

IDENTIFICATION & DEMOGRAPHIC INFORMATION

Date _____ Phone Number _____

Full Name _____ Highest Degree _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____ Date of Birth ____/____/____

Marital Status _____&Date_____ Referred by _____

INSURANCE INFORMATION

(Out of pocket clients should skip the insurance questions)

Employer _____ Occupation _____

Insured's Name _____ Patient's insurance ID (if different) _____

Patient's DOB (if different) _____

Insured's DOB _____ Insured's Employer _____

Insured's Insurance ID # _____ Group # _____

Insur. Company _____ Authorization Code _____

Amount of co-pay _____ Is deductible paid (if applicable) _____

Children:
Name/age _____

REASON(S) FOR SEEKING AN APPOINTMENT

Brief statement about the problem for which you are seeking help:

Why do you think the problem exists?

Have you sought help before with this problem? When, where, how, results (briefly)?

Are you currently working with another therapist? Y (Name _____) N

BRIEF MEDICAL AND MEDICATION BACKGROUND

Primary Care Physician: _____

Current medical conditions:

Prescribed Medications/dosages:

Do you use:

Alcohol	Y	N	Amount:
Recreational drugs	Y	N	Amount:
Tobacco	Y	N	Amount:
Caffeine	Y	N	Amount:

Do you exercise? Y N Amount:

Do you participate in spiritual practices? Describe.

Do you have a history of physical or sexual abuse as a child or adult? Y N Describe briefly:

PATIENT CONTACT AUTHORIZATION FORM

I. Occasionally, it is necessary for our office to call to discuss insurance information, coordinate/discuss referral to another physician, or schedule/cancel appointments. Law requires your written permission to call.

Name _____ Relationship _____

II. Telephone number where it is permissible for this office to call you.

Number _____

Number _____

Permission to contact you by Email YES _____ No _____

Permission to leave a message: YES _____ NO _____. If no please explain _____

III. Can confidential messages (i.e., messages to call the office regarding appointments) be left on your home answering machine or voicemail?

YES _____ NO _____

IV. Can we call you at your place of employment if you cannot be reached at home?

YES _____ NO _____

V. Would custodial parent need to be notified if non-custodial parent requests copy of medical records.

YES _____ NO _____ NA _____

VI. Acknowledgement of receipt of Notice of Privacy Practices:

YES _____ NO _____

PATIENT NAME (Print) _____

(SIGNATURE) _____ Date _____

Please Circle one – Patient: Self / Guardian / Custodial Parent

INFORMED CONSENT FOR TREATMENT STATEMENT

I have read the last three pages of this packet indicating the general procedures to be used in treatment, including benefits, limitations, and potential risks. I understand that I have the right to participate in treatment decisions and in the development and periodic review and revision of the treatment plan. I understand that I have the right to refuse and recommended treatment or to withdraw informed consent to treatment and be advised of the consequences of any such refusal or withdrawal. And, I have the right to be informed of all fees I am required to pay, Lankton’s collection policies, and all other financial procedures.

I, _(name)_____ and I, _(name)_____ have read and understand the stated office & HIPAA policies **and agree to its terms and also give my informed consent for treatment.**

_____/_____
Signature(s) (of patient or guarantor) Date Witness (from this office) Date

PAYMENT AUTHORIZATION INFORMATION

Self pay __YES (\$150/session) __ NO. (If “no” continue to complete the insurance authorization below).

__YES, __ NO, I give permission to file with your insurance company.

My co-pay for outpatient psychotherapy is \$_____. My required deductible is \$_____.

I authorize payment of insurance benefits to be made directly to the provider of services. I further authorize the provider to release, to my insurance company/companies, the minimum information from my records that is necessary for the insurance company/companies to process claims for services provided.

_____/_____
Signature(s) (of patient or guarantor) Date Witness (from this office) Date

HIPAA PRIVACY OFFICER INFORMATION

The HIPAA Privacy Officer is Stephen Lankton. The Privacy Officer: Can answer your questions about our privacy practices; Can accept any complaints you have about our privacy practices; Can give you information on how to file a complaint. You can call the Privacy Officer at the above numbers including 602-532-0800.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please sign and print your name and date on this acknowledgement form.

__YES, I have read and taken the Office Policies & Notice of Privacy Practices (HIPAA) [pgs. 9-12] forms for my records. I acknowledge the receipt of the 4 page HIPAA privacy & office policy information found at the end of this packet (pg. 9-12).

Signature: _____ Date: _____

Printed name: _____

SELF DESCRIPTION CHECK LIST ASSESSMENT FORM - 1

Name _____ Date _____

Instructions: Place a Check Mark (✓) in front of each phrase that at times describes you.

- | | | |
|---|--|--|
| 1A ___ 1. Able to give orders | 2A ___ 47. Forceful | 2F ___ 91. Resents being bossed |
| 1K ___ 2. Appreciative | 1M ___ 48. Friendly | 2B ___ 92. Self-reliant & assertive |
| 2H ___ 3. Apologetic | 3N ___ 49. Forgives anything | 3D ___ 93. Sarcastic |
| 1C ___ 4. Able to take care of self | 3E ___ 50. Frequently angry | 3H ___ 94. Self-punishing |
| 2K ___ 5. Accepts advice readily | 3M ___ 51. Friendly all the time | 2B ___ 95. Self-confident |
| 1G ___ 6. Able to doubt others | 3O ___ 52. Generous to a fault | 3D ___ 96. Self-seeking |
| 2M ___ 7. Affectionate & understanding | 2O ___ 53. Gives freely of self | 3C ___ 97. Shrewd & calculating |
| 3P ___ 8. Acts important | 2A ___ 54. Good leader | 1B ___ 98. Self-respecting |
| 1H ___ 9. Able to criticize self | 1J ___ 55. Grateful | 3H ___ 99. Shy |
| 2J ___ 10. Admires & imitates others | 2D ___ 56. Hard boiled when necessary | 3C ___ 100. Selfish |
| 4L ___ 11. Agrees with everyone | 1O ___ 57. Helpful | 2F ___ 101. Skeptical |
| 4H ___ 12. Always ashamed of self | 4E ___ 58. Hard-hearted | 2M ___ 102. Sociable & neighborly |
| 2K ___ 13. Very anxious to be approved of | 2G ___ 59. Hard to impress | 3G ___ 103. Slow to forgive a wrong |
| 3P ___ 14. Always giving advice | 3D ___ 60. Impatient with other's mistakes | 3B ___ 104. Somewhat snobbish |
| 3F ___ 15. Bitter | 2B ___ 61. Independent | 4I ___ 105. Spineless |
| 2O ___ 16. Big hearted & unselfish | 2E ___ 62. Irritable | 2D ___ 106. Stern but fair |
| 3B ___ 17. Boastful | 3G ___ 63. Jealous | 4O ___ 107. Spoils people with kindness |
| 2C ___ 18. Businesslike | 2N ___ 64. Kind & reassuring | 2E ___ 108. Straightforward & direct |
| 3A ___ 19. Bossy | 2A ___ 65. Likes responsibility | 3G ___ 109. Stubborn |
| 1E ___ 20. Can be frank & honest | 2H ___ 66. Lacks self-confidence | 3L ___ 110. Too easily influenced by friends |
| 4J ___ 21. Clinging vine | 2C ___ 67. Likes to compete with others | 3C ___ 111. Thinks only of self |
| 1D ___ 22. Can be strict if necessary | 3K ___ 68. Lets others make decisions | 2N ___ 112. Tender & soft hearted |
| 1N ___ 23. Considerate | 3M ___ 69. Likes everybody | 3H ___ 113. Timid |
| 4C ___ 24. Cold and unfeeling | 3K ___ 70. Likes to be taken care of | 3N ___ 114. Too lenient with others |
| 1F ___ 25. Can complain if necessary | 4M ___ 71. Loves everybody | 2G ___ 115. Touchy & easily hurt |
| 1L ___ 26. Cooperative | 2P ___ 72. Makes a good impression | 3O ___ 116. Too willing to give to others |
| 3F ___ 27. Complaining | 3A ___ 73. Manages others | 3P ___ 117. Tries to be too successful |
| 2C ___ 28. Can be indifferent to others | 3I ___ 74. Meek | 2K ___ 118. Trusting & eager to please |
| 2E ___ 29. Critical of others | 2I ___ 75. Modest | 4N ___ 119. Tries to comfort every one |
| 1I ___ 30. Can be obedient | 3J ___ 76. Hardly ever talks back | 2I ___ 120. Usually gives in |
| 4D ___ 31. Cruel and unkind | 2P ___ 77. Often admired | 2J ___ 121. Very respectful to authority |
| 3J ___ 32. Dependent | 3I ___ 78. Obeys too willingly | 3L ___ 122. Wants everyone's love |
| 4A ___ 33. Dictatorial | 2F ___ 79. Often gloomy | 1P ___ 123. Well thought of |
| 4G ___ 34. Distrusts everybody | 3E ___ 80. Outspoken | 3J ___ 124. Wants to be led |
| 3A ___ 35. Dominating | 3O ___ 81. Overprotective of others | 3L ___ 125. Will confide in anyone |
| 2H ___ 36. Easily embarrassed | 3E ___ 82. Often unfriendly | 2M ___ 126. Warm |
| 2L ___ 37. Eager to get along with others | 3N ___ 83. Over-sympathetic | 2L ___ 127. Wants everyone to like him/her |
| 3K ___ 38. Easily fooled | 2J ___ 84. Often helped by others | 4K ___ 128. Will believe anyone |
| 4B ___ 39. Egotistical & conceited | 3I ___ 85. Passive & unaggressive | |
| 2I ___ 40. Easily led | 3B ___ 86. Proud & self-satisfied | |
| 2N ___ 41. Encouraging to others | 2L ___ 87. Always pleasant and agreeable | |
| 2O ___ 42. Enjoys taking care of others | 3F ___ 88. Resentful | |
| 4P ___ 43. Expects everyone to admire him/her | 2P ___ 89. Respected by others | |
| 2G ___ 44. Frequently disappointed | 4F ___ 90. Rebels against every thing | |
| 2D ___ 45. Firm but just | | |
| 3M ___ 46. Fond of everyone | | |

SELF DESCRIPTION CHECK LIST ASSESSMENT FORM – 2 (for spouse if attending)

Name _____ Date _____

Instructions: Place a Check Mark (✓) in front of each phrase that at times describes you.

- | | | |
|---|--|--|
| 1A ___ 1. Able to give orders | 2A ___ 47. Forceful | 2F ___ 91. Resents being bossed |
| 1K ___ 2. Appreciative | 1M ___ 48. Friendly | 2B ___ 92. Self-reliant & assertive |
| 2H ___ 3. Apologetic | 3N ___ 49. Forgives anything | 3D ___ 93. Sarcastic |
| 1C ___ 4. Able to take care of self | 3E ___ 50. Frequently angry | 3H ___ 94. Self-punishing |
| 2K ___ 5. Accepts advice readily | 3M ___ 51. Friendly all the time | 2B ___ 95. Self-confident |
| 1G ___ 6. Able to doubt others | 3O ___ 52. Generous to a fault | 3D ___ 96. Self-seeking |
| 2M ___ 7. Affectionate & under standing | 2O ___ 53. Gives freely of self | 3C ___ 97. Shrewd & calculating |
| 3P ___ 8. Acts important | 2A ___ 54. Good leader | 1B ___ 98. Self-respecting |
| 1H ___ 9. Able to criticize self | 1J ___ 55. Grateful | 3H ___ 99. Shy |
| 2J ___ 10. Admires & imitates others | 2D ___ 56. Hard boiled when necessary | 3C ___ 100. Selfish |
| 4L ___ 11. Agrees with everyone | 1O ___ 57. Helpful | 2F ___ 101. Skeptical |
| 4H ___ 12. Always ashamed of self | 4E ___ 58. Hard-hearted | 2M ___ 102. Sociable & neighborly |
| 2K ___ 13. Very anxious to be approved of | 2G ___ 59. Hard to impress | 3G ___ 103. Slow to forgive a wrong |
| 3P ___ 14. Always giving advice | 3D ___ 60. Impatient with other's mistakes | 3B ___ 104. Somewhat snobbish |
| 3F ___ 15. Bitter | 2B ___ 61. Independent | 4I ___ 105. Spineless |
| 2O ___ 16. Big hearted & unselfish | 2E ___ 62. Irritable | 2D ___ 106. Stern but fair |
| 3B ___ 17. Boastful | 3G ___ 63. Jealous | 4O ___ 107. Spoils people with kindness |
| 2C ___ 18. Businesslike | 2N ___ 64. Kind & reassuring | 2E ___ 108. Straightforward & direct |
| 3A ___ 19. Bossy | 2A ___ 65. Likes responsibility | 3G ___ 109. Stubborn |
| 1E ___ 20. Can be frank & honest | 2H ___ 66. Lacks self-confidence | 3L ___ 110. Too easily influenced by friends |
| 4J ___ 21. Clinging vine | 2C ___ 67. Likes to compete with others | 3C ___ 111. Thinks only of self |
| 1D ___ 22. Can be strict if necessary | 3K ___ 68. Lets others make decisions | 2N ___ 112. Tender & soft hearted |
| 1N ___ 23. Considerate | 3M ___ 69. Likes everybody | 3H ___ 113. Timid |
| 4C ___ 24. Cold and unfeeling | 3K ___ 70. Likes to be taken care of | 3N ___ 114. Too lenient with others |
| 1F ___ 25. Can complain if necessary | 4M ___ 71. Loves everybody | 2G ___ 115. Touchy & easily hurt |
| 1L ___ 26. Cooperative | 2P ___ 72. Makes a good impression | 3O ___ 116. Too willing to give to others |
| 3F ___ 27. Complaining | 3A ___ 73. Manages others | 3P ___ 117. Tries to be too successful |
| 2C ___ 28. Can be indifferent to others | 3I ___ 74. Meek | 2K ___ 118. Trusting & eager to please |
| 2E ___ 29. Critical of others | 2I ___ 75. Modest | 4N ___ 119. Tries to comfort every one |
| 1I ___ 30. Can be obedient | 3J ___ 76. Hardly ever talks back | 2I ___ 120. Usually gives in |
| 4D ___ 31. Cruel and unkind | 2P ___ 77. Often admired | 2J ___ 121. Very respectful to authority |
| 3J ___ 32. Dependent | 3I ___ 78. Obeys too willingly | 3L ___ 122. Wants everyone's love |
| 4A ___ 33. Dictatorial | 2F ___ 79. Often gloomy | 1P ___ 123. Well thought of |
| 4G ___ 34. Distrusts everybody | 3E ___ 80. Outspoken | 3J ___ 124. Wants to be led |
| 3A ___ 35. Dominating | 3O ___ 81. Overprotective of others | 3L ___ 125. Will confide in anyone |
| 2H ___ 36. Easily embarrassed | 3E ___ 82. Often unfriendly | 2M ___ 126. Warm |
| 2L ___ 37. Eager to get along with others | 3N ___ 83. Over-sympathetic | 2L ___ 127. Wants everyone to like him/her |
| 3K ___ 38. Easily fooled | 2J ___ 84. Often helped by others | 4K ___ 128. Will believe anyone |
| 4B ___ 39. Egotistical & conceited | 3I ___ 85. Passive & unaggressive | |
| 2I ___ 40. Easily led | 3B ___ 86. Proud & self-satisfied | |
| 2N ___ 41. Encouraging to others | 2L ___ 87. Always pleasant and agreeable | |
| 2O ___ 42. Enjoys taking care of others | 3F ___ 88. Resentful | |
| 4P ___ 43. Expects everyone to admire him/her | 2P ___ 89. Respected by others | |
| 2G ___ 44. Frequently disappointed | 4F ___ 90. Rebels against every thing | |
| 2D ___ 45. Firm but just | | |
| 3M ___ 46. Fond of everyone | | |

SYMPTOM CHECK LIST ASSESSMENT FORM - 1

Name: _____ Date: _____

	None	Mild	Moderate	Severe
Depressed Mood				
Hopelessness				
Suicidal Thinking				
Disturbed Sleep (increase / decrease)				
Appetite Changes (increase / decrease)				
Slowed Activity				
Significant Weight Loss				
Poor Concentration				
Poorly Groomed				
Agitation / Restlessness				
Elated Mood				
Mood Swings				
Losing Emotional Control				
Obsessive Thoughts				
Tense/Anxious				
Fearful (Phobic)				
Physical Problems				
Easily Distracted from Thought				
Inappropriate Speech or Sounds				
Hallucinations (sight or sound)				
Sexual Problems				
Difficulty Making Decisions				
Long-term Memory Problems				
Short-term Memory Problems				
Angry Feelings Toward Self or Others				
Violence Toward Self or Others				
Illegal Behavior				
Conflict With Authority				
Disruptive Conduct				
Social Isolation				
Eating Disorder				
Paranoia				
Delusions				
Unusual Thoughts or Experiences				
Physical Pain				

SYMPTOM CHECK LIST ASSESSMENT FORM -2 (for spouse, if attending)

Name: _____

Date: _____

	None	Mild	Moderate	Severe
Depressed Mood				
Hopelessness				
Suicidal Thinking				
Disturbed Sleep (increase / decrease)				
Appetite Changes (increase / decrease)				
Slowed Activity				
Significant Weight Loss				
Poor Concentration				
Poorly Groomed				
Agitation / Restlessness				
Elated Mood				
Mood Swings				
Losing Emotional Control				
Obsessive Thoughts				
Tense/Anxious				
Fearful (Phobic)				
Physical Problems				
Easily Distracted from Thought				
Inappropriate Speech or Sounds				
Hallucinations (sight or sound)				
Sexual Problems				
Difficulty Making Decisions				
Long-term Memory Problems				
Short-term Memory Problems				
Angry Feelings Toward Self or Others				
Violence Toward Self or Others				
Illegal Behavior				
Conflict With Authority				
Disruptive Conduct				
Social Isolation				
Eating Disorder				
Paranoia				
Delusions				
Unusual Thoughts or Experiences				
Physical Pain				

OFFICE POLICY AND PROCEDURES

Hours Of Business 9:00AM TO 5:00P M-F

During Business Hours (602) 532-0800 / After Hours Contact (602) 999-8107

1. **Therapy sessions** are 50 minutes with a charge of \$150.00 per session. Payment is due in full at the time of appointment for non-insured patients. FEES FOR A LEGAL CASE ARE \$200 PER HR. You will be informed of any and all fees, refunds, etc., for additional services prior to participating in the service.
2. **Proof of insurance** is required at time of initial appointment. It is the patient's responsibility to inform office staff of any changes in insurance coverage and billing information in order that we may file as a courtesy to you.
3. **All deductibles**, co-pays and non-covered services are **Due at Time of Service** unless payment arrangements have been made in advance. We accept cash, personal checks and credit cards (MasterCard and Visa). There will be an additional 5% charge for the use of credit cards to pay co-pay charges.
4. **In the case that your insurance company denies payment** of any claim we file on your behalf, payment will be due within 30 days after the Explanation of Benefits is received denying your claim.
5. **Psychological or academic testing** that is performed by this office may or may not be covered in whole or in part by health insurance. Frequently, it is not a covered service. Patient agrees to pay in full for any testing as a non-covered service.
6. **Scheduled appointments are commitments.** I will make every effort to be on time for my appointment(s). If I am late for my appointment, I understand that time will be lost from my session. If I miss an appointment and do not notify my treatment provider at least 24 hours in advance, I understand I will be charged a missed appointment fee which will be billed to me with payment expected within 15 days of the billing date. We are aware that emergencies do arise and 24-hour notice is not always possible and in these situations we ask that you notify us at that time.
7. **It is our obligation** under many of the managed care contracts to report patients who repeatedly refuse to pay co-pays and deductibles at the time of service or who repeatedly "no show" for appointments. Failure to meet your financial obligations may result in reporting this information to the managed care company, a collection agency, and potentially the credit bureau.
8. **All records and communications** about the patient will be treated confidentially in compliance with applicable state and federal laws. These laws may obligate us to report suspected abuse or neglect, domestic violence, and those who pose a danger to themselves or others. These HIPAA laws accompany this intake packet for your full disclosure.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the patient and psychotherapist and the particular problems being addressed. There are many different methods that may be used to deal with the problems and these will be discussed in the treatment plan. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very *active effort* on your part, in order for the therapy to be most successful.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant parts of your life you may temporarily experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, research shows that psychotherapy has many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

Our first session(s) will involve an evaluation of your needs and request. By the end of the evaluation, I will be able to offer you some thoughtful impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. You have the right to participate in your treatment plan and review or revise it at any time. This will conclude with a written general treatment goal and plan complete with your signature of informed consent.

Therapy sometimes involves a large commitment of time, energy, and money so you should be very careful about the therapist you select. If you have questions about my credentials and procedures we should discuss them whenever they arise. You may withdraw consent at any time simply by informing me.

HIPAA INFORMATION - NOTICE OF PRIVACY PRACTICES

1. Uses and Disclosures of Protected Health Information. The following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make and restricted from making. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: With your written consent only, we will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the hospital admission.

Business Associates: We may share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information we will have a written contract from them that contains terms that *will* protect the privacy of your protected health information.

Marketing to you: We may use or disclose certain health information in the course of providing *you* with information about treatment alternatives, health-related services. For example, we may mail a brochure about marital enrichment weekend workshops. You may contact us to request that these materials not be sent to you.

Written Authorization: Other uses and disclosures of your protected health information will be made *only with your written authorization*, unless otherwise permitted or required by Law as described below. You may revoke this authorization at any time in writing.

You May Obtain Your Records: The records kept by this office are available to you. It is unlikely that a client would desire to obtain their file. However, the method for obtaining your file is to submit any type of written request with your name, address, and signature. (Audio Recordings can not be released at this time due to software limitation.)

2. Other rights you have:

Inspect and copy your protected health information. However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.

Request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your therapy. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

Ask your provider to amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

Receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations, if any exist. It excludes disclosures we may have made to you, to permitted family members or friends involved in your care, or for routine notification purposes.

Obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Opportunity to Object: We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Without your consent, we may *not* disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to your health care or to that person's involvement in your health care.

Emergencies: In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Communication Barriers: We may use and disclose minimal and necessary portion of your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial

emergency or life threatening circumstances and the provider determines, using professional judgment, that you would agree.

Situations Without Opportunity to Object: *We may be required* use or disclose your protected health information in the following situations *without your authorization or opportunity to object:*

Child Abuse, Neglect, Domestic Violence: to an appropriate authority to report child abuse or neglect if we believe that you have been a victim or perpetrator of abuse, neglect, or domestic violence.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

As Required By Law: In general, we may be required use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

Legal Proceedings: in the course of legal proceedings if appropriately order by by due process by the courts.

AZ Licensing Board Compliance: to the AZ Department of Behavior Health Examiners to investigate compliance of *this office* with their regulations.

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading disease.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections of this office.

Food and Drug Administration: as required by the Food and Drug Administration to track product safety.

Coroner or Funeral Director and Organ Donation: for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

Soldiers, Inmates, and National Security: Preserving national security may also necessitate sharing protected health information to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary..

Workers' Compensation: to comply with workers' compensation laws.

END of Notice of Privacy Practices