

KAREN B. WALANT, PH.D.
15 YANKEE HILL ROAD
RIDGEFIELD, CT 06877
203-438-8602

I am providing you with information regarding the Health Insurance Portability and Accountability Act, 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 healthcare operations. HIPAA requires that you are provided with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and healthcare operations. The law requires that I obtain your signature acknowledging that I have provided you with this information.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and the client, and the particular problems you are experiencing. Psychotherapy is not like a medical doctor visit. Instead, it calls for an active effort on both your part and mine. In order for the therapy to be most successful, you will want to continue developing and expanding the ideas that we discuss in session. 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 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 as to what your experiences will be.

Within a few sessions, you and I will have some first impressions as to what our work together might entail, should you wish to continue with therapy. You are welcome to offer your thoughts and impressions as well, including any doubts as to whether you feel comfortable with these sessions. Therapy involves a commitment of time and energy, so expression of your doubt and anxiety is very helpful to the overall process.

SESSIONS

Once an appointment time is schedule, I will be expecting that you will be keeping that time unless you provide 24 hours-notice of cancellation, and you will be charged for this appointment unless we both agree that you were unable to attend due to circumstances beyond your control.

CONTACTING ME OUTSIDE OF THE SESSION TIME

Due to my work schedule, you will very often be greeted by my phone message outside of our scheduled time. I do make every effort to return phone calls within 24 hours. If you need me

to respond more quickly, do make sure to leave me every phone number that I can reach you at, and times that I would be more likely to reach you. As well, please call both my cell phone and my office phone and leave messages in both places.

LIMITS OF CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, information about your treatment can only be released 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 advanced consent. Your signature on this agreement provides consent for those activities as follows:

- Therapists occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing any identifying information. The other professionals are also legally bound to keep the information confidential.
- If you and I feel it indicated, I will speak with other professionals who are involved with your care – your marital therapist, your psychiatrist, or your physician. This enables continuity of care so that all of us are connected to what is unfolding in your treatment process. A release of information form is sometimes needed for these contacts although not always.

IN SUMMARY

I hope the information provided in this summary, as well as on the HIPAA form, has been helpful. Please feel free to ask me any questions that you may have regarding this information. Be sure to sign the attached HIPAA form and return it to me.

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By my signature below, I, _____

acknowledge that I received a copy of the Notice of Privacy Practices for Karen B. Walant, PhD.

The best way to leave me a message is:

_____ Home phone number: _____

_____ Cell phone number: _____

_____ Email address: _____

_____ Text: _____

_____ Other: _____

Signature of client and date

Signature of parent (if under 18) and date

FOR OFFICE USE ONLY

I attempted to obtain acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other