

CLIENT INFORMATION

Date: _____

Client Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone(s): Please add a check mark next to each at which you do NOT want a message left.

__ Home: () _____ __ Work: () _____ __ Cell: () _____

Gender _____ Preferred Pronouns: _____

Marital Status (if applicable): _____

Occupation (include status as a student): _____

Employer (if applicable): _____

If Client is a Minor:

Name of Responsible Party: _____ Relationship to Client: _____

Address (if different from client): _____

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

__ Home: () _____ __ Work: () _____ __ Cell: () _____

Emergency Contact:

I authorized Dr. Anthony Bram to contact the person listed below in an emergency: Yes / No

Name: _____

Relationship to Client and Responsible Party _____

Address: _____

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

__ Home: () _____ __ Work: () _____ __ Cell: () _____

Acknowledgement of Receipt of Privacy Notice (attached in this Registration Packet, pages 7-11)

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

Signature of Client or Client Representative _____ Date _____

Relationship to Client _____

Anthony Bram, PhD, ABAP, FABP
329 Massachusetts Ave., #2
Lexington, MA 02420
781-862-4984

Authorization for Release of Information

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

Check either or both: Dr. Bram to Receive Information Dr. Bram to Disclose Information

Person/Organization: _____

Address _____ Phone _____

Regarding Patient: _____ Patient Date of Birth _____

For the following Purpose(s) (check all that apply):

Continuity of Care Disability Determination Consultation Assessment of Treatment Needs

Legal Proceedings Educational Assessment or Placement Specify Other _____

Information to be Released to Dr. Bram (please check all that apply):

Allow Communication to Dr. Bram (e.g., Phone conversation, confidential email, etc.)

Admission Report Treatment Summaries Consultation Report Raw Test Data

Discharge Summary Psychological or Neuropsychological Evaluation Report Specify Other _____

Information for Dr. Bram to Share (please check all that apply):

Allow Dr. Bram to Communicate with Person/Organization (phone conversation, confidential email, etc.)

Admission Report Treatment Summaries Consultation Report Raw Test Data

Discharge Summary Psychological or Neuropsychological Evaluation Report Specify 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 effect 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 can sign for themselves (unless there is formal legal guardianship established); parents/guardians always sign for children under 14.

Signature of Patient or Patient Representative: _____ Date Signed: _____

Representative's Relationship to Patient: _____

Witness Signature: _____ Date Signed _____

GENERAL FEE POLICY

Form and Time of Payment: Payment in the form of check or cash is requested at the time of service or in prompt response to monthly billing statements mailed to you. If there are extenuating circumstances or other conflicts that make this difficult, please discuss your concerns with me so that we can understand them together and determine whether we can formulate a mutually agreeable payment plan. 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 an absolute last resort in the event that unpaid balances persist despite repeated, more collaborative efforts to address them. A fee of \$25 will be charged for returned checks.

Insurance: I am not paneled with insurance carriers, so if you elect to use your insurance (understanding that this involves some compromise of your privacy), you may use my monthly itemized statements along with your insurance company's claim forms to submit directly to that company. Please know that if your insurance company does reimburse it will at out-of-network rates, which are higher than they would be if you were working with a clinician in the company's network. *Please note that in my practice, because of concerns about confidentiality and other possible intrusions into care, I have chosen not to work with "managed care."* This means that 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 upfront, as some companies will insist on this to justify their payment. Please know that if you are not comfortable with my policy, we can discuss it further and, if you ultimately decide, I will be glad to do my best to refer you to another clinician who is paneled you're your insurance and works with managed care.

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., \$100 if scheduled for therapy session billed at \$200).

2. *No-shows* (i.e., when no advanced notice is given or if you cancel less than 5 minutes before or during the scheduled time): charged at full fee.

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 offer 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.

Fee Schedule

Highlighted services are the most commonly billed for psychotherapy, but others may be billed depending on the services requested or required.

Date of Service (If Known)	Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
	90791	Initial Diagnostic Evaluation	\$220
	90832	Psychotherapy, 16-37 minutes	\$100 for 25min (prorated up to 37 min based on \$180/50min.)
	90834	Psychotherapy, 38-52 minutes	\$200
	90837	Psychotherapy ≥ 53 minutes	\$212 for 53min (prorated >53 min based on \$200/50min.)
	90839	Psychotherapy for a Crisis (30-74 minutes)	Prorated based on \$200/50 min. (e.g., \$200 for 25 min.)
	+90840	Psychotherapy for a Crisis (add-on code for each additional 30 mins)	Prorated based on \$180/50 min. (e.g., \$200 for 25 min.)
	90845	Psychoanalysis (3+ times/week)	Negotiated on Individual Basis
	90846	Family Psychotherapy without Patient Present, 50 minutes	Prorated based on \$200/50 min.
	90847	Family Psychotherapy with Patient Present, 50 minutes	Prorated based on \$200/50 min.
	96130-96133, 96136-96139	Psychological Testing (Before this is scheduled, I provide a detailed estimate of direct and indirect time)	\$260/hr \$130/30 min.
	98966-98968 99441-99443	Telephone Assessment & Management Phone meetings and with other professionals and collaterals	Prorated based on \$200/50 min.
	98970-98972	Online Digital Evaluation & Mgt (Responding to Email & Text Messages)	Prorated based on \$200/50 min.

			Continued→
	Cancellation Fee	Your Therapist Requires a 24-Hour Cancellation Notice	24+ hrs notice: no fee <24 hr up to 5 min. before session time: 50% of full fee for scheduled service <5min. notice or no notice: full fee for scheduled service
	Production of Records	Administration Time	Prorated based on \$200/50m
	Review of Records	Review documentation such as previous evaluations, IEPs, etc.	If part of an evaluation or consultation, prorated based on \$260/hr Otherwise, prorated based on \$200/50 min.
	Report Writing (Clinical, non-testing)	Includes various kinds, reports for disability determination	Prorated based on \$200/50 minutes <u>unless</u> for psychological testing (see above) or summaries of consultations, prorated at \$260/hr
	Legal Fees/Forensic Services	Includes report writing, calls to attorney, depositions, court appearances, travel time, etc.	\$350/hr
	Travel Time for Clinical Services Outside of the Office		Prorated based on: \$200/50 min. for therapy services \$260/hr psych testing \$350/hr forensic
	Total Estimate:	<p><u>For treatment:</u> The total estimate is the sum of the frequency of each service multiplied by the cost of that service.</p> <p><u>For evaluation/testing:</u> Separately, I will provide a detailed time and cost estimate are broken down more specifically, according to for direct and indirect services. Please see next page for further details about fees for psychological testing services.</p>	

Details about Fees for Psychological Testing Services

Policy for Payment: In advance 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 one month from the date of the first testing session. As noted below, the first test feedback session (usually held about 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.

*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 upfront 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.

Anthony Bram, Ph.D.
329 Massachusetts Ave., #2
Lexington, MA 02420
781-862-4984

PREFACE TO THE PRIVACY POLICY BELOW

What follows 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 pages 8-9; see **highlights**). 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

****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. Dr. Bram 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, provide itemized billing statements that include formal diagnoses, which the patient or family can choose to submit to insurance companies for reimbursement. For this reason, individuals may elect to not submit claims.

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 aim to limit this when others are present) 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, though this is highly unlikely. 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 Dr. Bram 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: When 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.

Abuse or Neglect: 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 Dr. Bram. 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 wish 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.

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 Dr. Bram's 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 Dr. Bram. You may also file a complaint by mail or email to the Secretary of Health and Human Services at:

Region I. Office for Civil Rights,
U.S. Department of Health and Human Services,
Government Center
JFK Federal, Rm 1875
Boston, MA 02203; 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."

Social Media Policy for Dr. Bram

Email/Texts

Email and texts are most optimally used for scheduling purposes. It is best not to email 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 may become part of therapy records and are included if a patient's file is ever subpoenaed.

Social Media Sites

I do not currently have professional 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.

If you have questions or concerns, please feel free to discuss this policy with me at any time.