

DISCLOSURE AND STATEMENT OFFICE POLICY

STANLEY A. ZUCKERMAN, NCPsyA., M.S.W.
1408 W Hays Street, Boise, Idaho 83702-5028
(208) 385-9200 STAN.ZUCKERMAN@GMAIL.COM

The relationship between patient and therapist is characterized by mutual regard in relation to candor, trust, and respect. This statement affirms that regard by attempting to clarify our respective responsibilities. As a therapist I will make every effort to be aware of your comfort level as we work together to understand and explore your feelings in relation to the ways in which you seek to grow and change. I ask you to tell me honestly about your sense of your progress in this venture, that is, about what is or is not working for you.

It is important that you are aware that therapy has emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary and, sometimes, disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

Fees and Appointments

My fee is \$150.00 - \$175.00 for 53 - 145 minute sessions unless other arrangements have been made. Because your appointment time is reserved for you, you will be charged for appointments that are not cancelled 24 hours in advance, unless there are circumstances we would both define as an emergency. Overdue bills will be charged 1.5% per month interest. If you refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

I do accept payments from many insurance companies and I agree to take the contracted fees that they set. You must arrange for any pre-authorizations necessary. I will bill directly to your insurance company. Prior to your first session, you must provide me with a copy of your insurance card and a copy of your photo ID, as well as to complete and sign all intake forms. Your payment or co-payment is due at the time of the appointment.

If you ever wish for me to write any reports, other than insurance treatment plans, my hourly fee is the same as the therapy fee on a prorated basis. I charge for phone calls that are longer than ten minutes on a prorated basis. I also will write ordinary reports at \$150/hour on a prorated basis. If I am ever called to court on your behalf or to write documents for the court, my fee is \$240 including any driving time.

I currently use a billing service for client and insurance billing. You may contact Peggy Smith, my billing agent, at (208) 859-2859 for more detailed information. Please note that because I outsource my billing,

there may be some brief delays in the sharing of information between my billing agent and my office. However, accounts are carefully updated on a frequent basis, so we are making every effort to inform you of your current balance based upon usage of services, payments received, and benefit explanations provided to us by your insurance company. Kindly inform us of any discrepancies or concerns in accounting you may encounter, and we will attempt to resolve them promptly.

Confidentiality

Federal and state laws require everything we discuss in therapy be kept confidential unless the patient gives written consent to the contrary. However, there are few situations where I am ethically and legally bound to make an exception. They are:

- If you are a danger to yourself or others.
- If the information involved the physical or sexual abuse of a child under 18 or an older adult.
- If your records are subpoenaed by the courts.

Also, be aware that minors are not afforded the full confidentiality of adults in the state of Idaho. If you are under eighteen years of age, I will have you and your parent or guardian fill out a special consent form.

There are limitations to confidentiality for those in couple's therapy that I explained at the beginning of this type of treatment. Also, if your insurance is providing some payment of your sessions, they may also require some limitations to confidentiality. You are responsible for contacting your insurance carrier about any possible limitations with your plan.

Emergencies

I am available for brief between-session phone calls during normal business hours. If you are experiencing an emergency during non-business office hours and you cannot reach me at my office or on my cell phone, please call 911, or go to the nearest hospital emergency room.

I am away from the office a few times a year. During those times, I will either return messages to my cell phone or will have someone covering my practice. I will tell you in advance of any anticipated, lengthy absences and give you the name and phone number of the therapist who will be covering my practice.

My Qualifications

I am a Licensed Clinical Social Worker in the state of Idaho, LCSW-1219. I have been in private practice in psychotherapy since January 1, 1981. I have a Masters Degree in Social Work from the Smith College School for Social Work in North Hampton, MA in 1981. I hold advanced certification in Psychoanalytic Psychotherapy and Psychoanalysis awarded by the Institute for Psychoanalytic Psychotherapy and certification by the National Association for the Advancement of Psychoanalysis.

From 1992 to 1999 I practiced in Seattle. While there, I was elected president of the Northwest Alliance for Psychoanalytic Study (1996). This more than 400 member organization offered major conferences with well-known analysts from around the world, as well as monthly professional meetings, training sessions, and study groups. It also sponsored an annual conference, the Forum, where local therapists presented their work.

Prior to my work in Seattle, I maintained a private psychotherapy practice as well as working at the Institute of Pennsylvania Hospital. This hospital was the first psychiatric hospital in the nation founded by the well-known psychiatric reformer Benjamin Rush and, chairman of the board, Benjamin Franklin. While there, Dr. Richard Kluft (one of the leading experts in the field of trauma) and the medical director of the hospital invited me to be a member of a five-person team lead by Dr. Kluft to develop and initiate a specialized in-patient program for those suffering from post-traumatic stress and dissociative disorders. During my tenure on the Specialty Unit, I gained the recognition in the trauma community throughout the United States as a specialist in the treatment of psychiatric disorders associated with physical and sexual trauma as well as treating survivors of torture.

My Approach to Treatment

I provide individual psychoanalytic psychotherapy and counseling to adolescents and adults. I perceive the therapeutic relationship to be an evolving dialogue through which the patient and therapist work together to gain further awareness of the feeling, thinking, and behaving dimensions of the patient's personal experience. The therapeutic style I utilize is primarily psychodynamic with other approaches sometimes added to further treatment.

For further information on my approach, please go to my website, www.stanzuckerman.com.

Client Consent to Psychotherapy

I (insert your name) _____ have read the statement above. I have had an opportunity to ask questions and have them answered to my satisfaction. I have also read and understand the HIPPA policies attached to this statement. By signing this statement, I agree to all office policies including HIPPA and give consent to treatment with Stanley A. Zuckerman, NCPsyA., M.S.W.

Patient Signature _____ Date _____.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

Treatment means providing, coordination or managing health care and related services by one or more health care providers. An example of this would include a psychiatric evaluation or sharing your records with your referring physician.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example of this would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information which you can exercise by presenting a written request:

1. The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any person identified by you. We are, however, not required to agree to your requested restriction. If we do agree to a restriction, we must abide by it unless we agree in writing to remove it.
2. The right to reasonable requests to receive confidential communications of protected health information from us by alternative locations.
3. The right to inspect and copy your protected health information.
4. The right to receive any accounting of disclosures of protected health information.
5. The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post the notice, and you may request a copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Stanley A. Zuckerman, NCPsyA., M.S.W.
1408 W Hays Street
Boise, Idaho 83702-5028
(208) 385-9200

For more information about HIPAA or to file a complaint:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave, SW
Washington, DC 20201
(202) 519-0257
Toll Free (877) 696-6775