

Neuroeducation

Assessment & Treatment of Learning Differences & Behavior

OFFICE POLICIES & PROCEDURES

Welcome to Neuroeducation! We evaluate and provide help to those with learning, behavioral, and/or emotional conflicts. This is accomplished through our skilled and caring professional staff: Pat Sharp, Ph.D. (Director, Certified Mental Health Counselor, LH00004145), Jon Christensen, Ph.D. (Licensed Psychologist, PY2706), Angela Hille, Ph.D. (Licensed Psychologist, PY60389995), and Julia Mackaronis, Ph.D. (Licensed Psychologist, PY60557407). Our goal is to provide our clients with quality problem solving skills.

This summary describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully. A full notice of HIPPA regulations is available in our office for your review as well.

Client Rights and Responsibilities.

At Neuroeducation we care about you and your family.

You have the right to ask questions regarding you or your child's treatment at any time.

You have the right to request a change in the treatment approach or method.

You have the right to refuse evaluation or treatment at any time.

You have the right to request a referral to another therapist or other mental health resources.

You have the right to see, copy and request to amend your treatment records.

You have the right to know the results of the evaluation.

Confidentiality.

Anything discussed in therapy, any information obtained about you or your child is confidential and can be disclosed to others only with your written, signed consent. You have privileged communication as defined by the laws of the State of Washington. There are several exceptions to this privilege:

If the therapist should have reason to believe that a child, developmentally disabled adult, or an elderly person is being abused or neglected, she or he must report the suspected abuse or neglect to the appropriate authorities.

If the therapist feels that you, (or your child, if the child is the client) are a danger to yourself or to others, or if the therapist feels that you (or your child) have made believable threats of harm towards yourself or others, steps must be taken to protect you (or your child) and/or others. Under court order, the therapist may have to disclose specific information to the court.

In the case of a child under the age of 13, the parent(s) or legal guardian holds the communication privilege. This means that the parent is the person who authorizes any release of information about the child. At the age of 13 the child holds the right of consent. The therapist will keep the confidentiality of the child, unless the therapist has strong evidence that disclosure is in the best interest of the child.

From time to time, the therapist may discuss matters relating to you or your child during ongoing supervision/consultation with our colleagues and exchange information with referring professionals.

Uses and Disclosures.

We may use and disclose your health information in order to treat you or your child or to assist other health care providers in treating you or your child. We may disclose your health information in order to obtain payment for our services. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students. Except as noted in more detail in the Notice of Privacy Practices (located at our front desk), we will not use or disclose your health information without your written authorization. All disclosures except to third party payers will be noted in the treatment record. You may review this record at any time.

We will inform you if we change this Notice. A copy of the revised Notice will be available upon request. We may change our practices and those changes may apply to medical information we already have about you as well as any new information. This Notice will be given to you on the date that you first receive treatment from Neuroeducation. In an emergency, we will give you the Notice as soon as possible after the emergency treatment has been given.

If you have a concern or complaint regarding privacy practices you may contact our Clinical Director, Pat Sharp at 509-747-0165. You may also submit a written complaint to the U.S. Department of Health and Human Services. We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us.

Your signature below indicates that you have read and agree to these policies.

Client/Parent/Guardians Signature

Date