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PATIENT INFORMATION & CONSENT Welcome to my practice. The following is essential information about your treatment that will assist you as you begin your work. Please read and sign this document to indicate that you understand the information and consent to begin psychotherapy.

I. Length, Frequency, Duration and General Expectations for Treatment Psychotherapy typically involves regular sessions, approximately 50 minutes in length. Duration and frequency vary depending on the nature of your concerns and needs. Ideally, there is a beginning, middle and an end to the work that we can identify and define together. It is reasonable to expect both psychological relief and unease as we explore your concerns. In the event of sickness, vacations and other changes in the schedule, it is helpful to the treatment when we can prepare, rescheduled and make other appropriate accommodations that minimize the impact of these interruptions.

b. Online sessions In order to reduce Corona Virus transmission in our community, all sessions will be conducted using Zoom during the pandemic. I will send you the session link over email, unless you request a different medium. All sessions will include a passcode, a unique link for your session and the "waiting room" function will be enabled, requiring my permission to enter the link.

II. Confidentiality and Privacy As a rule, I will not disclose any information about your treatment without your written consent. My formal Mental Health Record describes the services provided to you and contains such information as the dates of our sessions, your diagnosis, functional status, symptoms, progress and any psychological testing reports. I will require your permission in advance to disclose any information regarding your treatment. You may authorize this exchange of information by signing an Exchange of Information form. You may revoke your permission at any time.

III. Limits of Confidentiality There are some limits to the rule of confidentiality. Some exceptions I have created voluntarily and some are required by law. The following are exceptions to treatment confidentiality in which your written authorization is not required. In any of the following events of disclosure, I would make every effort to notify you prior.

Emergencies Protected health information may be disclosed in a life-threatening emergency situation. **Child Abuse** If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the Department of Social Services. **Adult Abuse** If I have reason to suspect that an elderly or incapacitated adult is abused or neglected, I am required by law to report the matter immediately to the Department of Welfare or Social Services. **Health Oversight** In the event that you describe unprofessional conduct on the part of any mental health care provider, I am required by law to explain to you how to make a report of misconduct to the appropriate licensing board. I am required by law to report misconduct on the part of any mental health care provider of my own profession and reserve the right to report misconduct by any other type of health care providers. If you are a health care provider, I am required by law to report to your licensing board if I believe your condition places the public at risk. **Court Proceedings [See also section "IV"]** If you are involved in a court proceeding and a request is made for your records, such information is privileged under

state law. I will not release your records without your written authorization or a court order issued by a judge. If I receive a subpoena for records or testimony, I will notify you so that you, your attorney or I can file a motion to quash the subpoena. **Serious Threat to Health or Safety** Under state law, if I am engaged in my professional duties and you express a specific and immediate threat to cause serious bodily injury or death to an identifiable person, and I believe that you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take the steps to protect third parties. These precautions may include (1) warning the potential victim(s) or their parent/ guardian (2) notifying a law enforcement officer, or (3) seeking your hospitalization. By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate or serious threat to your own health and safety. If you become a party in a civil commitment hearing, I can be required to provide your records to the magistrate, your attorney or guardian ad litem, an evaluator of the local community services board, or law enforcement officer, whether you are a minor or adult. **Billing** Protected health information will be used, as needed to obtain payment for health care services. This may include determining eligibility and benefits from an insurance company or other third party and filing claims for my compensation. In the event of delinquent account status, this may include preparing the account for submission to a debt recovery agency. **Worker's Compensation** If you file a worker's compensation claim, I am required by law, upon request to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider. **Records of Minors** According to state law, parents may not be denied access to their child's records. Also, community services board evaluators in civil commitment cases have legal access to therapy records without notification of parents or child. **Required by Law** Protected health information may be used or disclosed 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. **Therapist's incapacitation or death** In the event that I cannot contact you because of my sudden or unexpected injury or death, I have arranged that a colleague have access to my patient files and contact information. This colleague would help to arrange the continuity of your care.

IV. Legal Proceedings and Court Testimony I do not provide forensic services. This includes and is not limited to expert witness Court testimony for child custody, parenting evaluations, divorce, adoption or criminal proceedings. In cases where I am issued a subpoena, my hourly fee will apply for any time related to the Court proceedings. If you are in need of forensic mental health services, I will help you find a qualified practitioner.

V. Your Rights

Right to Request Restrictions You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment of your care. If you ask me to disclose information to another party, you may request that I limit the information that I disclose. However, I am not required to oblige this request. To make a request, you must request in writing, stating (1) what information you want to limit (2) whether you want to limit my use, disclosure or both; and (3) to whom you want the limits to apply. **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** You have the right to request and receive confidential communications of private health information by alternative means and locations. To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted. **Right to an Accounting of Disclosures** You generally

have the right to receive an accounting of disclosures of private health information for which you have neither provided consent nor authorization. On your written request, I will discuss with you the details of the accounting process. **Right to Inspect and Copy** In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of this information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative proceeding. **Right to Amend** If you feel that protected health information I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, do so in writing, citing the reason for your request. I may deny this request in certain circumstances. **Right to a Copy of This Notice** You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. I reserve the right to make changes to my policies and to this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain an effective date. A new copy will be given to and I will have copies of the current notice available upon request. **Complaints** If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services. **Freedom to withdrawal** You have the right to end your therapy at any time. If you wish, you will be given names of other qualified therapists.

VI. Fees and Payment Policy I provide monthly invoices for all patients and payment is due within 30 days. In the event of a cancellation, please notify me at least 24-hours in advance to avoid being charged for the missed session.

VII. Communications If you need to contact me, please don't hesitate to leave a message on my voicemail [434-981-7249]. I check my messages throughout the day, but it may take me until the following business day to return your call. You can also email me at garciamn@gmail.com with non-clinical concerns (i.e. scheduling). However, keep in mind that email cannot be guaranteed as a confidential method of communication and I will only discuss clinical concerns over the telephone or in person. In an emergency situation, call 911 or go to the nearest emergency room.

VIII. Physician Contact Physical and psychological symptoms often interact. You are encouraged to seek medical treatment when warranted. In addition, medication may sometimes be helpful for psychological problems. When appropriate, a referral will be arranged for a medication evaluation.

PATIENT/ PARENT/ GUARDIAN INFORMED CONSENT I certify that I have reviewed the above PATIENT INFORMATION. I have had the opportunity to ask questions about this information and I consent to begin a professional psychotherapy relationship with Michael Garcia, L.P.C.

Patient

Date

Parent/ Legal Guardian

Date

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