*Mike Black Counseling Services*

***Client Intake***

***Form***

***General Information***

### Please fill in your personal information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code

Mailing address (if different)

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone

Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we call you at home?\_\_\_\_\_\_ Work?\_\_\_\_\_\_\_ Cell?\_\_\_\_\_\_\_

May we leave a message at home?\_\_\_\_\_\_ Work?\_\_\_\_\_\_Cell?\_\_\_\_\_\_\_

Are you currently employed?\_\_\_\_\_ What line of work?

Where are you currently employed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you single?\_\_\_\_\_\_ married?\_\_\_\_\_\_\_ separated?\_\_\_\_\_\_\_ divorced?\_\_\_\_\_\_\_\_

Name of spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of marriage:

### Do you have children?\_\_\_\_\_\_\_ Please list names and ages:

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Age | Child’s Name | Age |
|  |  |  |  |
|  |  |  |  |

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor:

Who referred you to Counseling?

Who is counseling you (formally or informally) currently?

Do you have any current legal problems?\_\_\_\_\_\_\_

Please explain:

# Medical Information

## Are you currently under a physician’s care?

Name of physician:

Date of last physical examination:

Are you currently under psychiatric care?

Name of psychiatrist:

Have you ever had a formal psychological assessment?

Have you had any prior counseling?\_\_\_\_\_\_\_\_

Name of counselor?

### Are you currently using any medications?\_\_\_\_\_\_\_\_\_

Please list all medications and for what it is prescribed for:

|  |  |
| --- | --- |
| Medication | Prescribed For |
|  |  |
|  |  |
|  |  |

Have you ever been diagnosed with:

\_\_\_\_\_\_Anxiety Disorder \_\_\_\_\_Schizophrenia

\_\_\_\_\_Borderline Personality Disorder \_\_\_\_\_Anger

\_\_\_\_\_Obsessive/Compulsive Disorder \_\_\_\_\_Alcoholism

\_\_\_\_\_Bipolar Disorder \_\_\_\_\_Chemical Dependency

\_\_\_\_\_Eating Disorder \_\_\_\_\_Depression

Anorexia\_\_\_\_\_\_ \_\_\_\_\_Seasonal Affective Disorder

Bulimia\_\_\_\_\_\_ \_\_\_\_\_Dissociative Identity Disorder

\_\_\_\_\_Sexual Dysfunction \_\_\_\_\_Other

Please explain:

Addictions:

Please identify:

Have you ever been suicidal?\_\_\_\_\_\_\_ When?

Have you ever been homicidal?\_\_\_\_\_\_ When?

Would you sign a release form to obtain information from medical/psychological professionals you’ve worked with?\_\_\_\_\_\_\_\_\_

Any other information that you feel is important for your counselor to know or may impact therapy:

Have you ever served in the armed forces?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consume alcohol regularly?\_\_\_\_\_\_\_ How often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take non-prescribed drugs?\_\_\_\_\_\_ How often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Mike Black Counseling Services?

\_\_\_Word of Mouth

Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Internet

\_\_\_Church

\_\_\_Agency

Which Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other

Please Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What primary concerns, issues, or problems do you want to work on with your counselor?

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mike is a Masters level therapist who is licensed with the State of Washington. He has experience as a therapist for over 20 years from a Christian and Biblically based counseling approach for those who desire that mode of counseling. His areas of expertise are primarily in marriage counseling, individual counseling especially with adolescence/young adults, dealing with addictions, grief and/or family of origin issues. He also has worked for five years in an inpatient drug and alcohol treatment center with youth and adults.

### What to Expect

* The first few times you come in for counseling will be focused on gathering information.
* This will include information about your personal and social history.
* Counseling sessions run approximately fifty-five (55) minutes in length.
* The total number of times you will come in for counseling depends on the types of issues you are working on and the goals you set.

#### Choices Regarding Treatment

You have the right and responsibility to choose a counselor and treatment modality that best suits your needs and purposes. You also have the right to:

* confidentiality, except as provided by the law in RCW 18.19.180. (See pages 13-15 for the full text of this law and other required disclosures);
* refuse counseling, if you so desire; and,
* ask questions now or at any time in the future regarding this material and/or the services being provided to you.

### Confidentiality place a high value on confidentiality. All notes, records and personal information about our clients are kept confidential.

If, for some reason, you wish to have information in your file disclosed to another party (e/g. your physician, pastor or another counselor) you should consult with your counselor. You will be asked to sign a "release of information form" authorizing the transfer of the information. You may revoke your permission at any time by giving us written notice.

### State Specified Mandatory Reporting Policy

Mike Black Counseling Services (MBCS) makes every reasonable effort to safeguard the personal information that you share with him as your therapist. However, the laws of this state mandate licensed/certified or registered counselors to report to governmental authorities specifics actions or intentions. Failure to do so may result in civil and/or criminal prosecution of the counselor. Confidentiality may be broken in these specific situations:

1. Any known or reasonably suspected cases of ***child abuse or neglect.***
2. Any known or suspected ***intentions of harming oneself (suicide****).*
3. Any known or suspected ***intentions of harming others.***
4. When written ***consent is given by the client*** to release information.
5. When counselor records are ***subpoenaed by a* *court of law or administrative agency.***

By signing below I acknowledge that counseling is provided on the condition that counselees (clients) recognize this policy of and agree that all licensed/certified or registered counselors will and are free to break confidentiality under any of these specific circumstances.

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Client)**

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Counselor)**

### Cancellation Agreement

* MBCS requests that if you need to change or cancel an appointment, we request that you call your counselor at least 8 hours in advance of your appointment time. For appointments that are not cancelled with 8-hour notice, you will be charged for a full session.
* A cancellation fee will be assessed to anyone who is more than fifteen minutes late to an appointment without prior notice to the counselor.
* Occasionally MBCS may need to change an appointment time and will call you in advance to do so.

### No Show Policy

* If there are two “No Shows” (No show, no call) I reserve the right to stop service.

### Ending Therapy

Once sessions begin, the duration and termination of counseling is something that should be discussed with your counselor. Thoughts and feelings around wanting to stop counseling are important and should be raised in counseling sessions.

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Client)**

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Counselor)**

***Community Sliding Fee Scale***

###### People requesting counseling help are expected to participate in meeting the costs of the service at the level they are financially able to contribute as per the sliding fee scale listed above.

###### This affords you an opportunity to “invest” in the personal process of counseling.

MBCS provides a sliding fee scale for all clients in an effort to make counseling services affordable. “Gross Monthly Income” is the combined monthly income of all wage earners in the household. If you have any questions regarding any of the procedures outlined, please discuss this with your counselor.

###### Please come prepared to pay for the initial session.

* MBCS accepts payment via check, venmo or cash
* Checks can be made out to Mike Black.
* MBCS does not accept debit/credit cards or private insurance.
* A receipt for counseling services can be given upon request.

###### PER SESSION FEE SCALE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Gross Household Income per Month** | **Number in household (parents, children, dependents)** | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Below 1,000 | 57 | 55 | 53 | 51 | 49 | 47 |
| 1,001 – 1,500 | 61 | 59 | 57 | 55 | 53 | 51 |
| 1,501 – 2,000 | 65 | 63 | 61 | 59 | 57 | 55 |
| 2,001 – 2,500 | 80 | 78 | 76 | 74 | 72 | 70 |
| 2,501 – 3,000 | 85 | 83 | 81 | 79 | 77 | 75 |
| 3,001 – 3,500 | 90 | 88 | 86 | 84 | 82 | 80 |
| 3,501 – 4,000 | 95 | 93 | 91 | 89 | 87 | 85 |
| Above 4,000 | 99 | 98 | 96 | 94 | 92 | 90 |

**Benevolence clients are expected to pay at least $47/session.**

**Student Rates:** If a post high school, full-time student is paying for counseling themselves, we suggest a fee for each counseling session as described in the table below.

##### STUDENT RATE SCALE

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Per Month** | Per Session Fee | **Income Per Month** | Per Session Fee |
| 100 and below | 30 | 701 – 900 | 45 |
| 101 – 500 | 35 | 901 and above | 50 |
| 501 – 700 | 40 |

**Client Consent and Acknowledgment:**

By signing this form I acknowledge that I have read, received true copies of if requested, and understand the information disclosed on this form and pages 13-15 which explain the Counselor Credentialing Act and the laws regarding confidentiality and unprofessional conduct. I have reviewed the *Notice of Privacy Practices* (pages 14-16). I understand that I am financially responsible to MBCS for all charges. I further acknowledge that I have discussed all of this information with Mike Black including: the exceptions to confidentiality, my right to terminate counseling at any time, and the importance of discussing termination with my counselor.

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Client)**

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Counselor)**

**Information for Clients Seeking Counseling in Washington State**

The following information is provided to you as required under current Washington State laws and is made available in an effort to help you understand your rights, make wise choices and protect yourself from fraud or other harm in the process of choosing a competent counselor or other mental health professional.

A decision to engage in counseling and seek out help in overcoming life’s challenges is sometimes a very difficult and personal decision. We recognize this and want you to feel comfortable with your decision, the counselor you choose, and the services you have invested in. If you have any questions or concerns please know that we will take as much time as needed to respond and address your concerns.

**Counselor Credentialing Act** : The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) to empower citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct**.**

**The Law Regarding Exceptions to Confidentiality: (RCW 18.19.180) Confidential communications.** An individual registered or certified under this chapter shall not disclose the written acknowledgment of the disclosure statement pursuant to RCW 18.19.060 nor any information acquired from persons consulting the individual in a professional capacity when that information was necessary to enable the individual to render professional services to those persons except:

(1) With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health, or physical condition;

(2) That a person registered or certified under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;

(3) If the person is a minor, and the information acquired by the person registered or certified under this chapter indicates that the minor was the victim or subject of a crime, the person registered or certified may testify fully upon any examination, trial,

or other proceeding in which the commission of the crime is the subject of the inquiry;

(4) If the person waives the privilege by bringing charges against the person registered or certified under this chapter;

(5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or

(6) As required under chapter 26.44 RCW. [1991 c 3 § 33; 1987 c 512 § 11.]

**The Law Regarding Unprofessional Conduct: (RCW 18.130.180) Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction; (continued on back side; page-14)

**The Law Regarding Unprofessional Conduct: (RCW 18.130.180)** (continued from front side)

(6) The possession, use. prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority pr its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards. [1995 c 336 § 9; 1993 c 367 § 22. Prior 1991 c 332 § 34; 1991 c 215 § 3; 1989 c 270 § 331986 c 259 § 10; 1984 c 279 § l8.]

**Application to scope of practice--captions not law--1991 c 332:** See notes following RCW 18.130.010**. Severability--1986 c 259:** See note following RCW 18.130.010.

Please note: If you want more information about the law regulating counselors or if you want to file a complaint, please write to:

Department of Health, Health Quality Assurance Division, Counselor Registration/Certification, PO BOX 47869, Olympia, WA 98504-7869. If you want to contact someone by phone to discuss the law or talk about a possible complaint, call (360) 753-1761, Monday through Friday, 8:00am to 5:00pm.

**NOTICE OF PRIVACY PRACTICES (NPP)**

This notice describes how medical information about you may be used and disclosed and how your can get access to this information. Please review it carefully and ask questions.

**Contents of this notice**

1. Introduction.
2. What is “Protected Healthcare Information (PHI)?”
3. Privacy and the Law.
4. How your PHI can be used and/or shared with your consent.
5. Uses and disclosures requiring your authorization.
6. Uses and disclosures *NOT* requiring your authorization.
7. Uses and disclosures requiring you to have an opportunity to object.
8. Accounting of all disclosures
9. If you have questions or problems.
10. **Introduction.**

The *Notice of Privacy Practices (NPP)* is required due to the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

1. **What is Protected Healthcare Information (PHI)?**

PHI refers to any information that is collected about you and your physical and/or mental health any time you visit a counselor, doctor or other “healthcare provider.” It may be information about your past, present or future health or conditions, or the treatment or other services you received at this office or from others, or about payment for healthcare. The information that is collected by Bridging Counseling goes into a medical record. In this office and setting for counseling, this information is likely to include:

* Demographic information including your name, address, birthday, age, sex.
* Personal history that may be relevant to the condition for which you sought service.
* Diagnoses or the medical terms used to describe your condition or symptoms.
* Treatment plan(s).
* Progress and/or psychotherapy notes from each session.
* Records from other healthcare providers who have treated you that are pertinent to your counseling..
* Information from your doctor.
* Billing and/or insurance information.

This information is used for many purposes including:

* To plan your treatment and assess the effectiveness of your treatment.
* To prove that you received the services for which you were billed.
* For teaching or training other professionals.
* For improving public health.
* To improve the way counseling is conducted.

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

Although your mental health record is the physical property of the healthcare practitioner, the information belongs to you. You can request to inspect, read or review it. If you desire a copy, one can be made for you for a small charge to cover costs. In some situations you may be prohibited from seeing all of your record if to do so could result in emotional harm. If you review and find anything in your record that you believe is incorrect or missing, you can request an amendment. Final determinations on amendments are made by the practitioner.

1. **Privacy and the Law.**

The HIPAA law requires that healthcare practitioners to keep your PHI private and to give you this notice of our legal duties and our privacy practices which is called *the Notice of Privacy Practices or “NPP”.*  The rules of the NPP will be followed in this office and apply to all records. If the NPP is changed a new version will be posted in the office for review and you may receive an updated copy at any time.

1. **How your PHI can be used and/or shared WITH your consent.**

When your PHI is read it is considered “*use*.” If and when the information is shared with or sent to others outside this office it is considered “*disclosure*.” Except in special cases, when your PHI is disclosed, **only the** **minimum amount of information necessary** for the purpose is shared. Your signature on the *Client Information and Consent Form* willgrant permission to use some of your PHI for payment and business operations. If you do not sign the *Client Information and Consent Form*, you cannot receive treatment.

* **Payment**. In order to receive payment for services, information must be gathered and shared with business associates including the insurance company (if indicated) and billing service. Only the minimum amount of information necessary to facilitate claims processing is disclosed. These “business associates” also operate under strict confidentiality practices.
* **Business Operations**. Information may be used for the internal business operations of this counseling practice, e.g., quality reviews.

**E. Uses and disclosures requiring your *Authorization*.** According to the laws of the state of WA, your written authorization is required for the disclosure of any information concerning mental health or substance abuse treatment. You will be asked to sign an authorization if information needs to be disclosed beyond what is granted under your consent for payment and business operations.

**F. Uses and disclosures *NOT* requiring your Authorization**

* Public health and safety or when required by law.
* Law enforcement. When required by law or to protect you or another person from imminent harm.
* Suspected or known abuse or neglect of a child or older adult as required by law.
* Court processes or proceedings. As ordered by the court or in response to legal action.
* Military and National Security. As required by law.

**G. Uses and disclosures requiring you to have an opportunity to object.**

Information will be disclosed under the conditions allowed by your consent and/or authorization and/or as required by law. No other information will be disclosed without your permission except in case of emergency. In the case of an emergency, the minimum amount of information will be released.

**H. Accounting of disclosures.**

When your PHI is disclosed, a record of the disclosure is made of what information was disclosed, when, to whom and for what purpose. You can request an accounting of these disclosures. If a request of accounting of disclosures is made more than once a year, you may be charged a fee.

**I. If you have questions or problems.**

If you need more information or have questions about the privacy practices described above, please speak to Mike Black. If you have problems with the way your PHI has been handled or if you believe that a violation has occurred, you have the right to file a complaint with this practice and/or with the Secretary of the Federal Department of Health and Human Services. Any complaints will not in any way limit your care nor will any actions be taken against you if you file a complaint.