

CLIENT RIGHTS AND RESPONSIBILITIES

As a client of James Gagnon Ph.D., LCSW you have the following rights:

1. You will receive a written copy of these rights and responsibilities during your initial meeting. A copy of these client rights will be conspicuously posted in the office for future review as needed.
2. You will receive competent professional services regardless of your race, age, religious beliefs, national origin, economic status, sex, sexual orientation or disability.
3. Any questions you have will be answered to the best of my ability.
4. You will have input into the design and implementation of an individualized service plan.
5. Your right to privacy underlies the maintenance of confidentiality in a professional relationship. Any information you disclose to James Gagnon Ph.D., LCSW about your problems will not be reviewed or released without your written consent *except*:
 - a. If you indicate your intention to harm yourself or someone else;
 - b. If you inform me of your knowledge of physical or sexual abuse to a minor, aged, or incompetent person. The service provider is under ethical obligation and is required by Florida law to report this information to the proper authorities and/or professionals;
 - c. When authorized persons representing entities who are allowed by law to review records and have made a commitment to the protection of your confidential information need to review information in order to audit and / or monitor contracts.
6. You have the right to review in my presence any information about you in the records, and to enter clarifying statements into it.
7. You have the right to terminate counseling services at any time, to refuse or change a course of treatment and to be referred to an appropriate treatment resource if termination is premature, or, failing that, to be helped to terminate treatment as constructively as possible, leaving the door open for you to reapply for service at another time.
8. You have the right to referrals to other community services and to advocacy on your behalf, if necessary, to obtain needed services when your environment so indicates. Collaborative contacts shall be maintained as necessary with other providers to ensure the coordination of services and your receipt of optimal benefits from the various services.
9. If you are dissatisfied with the treatment or services you receive, or in the event that you believe your rights have not been honored, I ask that you attempt to resolve these differences with me.
10. You have the right to file a written grievance pertaining to unresolved concerns about services received. All such grievances will be fully

investigated and the outcome of that investigation will be provided to you. You will be provided written guidance regarding grievance procedures.

As a client of James Gagnon Ph.D., LCSW you have the following responsibilities.

1. To complete all forms and provide all required documentation, included requested supporting financial information, prior to the provision of requested services.
2. To be actively involved in the planning and implementation of your service plan.
3. To keep your appointments or to cancel 24 hours in advance. If there is a fee for service, we reserve the right to charge for late cancellations (less than 24 hours notice) and for "no shows". This fee is ½ the established fee for sliding scale clients, or the co-pay/deductible amount for insurance clients. Clients arriving over 15 minutes late may be rescheduled.
4. To pay for your services at the time of your appointment, or to make arrangements for a delayed schedule of payment of your sliding fee, co-pay, and/or deductible.
5. If receiving psychotherapeutic counseling services, to consent in writing to receiving those services as necessary or advisable for your overall well-being.

You may be denied further services under the following conditions:

1. If you have missed three consecutive appointments.
2. If you provide false information needed to provide or qualify for services.
3. If you are not actively participating in your service plan.
4. If you display violent or threatening behavior or language.
5. If you are three sessions behind in your fee payments.
6. If you use mood altering substances during the course of your sessions.
7. If it is your service provider's professional judgment that you would be better served at another agency.
8. If the nature of your symptoms indicates the need for medication and you refuse to consult a physician for assessment.
9. If you are actively involved in therapy with another therapist who is not working cooperatively with me for your benefit.

NOTICE OF PRIVACY PRACTICES

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

I am committed to treating you and using Protected Health Information (PHI) about you responsibly. This notice applies to all PHI, as defined by federal regulations that are generated by this office. PHI includes your name, address, telephone number, social security number, health insurance contract number, and other health and payment related information.

REQUIREMENTS:

- By federal law, I am required to maintain the privacy of your PHI and to provide you with the Privacy Notice detailing my legal duties and privacy practices with respect to your PHI.
- By state law, I am required to maintain a higher level of confidentiality with respect to certain portions of your record. In particular, I am required to comply with the Florida Statutes concerning confidentiality.
- I am required to abide by the terms of this Privacy Notice.
- I reserve the right to change the terms of this Privacy Notice and make the new Privacy Notice provisions effective for your PHI that it maintains.
 - In turn, I will make available any revised Privacy Notice to you prior to implementation.

I MAY USE YOUR HEALTH INFORMATION FOR:

- **Treatment purposes.** I may use your health information to provide you with counseling services. With your written authorization, I may disclose information about you to other health professionals who contribute to your care.
- **Payment purposes.**
 - I may use and disclose information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, I may need to give your insurance company information about your treatment so they will pay me for the treatment.
 - I may also tell your health plan about treatment you are going to receive to determine whether your plan will cover my services.
- **Appointment Reminders.** These reminders will be made telephoning your home or cell phone and leaving a message either on your answering machine or with the individual answering the phone.
- **Follow-up purposes.** I may use your health information to send you a survey and post-test in the mail. Your answers will help me provide you with better care.

- **As required by law.** I may use or disclose your health information when I am required to do so by law. For example, I must disclose your health information when there is reason to believe you may be a danger to yourself or others. (see Client Rights and Responsibilities #5 for exceptions to confidentiality regarding law)

YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION:

- **Revoke any authorization/and or consent to release PHI in writing, at any time.** To request a revocation, you must submit a written request to this therapist.
- **Request restrictions on certain use and/or disclosure of your PHI as provided by law.** Requests must be in writing to James Gagnon Ph.D., LCSW and must specify the information you wish to limit and to whom you wish the limits to apply. I am not obligated to agree to any requested restrictions. If I do agree to the requested restriction, it will be honored with the exception of permitted disclosures.
- **Inspect and copy.** Although your record is the physical property of James Gagnon Ph.D., LCSW, you have the right to view your PHI, obtain a summary of the information, or both. I may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your information, you may request in writing that the denial be reviewed.
- **Amend.** If you believe that information is incorrect or incomplete, you may ask me to amend (i.e. to add information to clarify the original PHI; I may not change the original information). I may deny your request for an amendment and if this occurs you will be notified of the reason for the denial.
- **An Accounting of disclosures.** You have the right to request a list of disclosures I make of your information for the purposes other than treatment, payment, or healthcare operations.
- **Receive confidential communications or PHI by alternative means or at alternative locations.** This request must be in writing to this therapist. I will accommodate all reasonable requests.
- **Receive a paper copy of this notice.**

Complaints

If you believe your privacy rights have been violated, you may file a complaint by contacting the state licensing board at Health Care Professions-Licensure, 4042 Bald Cypress Way, Tallahassee, FL 32399 (850-488-0595) and/or the Department of Health and Human Services at 877-696-6775. You will not be penalized for filing

Grievance Procedure

Any client who has concerns about the service they have received is first encouraged to address his or her concerns with James Gagnon Ph.D., LCSW verbally or in writing. Once a grievance has been filed the following steps will be taken to address your concern:

- Any grievance received will be addressed within 48 hours of receiving the complaint.