You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by contract.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

_____ _____
Client Signature (Parent/Guardian if Minor) Date

_____
Printed Name

_____ _____
Co-Signature (if required) Date

_____
Printed Name of Co-Signer

Original 4/14/03; Revised 5/13

Note: A complete text of this agreement is included in your packet. Please sign and date this copy for Dr. Provenzano's records. You do not need to sign the copy of the agreement in your packet.

Please complete other side >>>>>

Fredric Provenzano, Ph.D., NCSP
Private Practice in Psychology
5506 33rd Ave. NE, Suite D, Seattle, WA 98105

Fredric Provenzano, Ph.D., NCSP, *Licensed Psychologist #1022*
Frances Douglass, Ph.D., NCSP, *Psychologist, WA lic. # PY603258636*
Judith Ann Janesheski, B.A, *Psychometrist*
Lauren Christophersen, *Office Coordinator*

Phone: 206/361-2343
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Request for Confidential Handling of Health Information

A. I, _____, request that
(Print First & Last Name of patient/recipient or parent/guardian)

Fredric Provenzano, Ph.D. handles my confidential health information regarding me/my child in the following way:

All reasonable requests to receive communication of your health information by alternative means will be granted. Please describe the alternative means (e.g. US mail, telephone call, etc.) by which you prefer to receive your health information.
Note: E-mail communication is not provided by Dr. Provenzano.

_____ Telephone (please indicate: home / work / cell)

_____ Voicemail (please indicate: home / work / cell)

_____ U.S. mail

_____ Fax (If marked: should we call before faxing to insure confidentiality? _____)

_____ Other (please describe): _____

_____

B. All reasonable requests to receive communication of your health information to alternative locations will be granted. Please list an alternate address below *only if you want communications regarding your health care information sent to an address that is different from your residence*.

_____
(Street Address)

_____ _____ _____
(City) (State) (Zip Code)

_____ _____
(Signature) **(Date)**