

DR. DAWN-ELISE SNIPES, PH.D., LMHC, CRC, NCC

NOTICE OF PRIVACY PRACTICES

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.

Our Legal Duties

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information

Information about you may be used by the personnel associated with this clinic for diagnosis, treatment planning, treatment, and continuity of care. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with this clinic such as billing, quality enhancement, training, audits, and accreditation.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of this clinic not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Public Safety

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

Abuse

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse,

neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Judicial or Administrative Proceedings

Health care professionals are required to release records of clients when a court order has been placed.

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PROFESSIONAL SERVICE AGREEMENT/CONSENT FOR TREATMENT

CDS Ventures, LLC, (CDS VENTURES, LLC), offers a variety of outpatient treatment and educational services to assist individuals and families to resolve problems and promote healthy growth and development. Professional services combine assessment, counseling, therapy and education, and include psychotherapy, medication evaluation and management, family/couples therapy, and groups. All staff are trained professionals practicing in their area of expertise.

Your treatment at CDS VENTURES, LLC is protected health information, (PHI), which is a private matter and will be treated confidentially. Your PHI will be released only with your written consent or as required by law. PHI means any health information that can lead to your identity.

HOURS OF SERVICE:

Appointments are scheduled by each therapist and an effort is made to accommodate client needs. The business office is open: Monday - Saturday - 8:00 a.m. - 8:00 p.m.

Cancellations need to be made 24 hours in advance. You will be billed for appointments not canceled 24 hours in advance.

FEES: Each client is responsible for payment of fees. All fees and co-payments are collected at the time services are rendered. Services such as extended telephone counseling, school or other consultations and court testimony are billed at the standard fee including travel time. Letters and paper or digital correspondence will be billed at \$20 per page. Cash, check, VISA/MasterCard are accepted.

CONSENT FOR TREATMENT, PAYMENT & HEALTHCARE OPERATIONS

I, _____, hereby apply for and consent to such medical or psychiatric care, and/or counseling as the professional staff of CDS VENTURES, LLC may prescribe, including diagnostic tests.

I consent to the use or disclosure of my protected health information by CDS VENTURES, LLC for the purpose of medical or psychiatric care, and/or counseling.

I understand that I have a right to review CDS VENTURES, LLC's Notice of Privacy Practices prior to signing this document. CDS VENTURES, LLC's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of your protected health information that will occur in my treatment, payment for my bills or in the performance of health care operations of CDS VENTURES, LLC.

I understand I will be responsible for any fees/co-payments. Based on information available my fee is estimated to be \$150 for intakes, \$85 for appointments, \$85 per hour including travel, meals and lodging when necessary for court, \$20 per page for written correspondence and \$45 for telephone consultation with attorneys or case managers.

Client

Date

Signature