



In-Home Psychological Services
for Kids and Their Families

Referral Form

1409 S. Lamar #848, Dallas, TX 75215

214.828.2603 (Telephone) • 214.828.4954 (Fax) • treehouse@inatreehouse.com (e-Mail)

Today's Date: _____ Name of Person Completing Referral Form: _____

Relationship to Child: _____

PLEASE NOTE: Unless otherwise specified, the completed evaluation will be sent to the person making the referral. Referrals can only be made by CPS Caseworkers, Agency Case Managers, and biological or adoptive parents. **Reports cannot be sent to foster parents or biological parents of children in CPS custody.**

ASSESSMENT SERVICES REQUESTED

- Initial Psychological Evaluation
- Updated Psychological Evaluation
- Pre-Adoption Psychological Evaluation
- Development Assessment (6 months – 3 YRS)

CHILD'S INFORMATION

Child's Name: _____
First Name Last Name

Gender: Male Female Date of Birth: _____ SS#: _____

Medicaid #: _____ Private Insurance: _____

For Office Use Only – Medicaid or Insurance Information: _____

CHILD'S INFORMATION

- Foster Home
- Kinship Placement
- Biological Family
- Adoptive Family
- Other: _____

Family Name: _____
(provide both first and last names for all caregivers)

Address: _____
(street) (apt. #) (city) (state & zip code)

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

CHILD PROTECTIVE SERVICES INFORMATION

Caseworker's Name: _____ e-Mail Address: _____

Phone: _____ Ext: _____ Mobile: _____ Fax: _____

CHILD PLACING AGENCY OR SHELTER INFORMATION

Agency/Shelter Name: _____ Case Manager: _____

Phone: _____ Ext: _____ Mobile: _____ Fax: _____

e-Mail Address: _____

TIMEFRAMES

Has the child had a previous psychological evaluation? Yes No Date Completed: _____

Please fax a copy of the previous evaluation so our psychologist can review prior testing information. If Treehouse did the previous evaluation, a copy is already on file in our office.

PLEASE NOTE: Most insurance companies, including Star Health, only allow us to complete a psychological evaluation on a calendar year basis. Therefore, we can only see children one year and one day after the last date billed for their previous psychological evaluation. If you need a child evaluated sooner for clinical reasons or adoption, mark the following box and we will call you to complete an authorization form.

Yes, this child needs a psychological evaluation prior to the one year allowance.

If you need the child seen by a particular date, please provide the date: _____

We do our best to meet deadlines and will let you know as soon as possible if there is a problem with the date you provided.

CHILD'S NEEDS

It is helpful for us to have as much information on the child you are referring so we can assign them to a psychologist who can best serve their needs. Please provide as much information as possible in this section.

Does the child need an interpreter for a language other than English? Yes No Language: _____

Does this child have a hearing impairment and need an interpreter? Yes No

Does this child have any other special communication needs? _____

What are the current symptoms promoting the request for testing?

- | | | |
|--|---|---|
| <input type="radio"/> Anxiety | <input type="radio"/> Self-Injurious Behaviors | <input type="radio"/> Sexual Behavior Issues |
| <input type="radio"/> Depression | <input type="radio"/> Eating Disorder Symptoms | <input type="radio"/> MR Diagnosis |
| <input type="radio"/> Withdrawn/Poor Social Interaction | <input type="radio"/> Poor Academic Performance | <input type="radio"/> Possible Developmental Delays |
| <input type="radio"/> Mood Instability | <input type="radio"/> Behavior Problems at Home | <input type="radio"/> Possible Autism |
| <input type="radio"/> Psychosis or Hallucinations | <input type="radio"/> Behavior Problems at School | <input type="radio"/> Other: _____ |
| <input type="radio"/> Bizarre Behavior | <input type="radio"/> Inattention | _____ |
| <input type="radio"/> Unprovoked Agitation or Aggression | <input type="radio"/> Hyperactivity | _____ |

Please feel free to provide us with any other information you think may be helpful to us in providing services to this child: _____

You must submit the following for a complete referral:

- (1) A completed Referral Form
- (2) The signature page of the Treatment Agreement/Informed Consent ONLY
- (3) The signature page of the Texas Notice Form ONLY.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

Signature of Parent or Legal Guardian

Date

Relationship to Child

We appreciate your taking the time to complete this referral form and for giving us the opportunity to serve the children in your care. Please feel free to call with any questions regarding our services or for help in completing this referral form.



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Treatment Agreement and Informed Consent

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Treatment Agreement and Informed Consent

Welcome to Treehouse In-Home Psychological Services for Kids and Their Families. This document, the Informed Consent and Treatment Agreement, contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI), used for the purpose of treatment, payment, and healthcare operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and healthcare operations. The Notice, which is attached to this agreement, explains HIPAA and its application to your Personal Health Information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedure. When you sign this document, it will also represent an agreement between us.

Psychological Services

Psychotherapy: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your or your child's part. In order for the therapy to be most successful, you or your child will have to work on things talked about, both during the sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, it may create uncomfortable feelings, like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions of feelings of distress. But, there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of needs. By the end of the evaluation, we will be able to offer some first impressions of what the work will need to include and the 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 us. Therapy involves a large commitment of time, money, and energy. So, you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Psychological evaluations include using standardized instruments to evaluate developmental, cognitive, emotional, behavioral, and social functioning. Test data includes any information that the psychologist collects that is unique to a particular client, including answer sheets, record forms, interpretative reports, and psychological notes. The psychologist may refrain from releasing test data to protect a client from substantial harm, misuse, or misrepresentation of the data or the tests, recognizing in many instances release of confidential information under these circumstances as regulated by law. Clarifying who has the right to consent to disclose test data is the same person who is identified as the client who typically begins the referral process for the assessment. If a psychologist's ethical responsibilities conflict with law, regulations, or other governing legal authority, the psychologist will clarify the nature of the conflict, and take reasonable steps to resolve the conflict consistent with the general principles and ethical standards of the ethics code.

Professional Fees

Our hourly fees vary. The fee for a clinical interview is \$250. The fee for one hour of testing, report writing, and test interpretation is \$150. The fee for 75-80 minutes of psychotherapy is \$175. The fee for 45-50 minutes of psychotherapy is \$125. The fee for family psychotherapy is \$175. Other services include consulting with other professionals with your permission, preparation of records or treatment summaries, and time spent performing

any other services you may request of our staff. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$200 per hour for preparation and attendance in any legal proceeding.

Contacting Treehouse

Due to our busy work schedule in the field, the psychologists are often not available by telephone. The office is staffed between 9:00 a.m. and 5:00 p.m. Monday through Thursday and 9:00 a.m. to 1:00 p.m. on Friday. We make every effort to return non-emergency calls within 24 hours of the day you made the phone call, except for on weekends and holidays. If you have a busy schedule and are difficult to reach, please inform us of times you will be available for our phone call. In emergencies, please call 911.

Limits on Confidentiality

The law protects the privacy of all communication between a client and a psychologist. In most situations, we can only release information about treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advanced consent. Your signature on this agreement provides consent for those activities, as follows:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During consultation, we make every effort to avoid revealing the identity of the client. Other professionals are also legally bound to keep information confidential. If you do not object, we will not tell you about these consultations unless we feel it is important to our work together. We note all consultations in your clinical records (which is called the "PHI" in our Notice of Psychologist Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that we practice with other mental health professionals and that we employ administrative staff. In most cases, we need to share protected information with those individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- We also have contracts with many child placement agencies. As required by HIPAA, we have a formal business associate contract with these businesses in which they have promised to maintain the confidentiality of our data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement.
- If a patient seriously threatens to harm himself or herself, we may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection. Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the patient.

There are some situations where we are permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot provide any information without yours or your legal representative's written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a government agency is requesting information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against one of our psychologists, we may disclose relevant information regarding the patient in order to defend our psychologists.
- If a patient files a Workers Compensation claim, we must, under appropriate request, provide records relating to treatment or hospitalization for which compensation is being sought.

There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm, and we may have to reveal some information about a patient's treatment. These situations include:

- If we have cause to believe that a child under 18 has been or may be abused or neglected, including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct, or the child is a victim of a sexual offense or an elderly or disabled person is in a state of abuse, neglect, or exploitation, the law requires that we make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once the report is filed, we may be required to provide additional information.
- If we determine that there is a probability that the patient will inflict imminent physical injury on another or that the patient will inflict imminent physical, emotional, or mental harm upon himself/herself or others, we may be required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient.

If a situation arises, we will make every effort to fully discuss it with you before taking any action, and we will limit our disclosure to what is necessary. 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 now or in the future. The laws governing confidentiality can be quite complex and we are not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Professional Records

You should be aware that, pursuant to HIPAA, we keep Protected Health Information about you in two sets of professional records. One set constitutes a clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals we have set for treatment, your progress towards these goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances, you may examine or receive a copy of your clinical records if you request it in writing. You should be aware that pursuant to Texas law, psychological test data are not part of a patient record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence or have them forwarded to another mental health professional so you can discuss the contents. If we refuse your request for access to your clinical record, you have a right of review, which we will discuss with you upon request.

In addition, we also keep a set of psychotherapy notes. These notes are for our own personal use and are designed to assist us in providing you with the best treatment. While the contents of psychotherapy notes vary from client to client, they include the contents of our conversations, our analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to us that is not required to be included in your clinical record. While insurance companies can request and receive a copy of your clinical records, they cannot receive a copy of your psychotherapy notes without your signed, written authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your psychotherapy notes unless we determine that release would be harmful to your physical, mental, or emotional health.

Patient Rights

HIPAA provides you with several new and expanded rights with regard to your clinical record and disclosures of Protected Health Information. These rights include requesting that we amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an account of most disclosures of Protected Health Information that you have neither consented to nor have authorized; determining the location to which protected information disclosure is sent; having complaints you make about our policies and procedures recorded in your records; a right to a paper copy of this agreement, the attached notice form, and our privacy, policies, and procedures.

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, if treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse, the law provides that parents may not access their child's records. In some instances for children between 16 and 18, because privacy in psychotherapy is often crucial to success, particularly with teenagers, it is our policy to request an agreement from the patient and his/her parents or guardian that the parents or guardian consent to give up their access to their child's records. If they agree during treatment, we will provide them only with general information about the progress of the child's treatment, and his/her attendance at discussions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless we feel that the child is in danger or is a danger to someone else, in which case we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he or she may have.

Billing and Payments

You will be expected to pay for each session at the time entailed, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for any other professional service will be agreed upon when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court, which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his or her name, the nature of services provided, and the amount due. If such legal action is necessary, its cost will be included in the claim.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of the fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based upon our experience and we will be happy to help you in understanding the information received from the insurance company. If it is necessary to clear confusion, we will be happy to call the company on your behalf.

Due to the rising costs of healthcare, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed healthcare plans, such as HMOs and PPOs, often require authorization before they provide reimbursement for the services. These plans are often limited to short-term treatment approaches designed to work for specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services than their insurance provides. Some managed care plans will not allow us to provide services to you once your benefits end. If this is the case, we will do our best to find another provider who can help you continue your psychotherapy.

You should be aware that your contract with your health insurance company requires that we provide the information relevant to the services provided 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 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 file 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 data bank. 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 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 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.

Child's Name

Child's Date of Birth

Signature of Parent or Legal Guardian

Date

Relationship to Child



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for Kids and Their Families

Texas Notice Form

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Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment, Payment and Health Care Operations*"
 - *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of our [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against one of the psychologists in this practice with the State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information from Treehouse relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If we determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically. We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise these policies and procedures, we will provide notice by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Lisa Orwig, LMSW at 214-828-2603.

If you believe that your privacy rights have been violated and wish to file a complaint with *our* office, you may send your written complaint to: Lisa Orwig, LMSW; 1409 S. Lamar #848, Dallas, Texas 75215.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on March 1, 2011.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE TEXAS NOTICE INFORMATION THAT DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Child's Name

Child's Date of Birth

Signature of Parent or Legal Guardian

Date

Relationship to Child