couple’s therapy (where there is more than one client), records will not be sent out to anyone unless all of the adults present in therapy have agreed and signed authorization for release of specific information to a specific entity for a specific reason.

Requests to share information with someone else (for example, a physician), require a signed written authorization form that meets certain legal requirements imposed by HIPAA (including what information, to whom specifically, and for what purpose), which we will discuss before the consent is signed. There are other situations that require you to provide written, advanced consent. Your signature on this Agreement indicates your understanding of confidentiality regulations and its limits, with highlighted pertinent information in this regard as follows:

Minors: Any youth under 18 years of age needs to be aware that the law may provide parents and legal guardians with the right to examine their youth’s treatment records. It is PFPS’s policy to request an agreement from parents that they give up access to the youth’s records in certain cases, especially a teenager, to promote comfort to the youth to talk openly without fear of any ramification of what they share in order for the therapist to be able to better assist them. If



parents agree, they still can request to be provided with general information about their youth's work and progress in therapy, but not any specifics of what is talked about in therapy. The exception to this is if the therapist/psychologist feels there is a high risk that the youth will seriously harm self or someone else or there are important issues that the guardian and the youth need to work through jointly. In this case, the psychologist will notify the youth of the concern. However, before giving out any information, if possible, we will discuss the matter with the youth to support them to address the issues with their parents/guardians themselves.

Parents/Guardians Also, there may be a need to visit with parents alone without their youth; again, to promote free discussion of issues without any fear of ramification for their youth, there are circumstances that will require sharing of the information with the youth as part of treatment. Again, the parents/guardians will be informed when this is needed before proceeding with sharing any information to be able to better support the parent and youth to address their issues.

Minors and parents please be informed that **after** the child turns **18**, the record of a minor child **cannot** be accessed by the parent(s)/legal guardian(s) without the now young adult's authorization, even if the young adult still lives at home and is covered under the parent/guardian's insurance. This will stand **unless** the adult is deemed incompetent by a court of law and a guardian is assigned by the court for the adult. Thus, the young adult has to sign authorization for the release of their childhood information and documents to their parent(s)/legal guardian(s) or any other entity.

In cases of separation or divorce, there are legal matters that must be considered. For your information, unless a court of law has legally limited parental rights for decision making about the medical care or access/contact of a parent with a child client of PFPS, both parents will have the same rights and will be treated the same as above regarding access to the treatment information for the child, participation in therapy treatment or evaluation. So, no matter which parent or legal guardian initiates the appointment, both parents will be informed of therapy or evaluation initiation for the minor and must agree or at least not object to proceeding with therapy or evaluation before proceeding further. Furthermore, in most circumstances, having both parents involved in the child's therapy is beneficial to the child and his or her therapy.

Please be informed that while, in good faith, services may be initiated on behalf of a child by a parent/guardian, a recent copy of court documents indicating divorce decree regarding parental rights, custody arrangements and legal guardianship may be requested or required before proceeding further to assure correct information for both parents/guardians, especially when getting permission or signing a contract on behalf of the minor. Furthermore, even when one parent may have the sole custody of a child, the other parent may still be contacted in certain situations because it is beneficial to the child when both parents support the treatment. Of course, all situations are not the same and we will have an opportunity to talk about your specific family before anyone else is contacted.

If while working in therapy you become involved in a divorce or custody dispute, PFPS providers will **not provide testimony in court** on any subject other than the services received and only if ordered by the court of law. **You MUST hire a different mental health professional for any parental or custody evaluations you require.** This position is based on the following: (1) Your psychologist's statements may be seen as biased in your favor because of your therapy relationship. (2) Most, or even all, of the information about you has been provided by you and not evaluated independently about parenting or custody; and (3) your psychologist's testimony might affect your or your child's therapy relationship, and this relationship must take priority over all other issues.

Other Collateral Contacts Involvement of others in therapy is typically carefully considered for its purpose and benefits against risks to confidentiality for all the parties involved. Generally speaking, as part of individual therapy for an adult or a youth, we advise against



bringing along or including any other family member (siblings, husband/wife/partner, grandparents, aunts, uncles, etc.) sitters, or friends that are not intended or specifically invited to be part of therapy. This is so because for one, it is not respectful to the client's time or the other party who is coming along; and for other, it prevents or limits comfort to discuss issues and may impede the treatment process, it can distract or create resentments, and most importantly it interferes with confidentiality, which can't be well controlled by your provider. If you do choose to bring along others, you must consider these issues and prepare to address them because they may be asked to wait outside and if their safety is at risk, the appointment may need to be cancelled but you will be still responsible for appointment charges.

Email Unfortunately, there is no way to ensure confidentiality over the Internet, so if you choose to contact us by email, you are assuming all risks regarding the confidentiality of any information you send by email. Our providers' communications to you will occur by the secure private business e-mail, which may be encrypted, phone listed above and or secure messaging through the Valant EM/HR portal for scheduling issues, reminders, billing, and non-emergency issues. Before a portal is assigned to a contacting potential new client, our private e-mail is available and will be used but again only for scheduling issues and initial coordination and information and no other purpose. We avoid and advise that all clients also avoid sharing any identifying personal information through the e-mail or messaging for any purpose other than simple scheduling and coordination, otherwise you are taking the risk of exposing your private issues to un-intended individuals or circumstances and lose your confidentiality protection.

Please let us know of any concerns regarding this issue. By using your email/phone text or voice message, you agree to the risk and wave PFPS LLC and any of its providers of any breeches of confidentiality and liability when they respond.

You will be asked if you wish to receive reminder messages for your appointments and via which means (phone, voice message, e-mail, text or none), again, by agreeing to this verbally or any other means, you agree to the risks and wave PFPS LLC and any of its providers of any breeches of confidentiality and liability when they follow through with your wishes, verbal or not.

Please be informed that PFPS LLC and its providers Terms of Service for (SMS) texting at (813) 553-7675, is in response to your messages with a brief response, appointment scheduling/cancellation, and reminders. PFPS LLC and its providers do not save, share, or sell your information to any third party. Please review our extended privacy policies in this document. Reply STOP to opt-out; Reply HELP for support; Message & data rates may apply; Messaging frequency may vary.

For detail messaging PFPS LLC and its providers prefer to use the MYio private and confidential portal secure messaging and encourage all patients/clients to use as well to keep personal information private.

If you would like any family member to receive voice messages or reminders and/or schedule or cancel a client's appointment, you need to sign authorization for release and ability for such purpose, including if they are allowed to receive any information from the therapist/psychologist for any specific purpose. Otherwise, no information will be shared with them, and cancellations can't be accepted from them. Without authorization any cancellation will have to be confirmed with the actual adult client or guardian initiating the services.

Telephone messages (calls/texts): are received on PFPS LLC providers' voice mail. Messages are checked periodically throughout the day and will be responded as soon as possible but be aware that it may take 24- 48 hours (typically) but as long as a week (in rare cases) to respond. It helps to leave your phone number (even though we may have it) and to let us know till what time at night you can be reached. If your situation is urgent, please make that clear in your message and we will try to return your call as soon as possible. **In an emergency and immediate**



mental health crisis, please call 988, 911, or 211 if in the greater Tampa Bay area, or go to the nearest ER to talk to someone urgently. When providers are away, we may discuss with you what arrangements you may need and what we can arrange for your needs should it be determined that your needs may become urgent during the provider's absence but not a crisis.

Documents: Please be informed that according to legal and ethical guidelines, records of adult individuals will be kept for up to 5 years after termination of any contact in therapy with any one psychologist before it is destroyed. Also, while a client has a right to access their record, due to the sensitive manner in which psychological information are documented, psychologists don't routinely release the records to the client upon their request. Rather we require meeting with the client first and reviewing the documents jointly with them so that they can be supported in understanding the information, answering any questions, and providing accurate information they seek for the purpose they seek it before releasing the record/documents to them directly.

If the client needs the records to seek help elsewhere or to share their history with another provider, the client will need to sign authorization to release the specific documents they need to the specific professional address/fax directly and we will send the requested and authorized records/documents directly to the professional for their use in continuing to help a mutual client/patient.

There are **exceptions to confidentiality** about which it is important to be aware.

Exceptions to confidentiality are for the safety of all the community and include, but are not limited to the following:

- 1) If a client threatens to harm someone else, it is required under the law to take steps to inform the intended victim(s) and appropriate law enforcement agencies. No authorization is necessary.
- 2) If a client threatens to cause severe harm to oneself, it is permitted to reveal necessary information to others who can help prevent the threatened harm. No authorization is needed.
- 3) If a client reveals or we have reasonable suspicion that any child, elderly person, or a vulnerable person is being abused or neglected in any form, the law requires reporting this to the appropriate county agencies. No authorization is needed.
- 4) If a court of law orders release of information, it is required to provide that specific information to the court.
- 5) If a client becomes involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of mental health is involved, a client's record may be requested. While we do our due diligence to protect the information, neither the psychologist nor a client may be able to keep their records or therapy private in court.
- 6) If a client is seen as part of group or family therapy, each member is requested to promise to keep whatever happens in treatment confidential. However, PFPS providers cannot guarantee that others will keep this agreement.
- 7) To provide the best treatment, there will be times when a provider may seek consultation from another licensed mental health professional. In these consultations, every effort is made to avoid revealing your identity, which is called a blind consultation. The consultant is also legally bound to keep the information confidential and the exceptions to confidentiality apply to them as well.
- 8) Similarly, when a provider is away or unavailable for an extended period, a support of a FL licensed mental health provider or an agency may be sought to cover clients' needs. The outside provider/agency may be informed about a client's or clients' situation just enough to facilitate appropriate support should it be needed in absence or lack of availability of your therapist.
- 9) In case of provider's unexpected death, you need to know that your records are stored by



Valant io/Myio Electronic Medical Health Records (EM/HR) services, and we are in negotiations with a FL licensed mental health agency and their providers to be able to access PFPS clients' records for appropriate dissemination and follow up should it be needed.

- 10) In the event of practice closure or retirement from practice, we will do our best to reach all clients at the most recent information we have available for them in our records to inform them and seek their authorization as to the fate of their records. However, if they can't be reached due to moves or otherwise, again we may assign a FL licensed mental health professional to have access to the records, just in case it may be needed by the client or someone in the future before the records reach legal expiration date.
- 11) As already discussed in the previous sections, your insurance company may request access to your records for payment of services. The providers at PFPS LLC will provide as little information as is necessary to ensure payment for services. However, what the insurance company does with the information received is out of the hands of providers at PFPS LLC. Although, the insurance companies are also bound by HIPAA regulations.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any of your questions or concerns as soon as possible. The laws and rules on confidentiality are complicated. Please bear in mind that we are not able to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, we strongly suggest that you talk to a lawyer to protect your interests.

RIGHTS and RESPONSIBILITIES: As the **client** involved in any of the services listed, you have the **right** to ask about your provider's professional experience, background, and theoretical orientation. You have the right to be heard and respected. You have the right to privacy and confidentiality by law (Florida Statutes #490.0147 and #490.503). You have the right to inform your provider if you feel uncomfortable working with them and receive assistance with referral to other providers or agencies within your provider's knowledge or ability to do so. You have the right to stop therapy at any time, although it is strongly encouraged that such plans be processed in therapy to get the best understanding of your time in therapy no matter how long or short it has been to help you highlight the potential issues to watch out for and to better know your needs whether or not you seek future therapy services.

The **therapist/Psychologist** has the **right** to be respected, to set healthy boundaries to protect safety of both the client and self, to abide by the law and err on the side of safety and protection for the client and all who are involved or impacted by the client, as well as the right to be compensated in an efficient and timely manner for the time, needed tools and services rendered for the benefit of the client.

Thank you for your attention to these matters, please be prepared with your questions at our meeting and proceed to the next page (signature page of this document) labeled Informed Consent for signature indicating your understanding and agreement with this contract and above detailed information to proceed with consultation, assessment, and/or treatment. Also, please indicate your other preferred means of contact clearly in addition to MYio portal secure message, which is preferred means by Dr. Erfanian.

Nasrin Erfanian, Ph.D. at PFPS LLC



Client-Provider Service Contract Consent Page

Client/Patient Name: _____ Address: _____

Your signature below indicates that, within the portal and prior to your appointment, you have received, read, understood, and received answers to your questions satisfactorily about HIPAA regulations, confidentiality, limits thereof, this practice's & providers' information, business guidelines, and payment options including limits and use of any insurances as payment and NSA2022 as also explained during your initial appointment. _____ Additionally, your signature below indicates authorization to proceed with psychological services as described in preceding pages of this contract including consultation, assessment, treatment and any evaluations as needed for the identified client. _____ Your signature also indicates acceptance of responsibility for payment on your own behalf or the behalf of the client for any services rendered to the identified client. _____ Furthermore, your signature authorizes PFPSLLC & its providers to collect payment through agreed upon means including direct, credit, insurance co., or from any individual or agency that is responsible for payment of services that the identified client receives. This includes sharing necessary information with the insurance company or the collection agency for payment and/or collection of delinquent accounts and fines incurred due to negligence of account responsibility or due to insurance payment refund request or denial at any time up to 2 years backdated. _____ You are also acknowledging that there is a **4% Convenience Fee** on what is identified as patient/client's responsibility when using any form of card or portal payment and will be added to your payment responsibility and charged to your card on file, which you can avoid by paying by a bank check or exact cash at the time of service. _____ Also, a **Late Cancellation fee of \$45 and No-Show fee of \$75** will be charged to your account and card on file for cancellations of less than 36 hrs. prior notice or no notification of cancelling a scheduled appointment. _____ Finally, by your signature below, you are testifying to your identity to legally authorize this contract and be bound to it. _____

Any misrepresentation may be considered fraudulent and may be subject to legal sanctions.

Other than PFPSLLC preferred private Portal Secure Message, please identify any additional preferred means of contact: Phone _____ call _____ text _____ e-mail _____
(By checking phone call/text or initiating texting PFPSLLC at (813) 553-7675, you agree to receive appointment reminder messages and brief responses to your questions from PFPSLLC. Reply STOP to opt-out; Reply HELP for support; Message & data rates may apply; Messaging frequency may vary. Visit the PFPSLLC's private portal Resource Tab Contract document to see our privacy policy and Terms of Service at: <https://valant.io/myio/PascoFamilyPsychologicalService>
Permission to leave a detailed message/text at preferred means of contact? Yes, _____ No, _____

Insurance Company Name: _____ Policy holder's Name: _____

Policy holder's **relation** to client/patient: _____ Policy holder's DOB: _____

Insurance Member ID #: _____ Insurance Group ID # if any: _____

Today's Date: _____

Client/Patient and/or Guarantor/Guardian(s) **Signature:** _____