

CLIENT INFORMATION

Please provide the following Information

Date: _____

Client Name: _____
Last First M.I.

Date of Birth: _____ Age: _____

Address: _____
City/State Zip

Phone(s): Check mark all that you do **NOT** want a message left at.

_____ Home: (_____) _____ Work: (_____) _____

_____ Cell: (_____) _____

Sex: _____ For Adult Clients: Marital Status: ___ Single ___ Married ___ Divorced
___ Separated ___ Widowed

Employer: _____
City/State Zip

Occupation: _____

If Client is a Minor:

Responsible Party: _____
Last First M.I.

(If different from above)

Address: _____
Street City/State Zip

Phone(s): Home :(_____) _____ Cell: (_____) _____

Date of Birth: _____

Sex: _____ Marital Status: ___ Single ___ Married ___ Divorced
___ Separated ___ Widowed

Employer: _____
City/State Zip

Occupation: _____ Work #: (_____) _____

May we call you or leave a message at this number? ___ Yes ___ No

(OVER)

Emergency Contact:

I authorize Dr. Anthony Bram to contact the person listed in an emergency: ___ Yes ___ No

Name: _____ Relationship: _____

Address: _____
City/State _____ Zip _____

Phone(s): Check mark all that you do **NOT** want a message left at.

Home: (____) _____ Work: (____) _____

Cell: (____) _____

Insurance:

Primary: _____

Address: _____
City/State _____ Zip _____

Phone: (____) _____

Secondary: _____

Address: _____
City/State _____ Zip _____

Phone: (____) _____

Please provide a copy of your insurance card or request that Dr. Bram make a copy during the first visit.

Acknowledgement of Receipt of Privacy Notice

I acknowledge that I have received a copy of Dr. Bram's Notice of Privacy Practices.

Signature of Patient/Patient Representative

Date

Relationship to Patient

Anthony Bram, PhD, ABAP
363 Massachusetts Ave., LL#1
Lexington, MA 02420
781-862-4984

OUTPATIENT PSYCHOTHERAPY CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent your informed consent to treatment for you or your child.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems to be addressed. There are many different methods I may use to deal with the difficulties that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a more active effort by the patient. .

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 also been shown to benefit people who participate in it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. If you are experiencing uncomfortable or distressing feelings, it is important that you share them with me so we can understand them and, if necessary, consider options for adjusting the pace or intensity of the work.

Our first few sessions will involve an evaluation of your or your child's needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me.

MEETINGS

Sessions are 50 minutes in length. I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Please refer to my General Fee Policy for additional details about cancellation and missed session fees.

PROFESSIONAL FEES

After the initial session, billed at \$200 per hour, my hourly fee is \$180 for psychotherapy. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Charges for meetings scheduled outside the office (e.g., school meetings, "exposure" sessions at home or in the community) will be prorated based on distance and travel time. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the demands of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding. Please refer to my General Fee Policy form for more specific information.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree to another arrangement. Charges for other (non-session) professional services will be included in a monthly statement that will be given or mailed to you. If you have questions or concerns about the fee or billing statements, please do not hesitate to bring them up with me directly so we can problem-solve together. Although I prefer to not to make use of collection agencies for long outstanding balances and work to consider all alternatives (e.g., payment plans), I reserve the right to make use of a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, dates of service, and the amount due.

As I am out of network for all insurances, I am willing to submit claims on your behalf or provide you with a "super bill" for you to submit yourself to insurance)--just let me know your preference. *(Please know that if you prefer to maximize your insurance benefits, I am glad to assist you to try to find another clinician who is in your insurance network).* Insurance ought to reimburse you based on the specific criteria of your plan. Once claims are submitted, securing payment is between you and your insurance company. Note that a formal diagnosis is the only clinical information that I will disclose if you would like for me to generate insurance claims forms. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

As I describe in more detail in my General Fee Policy, I do not participate in managed care contracts. This means that I do not fill out treatment plans or summaries, provide personal information, or send records that insurance companies may request in order to justify payment.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, you may leave a message at 781-862-4984, and I will make every effort to return your call within the next business day. If you have not heard from me within that time frame, I encourage you to leave another message. If you are difficult to reach, please inform me of some times when you will be available. My after-hours phone number for urgent matters is 785-231-8064. In case of an emergency and you are unable to reach me, please contact 911 or go to your local emergency room.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

When I am working with a child or adolescent as my primary patient, what I reveal to parents about the content of sessions will often depend on the age and developmental level of the child and nature and severity of the concern. I make every effort to balance (1) maintenance of the child's privacy and (2) sharing with parents what is relevant and necessary to understand, support, and implement the treatment. If I have concerns about the child's current safety, I will do my best to collaborate with the child so that we or I can broach the issue directly with parents or guardians. I encourage parents to discuss with me at the outset or at any point questions they have about how we can best achieve this balance.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony or records if determined that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child [elderly person, or disabled person] is being abused or neglected, I am required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Further details about confidentiality are provided in my Privacy Policy form.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms during our professional relationship.

Patient Name

Parent Name, if applicable

Patient or Parent/Guardian Signature

Date Signed

GENERAL FEE POLICY

Payment is expected at the time of service. For patients who are seen multiple times per week, you can make one payment per week covering all of the sessions. If there are extenuating circumstances or other conflicts that make this difficult, I encourage you to discuss your concerns with me so that we can understand them together and determine whether we can formulate a mutually agreeable payment plan. However, my intention is to create a system in which individuals and families will not run up large outstanding balances. Collection agencies will only be used as a last resort in the event that unpaid balances persist despite repeated, more collaborative efforts to address them.

If you elect to use your insurance (understanding that this will compromise your privacy), I will generate and furnish you with a detailed billing statement (a “superbill” containing all of the necessary codes) that you can submit to your insurance company to request reimbursement from them directly.

I am not paneled with insurance carriers, so if you are reimbursed it will be at an “out-of-network” rate. You can contact your insurance company to clarify what this rate might be. *Please note that in my practice, because of concerns about confidentiality and other possible intrusions into the care that I have been trained to deliver, I have chosen not to work with “managed care.”* That is to say, I will not send to insurance or managed care companies written treatment plans and summaries of clinical information. I will also not submit copies of my office notes or participate in telephone reviews of the treatment that they may request. It is important that you are aware of this up-front, as some companies will insist on this to justify their payment. Please know that if you are uncomfortable with my policy we can discuss it further and, if you ultimately decide, I will be glad to refer you to another clinician who works with managed care.

As I am not a Medicare provider, if you have Medicare and you choose to work with me, there is additional paperwork for us to complete to assure your understanding that we are unable to submit claims to Medicare for reimbursement.

MISSED SESSION POLICY*

If you are unable to attend a scheduled session, to avoid being charged, please call in advance giving 24-hours notice. There are 2 kinds of missed sessions that will be billed:

1. Cancellations with less than 24-hours notice (i.e., any cancellation occurring up until 5 minutes before the scheduled appointment): charged at 50% of the rate of the scheduled service (e.g., \$67.50 if scheduled for therapy session billed at \$180).

2. No-shows (i.e., when no advanced notice is given or if you cancel right before or during the scheduled time): charged at full fee.

Fees for missed sessions are due at the following appointment. Among the reasons for the policy to charge for missed sessions are (1) typically I have more patients than I am able to schedule in a given week, so advanced notice allows me to give the time to someone else, (2) scheduling and billing for my time is how I earn my living, and (3) it can often be an important motivator for individuals to attend sessions and further their treatment along. [*Note there is a different policy for individuals in 3-5 times/week psychoanalysis, which will be discussed at the beginning of the treatment.]

FEE SCHEDULE FOR PATIENTS

Psychotherapeutic Services

90791 Diagnostic Interview/Initial Assessment/Consultation (50-60 min.) \$180
(typically the first visit for a new patient; not including beginning psychological testing)

90834 Individual Psychotherapy (45-50 min.) \$180*

90832 (20-30 min.) \$90*

90837 (75-90 min.) \$270*

90846, 90847 Family Therapy (45-50 min.) \$180*

(25-30 min) \$90*

*For visits outside of the office (e.g., for behavior therapy “exposures,” sessions during an inpatient hospitalization, sessions held at school, etc.), the fee increases based on distance and travel time from the office.

90853 Group Therapy – determined according to group

90845 Psychoanalysis (4-5x/week; 50 min. sessions) – negotiated

99441, 99442, 99443 Phone contact \$45, \$90, \$180 –charge is greater the more ‘complex’ the issue being addressed; complexity is often, but not always, correlated with length of the call. Phone sessions, if substituted for an office visit, will be billed at the rate of the scheduled office visit (e.g., for extenuating circumstances a phone session replaces a 50 minute therapy session, this would be billed at \$180.) Billing for phone contact will occur for discussions with the patient, family members, and collateral sources of information (teachers, physicians, other treaters, etc.). Note that phone calls of less than 10 minutes duration will not be billed. *Please know that insurance rarely, if ever, reimburses for phone contacts.*

Miscellaneous Services

99361, 99362 Medical Conferences –a minimum of \$90 per each 30 minutes. Medical conferences include various types of diagnostic and treatment planning meetings (e.g., hospital, outpatient clinics, other agencies). Charges increase depending on distance, travel time from office.

90885 Evaluation of Records \$45 per 15 minutes (\$180/hour, prorated) – review of records that take 10 minutes or less will not be charged.

90887 Report Writing (other than psychological test reports) \$50 per 15 minutes – includes requested treatment or diagnostic summaries and letters that take more than 10 minutes.

All Forensic (legal/court-related) services: report writing, lawyer calls, depositions, court appearances, travel time, etc.) \$350/hour

Psychological Testing Services

Policy for Payment: At the outset of testing, an estimate will be provided for the number of hours needed to complete testing and thus total cost of the testing. Fifty-percent (50%) of that amount will be due up-front, i.e., by or at the time of the first testing session. (See below for policy for “intensive evaluations”*) The remaining amount will be due 2 weeks from the date of the final testing session. As noted below, one test feedback session (which is usually held 1-2 weeks after the final testing session) will be free of charge if complete payment for testing is made prior to or at the time of the feedback session.

96100 Psychological Testing (50-60 min.) \$250. Note that this is the hourly rate for both (1) the **direct time** spent with the patient (administering tests, interviewing) and (2) **“indirect” time** spent scoring, interpreting, analyzing the tests as well as writing the report. Typically, a psychological testing evaluation will take an average total of 8-10 hours (direct + indirect time). This amount can vary, however, depending on such factors as the individual’s pace of test completion, need for follow-up tests, and complexity of test data, formulation, and report.

90834 or 90846 or 90847 Psychological Testing Feedback Session (50 min.) \$250. The feedback session is typically held about 2 weeks after the final testing session. Note that the fee for one (1) hour of test feedback will be waived if the testing is completely paid for by or at the time of the feedback session.

*Intensive Evaluations: These are testing sessions, usually scheduled by patients and families from out of town, that occur over the course of a single day or consecutive days. For these evaluations, payment of the entire estimate is requested at the time of the first session. Feedback will be provided in as timely and practical way as possible without charge. It is possible that overall charges will exceed the estimate, and I will be as up-front about that as possible before billing. There is also the possibility that the estimate will exceed the actual cost, in which case I will provide a refund.

Estimate:

Direct Hrs _____

Indirect Hrs _____

Total Hrs _____ x 250/hr = _____

50% of Estimate due at First Session = _____

Anthony Bram, Ph.D.
363 Massachusetts Ave., Lower Level #1
Lexington, MA 02420
781-862-4984

PREFACE TO PRIVACY POLICY

Attached is a detailed description of my Privacy Policy as required by law. Privacy and confidentiality are cornerstones of creating a safe and therapeutic setting, and I am committed to protecting them. The primary exceptions involve threats to the safety of oneself or other people. This includes information about possible abuse or neglect of any child or disabled or elderly person. (This is described in more detail on page 2 of the Privacy Policy).

At the beginning (or at any other point) of our work together, I hope that you will feel free to bring up any questions or concerns about confidentiality or any other aspect of the Privacy Policy.

Anthony Bram, Ph.D.
363 Massachusetts Avenue
Lower Level - Suite 1
Lexington, MA 02420

Notice of Privacy Practices for Protected Health Information

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.

Anthony Bram, PhD, is committed to maintaining the privacy that is crucial for the provision of effective mental health services. He is, however, required by federal law to notify you of limitations to privacy that are legally permitted. Dr. Bram strives to maintain higher standards of privacy than that which is legally mandated. This required document informs you of ways that the law permits "protected health information" to be shared with other parties. Protected health information is the information created and obtained by Dr. Bram in order to provide services to you. Again, he will attempt to limit the sharing of such information and will only release the minimum amount of information that is necessary. Such information could include documenting your symptoms, history, test results, diagnoses, and treatment, and billing documents. Psychotherapy notes are a certain type of note that is more stringently protected than other health information, and are only a part of your health record.

Examples of Uses of Your Health Information for Treatment Purposes are:

During the course of your treatment, Dr. Bram *may* determine that he will need to consult with another specialist in the area. He will share some information with such specialists and obtain his/her input. Please note that in such consultations, Dr. Bram will not provide any information that could identify you (e.g., your name, where you work or go to school, etc.).

Dr. Bram will have contact with your other treaters only if you have signed a release of information form that grants such permission. The only exception would be if there is a potentially life-threatening or other serious emergency.

Example of Use of Your Health Information for Payment Purposes:

Dr. Bram has chosen to set up his practice to not work with managed care companies or other agencies that engage in third-party review. A primary reason for this decision was to protect your personal privacy (i.e., so that information about your history, current life, and treatment do not have to be disclosed in order to provide justification for your receiving insurance benefits. Dr. Bram will, however, agree to submit insurance claims for individuals who (after paying Dr. Bram for the services) wish to be reimbursed by their insurance company. Individuals who elect for claims to be submitted need to be aware that their diagnoses must be listed on the claims form to receive reimbursement. For that reason, individuals may elect to not have claims submitted.

Example of Use of Your Information for Health Care Operations:

Dr. Bram may use or disclose, as needed, the minimum necessary amount of protected health information in order to support business activities. This might include calling you by name in the waiting room when ready to see you (though he will to limit this) or leaving you a message to schedule or change an appointment. Please indicate to Dr. Bram directly or on the Client Information form if there are phone numbers where you do not wish for him to leave you such a message. Dr. Bram may use fax or e-mail to confer with other clinicians involved in your care, but again this would only be the case if you have signed a release of information form. It is possible that Dr. Bram may share minimal necessary information with "business associates" that perform various activities such as billing or transcription services. Whenever an arrangement between this office and a business associate involves the use or disclosure of your protected health information, we have a written contract with the business associate that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures of Protected Health Information Based upon your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that your clinician or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures that May Be Made with Your Consent, Authorization or Opportunity to Object:

Dr. Bram may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the minimum necessary amount of protected health information that is relevant to your health care will be disclosed.

Unless you object, Dr. Bram may disclose to a member of your family, a relative, a close friend or any other person that you identify, the minimum necessary amount of protected health information that directly relates to that person's involvement in your health care. Dr. Bram will strive to make such disclosures only with your written consent (via a release of information form). If you are unable to agree or object to such a disclosure in an emergency situation, he may disclose such information as necessary if he determines that it is in your best interest based upon professional judgment. He is also permitted by law to disclose the minimum necessary of protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. Finally, he may use or disclose the minimum necessary amount of protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Permitted and Required Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object:

Dr. Bram may use or disclose the minimum necessary amount of protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: Dr. Bram may use or disclose the minimum necessary amount of protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Areas in which privacy must be broken in order to protect your or someone else's safety include reports of:

Abuse or Neglect: Dr. Bram may disclose the minimum necessary amount of protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, he may disclose the minimum necessary amount of protected health information if he believes that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Threats to Safety of Self, Others, or the Public: Consistent with applicable federal and state laws, Dr. Bram may disclose the minimum necessary amount of protected health information, if he believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or those of another person or the public in general.

Other Legal Considerations that could potentially lead to disclosure of protected health information include the following:

Law Enforcement: Dr. Bram may also disclose the minimum necessary amount of protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: 1) legal processes and otherwise required by law, 2) limited information requests for identification and location purposes, 3) pertaining to victims of a crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) in the event that a crime occurs on the premises of this practice, and 6) medical emergency, not on the premises of this practice, and it is likely that a crime has occurred.

Legal Proceedings: He may disclose the minimum necessary amount of protected health information in the course of any judicial or administrative proceeding, in response to a court order or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Coroners: Dr. Bram may disclose the minimum necessary amount of protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Health Oversight: Dr. Bram may disclose the minimum necessary amount of protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. Such a situation is highly unlikely given that Dr. Bram is not a Medicare provider.

Public Health: Dr. Bram may disclose the minimum necessary amount of protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. He may also disclose the minimum necessary amount of protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: Dr. Bram may disclose the minimum necessary amount of protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Food and Drug Administration: Dr. Bram may disclose the minimum necessary amount of protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Workers' Compensation: The minimum necessary amount of protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Military Activity and National Security: When the appropriate conditions apply, Dr. Bram may use or disclose the minimum necessary amount of protected health information of individuals who are Armed Forces personnel: 1) for activities deemed necessary by appropriate military command authorities; 2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or 3) to foreign military authority if you are a member of that foreign military services. He may also disclose the minimum necessary amount of protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Required Uses and Disclosures: Under the law, Dr. Bram must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

Responsibilities

Anthony Bram, PhD is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to the duties and privacy practices for the information he collects and maintains about you;
- Abide by the terms of this Notice;
- Notify you if he cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

Dr. Bram reserves the right to amend, change, or eliminate provisions in privacy practices and access practices and to enact new provisions regarding the protected health information he maintains. If his information practices change, he will amend the "Notice". You are entitled to receive a revised copy of the "Notice" by calling and requesting a copy, or by picking up a copy at the office.

Your Health Information Rights:

You have a right to request a restriction on certain uses and disclosures of your health information by delivering the request to Anthony Bram, PhD -- He is **not required** to grant the request, but he will comply with any requests that are granted.

You have a right to obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at the office.

You have a right to request that you be allowed to inspect and copy your health record and billing record; you may exercise this right by delivering the request to our office. Requests do **not** include psychotherapy notes. Not all requests are granted; Dr. Bram may determine, in the exercise of professional judgment, that the access requested is likely to endanger the life or physical safety of the patient or another patient.

There is a fee associated with materials and labor as well as per page costs. *You are responsible for these fees and will be billed for the expense of making copies, which will be paid prior to receipt of copies.*

You have a right to appeal a denial of access to your protected health information, except in certain circumstances.

You have a right to request that your health care record be amended to correct incomplete or incorrect information by delivering a request to this office. Dr. Bram may deny your request if you to amend information that:

- Was not created by his office
- The information is psychotherapy notes;
- The requested change is not part of the health information kept by Dr. Bram, PhD
- The information is not part of the information that you would be permitted to inspect and copy; or,
- The requested amendment of the information will alter information that is accurate and complete.

- The information is not part of the information that you would be permitted to inspect and copy; or,
- The requested amendment of the information will alter information that is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

You have a right to obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.

You have a right to revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information has been disclosed or action has already been taken.

If you want to exercise any of the above rights, please contact Dr. Anthony Bram, PhD, in person or in writing, during regular, business hours. You will be informed of the steps that need to be taken to exercise your rights.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Dr. Bram.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint in this office by delivering the written complaint to the Dr. Bram. You may also file a complaint by mail or e-mail to the Secretary of Health and Human Services at:

**Region VII, Office for Civil Rights,
U.S. Department of Health and Human Services,
601 East 12th Street, Room 248,
Kansas City, MO 64106; or,
www.dhhs.gov.**

Dr. Bram cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from this office, nor will he retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses:

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Anthony Bram, Ph.D.
363 Massachusetts Ave., Lower Level #1
Lexington, MA 02420
Authorization for Release of Information

I, the undersigned, do hereby authorize Anthony Bram, Ph.D. to:

 Receive from Disclose to:

Person/Organization: _____

City/State/Zip: _____

Regarding Patient: _____

SSN: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

For the following Purpose:

Continuity of Care Disability Determination Legal Proceedings Fitness for Duty
Consultation Assessment of Treatment Needs Educational Assessment or Placement
Other: _____

Information to be Released/Received

Release the following:

 Admission Report
 Treatment Summaries
 Consultation Report
 Medical Record
 Discharge Summary
 Psychological Evaluation Report
 Raw Test Data (Requires appropriate Documentation)
 Communication (Verbal, Phone, E-mail, Mail, etc.)
 Other: _____

Receive the following:

 Admission Report
 Treatment Summaries
 Consultation Report
 Discharge Summary
 Psychological Evaluation Report
 Neuropsychological Evaluation Report
 Raw Test Data (Requires appropriate Documentation)
 Communication (Verbal, Phone, E-mail, Mail, etc.)
 Other: _____

I hereby authorize the use and/or disclosure of my individually identifiable health information as described above. I understand that this authorization is voluntary. I understand that if the person or organization authorized to receive this information is not a health plan or health care provider covered by federal privacy regulations, the released information may be subject to redisclosure by any recipient and is no longer protected by the Federal Privacy Rule, 45 C.F.R. parts 160, 162, and 164. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements. (42CFR Part 2). I understand that notes recorded by a mental health professional documenting or analyzing conversation during a counseling session, provided such notes are maintained separately, are subject to special protections pursuant to 45 C.F.R. 164.508; 42 C.F.R. Part 2.. I understand that I may revoke this Authorization at any time by notification in writing; however, it will not have any affect on any actions already taken before receipt of the revocation. All such written revocations must be directed to the office of Dr. Anthony Bram, Ph.D, and is only effective upon acknowledgement of receipt of request of revocation.

I understand that I may inspect or copy the protected health information to be used or disclosed under this authorization, and that I am entitled to a copy of this authorization after I sign it. I understand that I may refuse to sign the authorization, and that this will not affect my ability to receive treatment or payment of my health care from Anthony Bram, Ph.D. I understand that this authorization will expire one year from the date that it is signed and dated, unless a time period less than one year is stated. This authorization will expire on: _____

I have read and understand the terms of this form, and have had the opportunity to ask questions about the use or disclosure of confidential health information. Individuals 14 years of age and old are to sign for themselves (unless there is formal legal guardianship established); parents sign for children under 14.

Signature of Patient or Patient Representative

Date

Representative's Relationship to Patient:

Witness Signature

Date

Social Media Policy for Dr. Anthony Bram

Email

Email is most optimally used for scheduling purposes. It is best not to email Dr. Bram content relating to therapy sessions, unless you have ensured the security of your phone and computer. I do have a hushmail account so that emails and attachments I send are encrypted and password protected. Also, it is important to remember that emails are retained in the logs of internet service providers. Though it is unlikely that anyone will look at those logs, they could be read by the administrators of the Internet service provider. Also, emails become part of therapy records and are included if a patient's file is ever subpoenaed.

Phone session when patients are out of state

This is only possible when I am licensed in the jurisdiction from which the patient is calling. If you anticipate being out of state, in advance you may discuss with me the possibility of my seeking temporary licensure in that jurisdiction.

Social Media Sites

I do not currently have profiles on most social media sites, such as Facebook, with the exception of LinkedIn. To respect confidentiality and privacy, I do not accept friend or contact requests from patients. If this is a concern, I invite you to discuss this with me.

Blogs/Twitter

I do not publish a blog or post on Twitter. I do not follow any patients on Twitter or read patients' blogs. The exception to the latter is if we mutually agree there is a therapeutic purpose, and it is at your request and with your permission. I do not wish to violate your privacy. I hope that you will feel comfortable sharing things directly with me, and I wish to respect your right to control what you reveal to me and when.

Internet Searches

I do not search for patients on Google or other search engines as I view this as a breach of your privacy.

Texts

I do not receive/respond to texts. If you need to reach me, please use my office phone number 781-862-4984. If you do need to reach me after hours, please leave a message on my cell phone 785-231-8064.

Please feel free to discuss this policy with me at any time.