

Julie B. Wolter, Psy.D. LLC
426 Scrabbletown Road A-1
North Kingstown, RI 02852
(603) 340-1167

INTAKE WORKSHEET

Name: _____ DOB: _____

Person Responsible for Account: _____

Street Address: _____

City/State/Zip: _____

Phone Cell #: _____ Work #: _____

Employed By: _____ Position: _____

How did you hear about us? _____

Physician (PCP): _____ Phone: _____

Known Medical Problems, Allergies, Etc.: _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Emergency Contact Person: _____

Relationship: _____ Phone #: _____

[SIGNATURE REQUIRED ON OTHER SIDE]

BILLING POLICY AND AGREEMENT

You are requested to pay in full for services at the time those services are provided (\$150.00 / 45-minute session; \$175.00 for a 55-60 minute session; \$200 intake). However, we would be pleased to assist you in filing insurance claims, so that you can receive reimbursement directly from your insurance company to whatever extent services are covered.

- Or -

Your insurance is an HMO, PPO (or other) with which we have a contract. You are requested to pay any deductible or copayment at the time of service. We will submit claims directly to your insurance company for the balance.

Your insurer might encourage coordination of care with your Primary Care Physician (PCP) unless you express the desire that no contact be made except in an emergency.

YES. You may contact my PCP listed on the front of this worksheet for coordination of care. _____
(Initial)

NO. Please do not contact my PCP except in the event of an emergency. _____
(Initial)

By signing below you (client):

(1) acknowledge that you have read the RI Notice Form (for HIPAA compliance), and the Psychologist-Client Services Agreement.

(2) agree to be responsible for payment for services, for payment of missed sessions (as described in Psychologist-Client Services Agreement), and for attorney and collection costs should the account become past due.

(3) grant permission for information to be provided to your insurance company as is needed for treatment authorization and claims processing, or to a collection agency should that become necessary.

Signature

Relationship (if signing for a minor)

Witness

Date

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Rhode Island Notice Form

Notice of Psychologists – Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “We” means Julie B. Wolter, Psy.D. LLC and/or the psychologist treating you.
- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”

“Treatment” is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.

“Payment” is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

“Health Care Operations” are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- “Use” applies only to activities within our office and practice group such as sharing, employing, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our office and practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those

instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information.

We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made about our conversation during a private, group, joint, or family therapy or counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

We will also obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice.
- Psychotherapy notes

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have a reason to suspect that a child has been abused or neglected, we are required by law to report this to the Department of Child, Youth and Family.
- **Adult and Domestic Abuse:** If we suspect or have a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect, self neglect or exploitation, or is living in hazardous conditions, we are required by law to report that information to the Commissioner of the Department of Health and Human Services.
- **Health Oversight:** If the Rhode Island Board of Psychological Examiners is conducting an investigation, then we are required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we may not release information without your written authorization, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed, in advance, if this is the case.
- **Serious Threat to Health or Safety:** If you have communicated to me a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, including yourself, or if you have made a serious threat of substantial damage to real property, we are required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and to notify the police department closest to your residence or the potential victim’s residence, or obtain your civil commitment to the state mental health system.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for

specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions.* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon request, we will send your bills to another address.)
- *Right to Inspect and Copy.* You have the right to inspect or obtain a copy (or both) of PHI in your psychologist's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request process.
- *Right to Amend.* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting.* You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy.* You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI.* You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you by providing you with an updated version of the document.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, we ask that you contact your psychologist directly about this, so that you and your psychologist may discuss and resolve your concerns.

If you believe that your privacy rights have been violated and wish to file a complaint with your psychologist/this office, you may contact Julie B. Wolter, Psy.D. directly – in person, by telephone, or in writing – to initiate constructive dialogue to address your concerns.

If you are not satisfied that your concerns are being adequately addressed, you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule of the Health Insurance Portability and Privacy Act. We will not retaliate against you for exercising your right to file a complaint.

VI. Restrictions, and Changes to Privacy Policy

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail upon your request or if any requests are received for your record materials which this notice would affect.

Client's Signature

Date

Revised July 16, 2019

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Psychologist-Client Services Agreement

Welcome to Julie B. Wolter, Psy.D. LLC. This document (the Agreement) contains important information about the professional services and business policies of this practice. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Policies (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before the next session. You can discuss with your psychologist any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between you and Julie B. Wolter, Psy.D. LLC. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations that you have incurred.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods your psychologist may use to deal with the problems that you hope to address. 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, you will have to work on things talked about both during the sessions and at home.

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

The first few sessions will involve an evaluation of your needs. By the end of that time, your psychologist will be able to offer you some first impressions of what your work will include, and convey a clearer plan of treatment, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your psychologist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about your psychologist's procedures, please discuss them with your psychologist whenever they arise. If your doubts persists

your psychologist will be happy to help you set up a meeting with another mental health professional for a second opinion, either within Julie B. Wolter, Psy.D. LLC or an outside mental health professional.

Meetings

An evaluation normally lasts from two to four sessions. During this time, you and your psychologist can both decide if he/she is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, sessions range from approximately 45 to 60 minutes in length at an agreed upon frequency. **Once an appointment hour is scheduled, you will be expected to pay full fee for it unless you provide 24 hours notice of cancellation [unless we both agree that an absolute emergency has taken place]. It is important to note that insurance companies do not provide reimbursement for canceled sessions.**

Professional Fees

Fee for each psychotherapy session is anywhere between \$150 and \$175, and the initial intake is \$200. In addition to standard appointments, the hourly rate of \$175 will be charged for other professional services you may need and will be broken down for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other services you may request. If you become involved in legal proceedings that require the participation of your psychologist or Julie B. Wolter, Psy.D. LLC, you will be expected to pay for all the professional time, including preparation and transportation costs, even if the psychologist or Julie B. Wolter, Psy.D. LLC. is called to testify by another party. Because of the difficulty of legal involvement, the charge is \$350 per hour for preparation, travel related to legal involvement, and attendance at any legal proceeding. Any costs related to legal involvement in addition to professional services will be charged to you at the actual costs and IRS mileage rate.

Contacting your Psychologist

Because of work schedules, your psychologist often is not immediately available by telephone. When your psychologist is unavailable, please leave a message on the voicemail, which is checked frequently. Your psychologist will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your psychologist of times and numbers when you will be available. If you are unable to reach your psychologist and feel that you cannot wait for him/her to return your call, contact your family physician or the nearest emergency room and ask for the mental health worker on call. In emergencies, you can call 911 or engage in emergency services available through your community mental health center. If your psychologist will be unavailable for an extended time, he/she will provide you with a name of a colleague to contact, if necessary.

Limits on Confidentiality

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

- Your psychologist may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, he/she will make every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you do not object, your psychologist will not tell you about these

consultations unless he/she feels it is important to your work together. All consultations will be noted in your Clinical Record (which is called “PHI” in the “Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information”).

- Any employed office staff have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- Any other business services, which have any access to records, are required to sign HIPAA-mandated contracts in which it/they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of any such business services and/or a blank copy of this contract.
- Disclosure required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where we are permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that we provided you and/or the records therefore, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it.
- If a patient files a complaint or lawsuit against the psychologist or Julie B. Wolter, Psy.D. LLC we may disclose relevant information regarding that patient in order to defend ourselves.

There are some situations in which your psychologist or Julie B. Wolter, Psy.D. LLC is legally obligated to take actions, which we believe are necessary to protect others from harm and therefore some information about a patient’s treatment may be revealed. These situations are as follows:

- If we have reason to suspect that a child has been abused or neglected, the law requires that we file a report with the Department of Child, Youth, and Family. Once such a report is filed, we may be required to provide additional information
- If we suspect or have a good faith reason to believe that any incapacitated adult has been subjected to abuse, neglect, self-neglect, or exploitation, or is living in hazardous conditions, the law requires us to file a report with the appropriate governmental agency, usually the DEA Protective Services Unit. Once such a report is filed, we may be required to provide additional information
- If a patient communicates a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, including yourself, or a serious threat of substantial damage to real property, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking involuntary hospitalization for the patient.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and will limit the disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Professional Records

The laws and standards of the psychology profession require that we keep Protected Health Information about you in your Clinical Record. You may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in the presence of your psychologist, or have them forwarded to another mental health professional so you can discuss the contents. (Your psychologist may be willing to conduct this review without charge in some instances.) In most circumstances, we are allowed to charge a copying fee of \$15.00 for the first 30 pages or 50 cents per page, whichever is greater.

Patient Rights

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that your psychologist amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. We are happy to discuss any of these rights with you.

Billing and Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the options of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require your psychologist and Julie B. Wolter, Psy.D. LLC to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

Insurance Reimbursement

In order for you and your psychologist to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of the fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, our psychologists will provide you with whatever information we can based on experience and will be

happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, many patients feel that they need more services after insurance benefits end. Some managed care plans will not allow services to be provided to you once your benefits end. If this is the case, we will do our best to work with you in order to continue your psychotherapy. In some cases, however, we may need to refer you to another provider.

You should also be aware that your contract with your health insurance company requires that your psychologist and/or Julie B. Wolter, Psy.D. LLC provide it with information relevant to the services provided to you. We are required to provide them with a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. 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. In some cases, they may share the information with a national medical information data bank. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. **It is important to remember that you always have the right to pay for services yourself to avoid the problems described above, unless prohibited by contract.**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVICES AS AN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Signature

Date

Printed Name

07/2019