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NEW CLIENT INFORMATION BROCHURE

Thank you for contacting me and for your interest in allowing me to work with you to try to help you and/or your family. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that I can discuss them with you. Once you sign this, it will constitute a binding agreement between us.

PSYCHOLOGICAL SERVICES

Services that I provide Chattanooga Peds may include psychotherapy for individuals, couples, families and groups. I can also provide a wide range of psychological assessment/evaluation services. I am able to serve clients of all ages, across the lifespan, from beginning of life to end. My specialty is in youth services, but I do enjoy working with adults as well. I can sometimes work with forensic cases, but will do so at my own discretion. If at any time you request a service of me that I cannot meet, I will provide referrals to other providers who may be able to meet your needs.

Details for each of the above services are described below.

INTAKE INTERVIEW

The first step to any psychological service is an intake interview. I conduct a thorough intake interview, which generally lasts approximately 45-60 minutes. During the intake, I gather extensive information about your background and your presenting needs (the reasons you are coming to see me). I also ask general questions that I ask all my clients, which helps me evaluate for general mental health. You can think of the intake as equivalent to a visit to your medical provider in which he/she conducts both a full physical workup and asks about current symptoms. In this case, though, I am reviewing more than just physical symptoms, but looking at all aspects of a person's life that may be important to psychological functioning. The broad approach is called a "biopsychosocial" approach, because I'll be asking questions about biological, psychological, and social functioning. On the biological side, I ask about family history. I also ask, especially with children, about pre-, post-, and perinatal issues, including pregnancy, delivery, and early temperament. I ask about sleep, appetite, hygiene, and other basic features of the body's functioning. On the psychological side, I ask about common stressors, remote or recent exposures to traumas, general thought and emotional patterns, etc. On the social side, I ask about family functioning, friends, co-workers, bosses, and generally how you interact with people on a daily basis.

Since I'm asking about all of this on the first meeting, I recognize and respect that a first appointment can be intimidating for some people, who may not wish to share every aspect of their life with a relative stranger. Still, I will ask questions to give you a chance to tell me about things, and you can choose how much or how little you wish to say about any given topic. If you tell me you'd rather not talk about something specific right now, I will respect that choice and not probe you until you are ready. However, the more I know about you, the better I can do at my job, and so it does work better for everyone if you at least let me know when something is a concern or issue for you, even if you do not tell me all the details. I don't always need to know the details, but I can treat you better and more responsively if I know some basics. As always, I will keep everything confidential, with some exceptions, as described in the "Confidentiality" section, below.

The standard, flat fee for an **intake interview is \$160**. This fee will be due at time of service.

PSYCHOTHERAPY

General overview

Psychotherapy is, in many cases, an effective treatment for most mental health conditions. Many people have an idea about what is psychotherapy from media and/or personal experience. However, many may not be aware that psychotherapy can be useful for a very large number of areas, including, but not limited to, anxiety, mood, trauma, medical illness, grief, behavioral problems, ADHD, adjustment to stressors, stress management, sleep, family disruption, parenting, psychosis, and a host of other areas. To put it simply, for anything in your life that you find challenging, therapy can be helpful. Some people also believe that therapy is a very long-term process, sometimes taking years to complete. While some people do find help in staying in therapy for years, most people can be helped in far fewer sessions. Some people respond after only 2 or 3 sessions, others may need more. The length of therapy will vary depending on your needs, your response to therapy, your life circumstances, and your own personal goals.

In the descriptions below, I will often use “you” to describe the identified client in psychotherapy. For some, the identified client may be one person, but for others, it may be multiple people (e.g. a couple, or a whole family). Since I work with children, the identified client may be a child, but the child’s caregivers should also be seen as important to the therapeutic process. The rights and responsibilities described below involve everyone who has a stake in the services I provide.

My approach to psychotherapy is collaborative and responsive. By “collaborative,” I mean that I view psychotherapy as a relationship between/among team members working to achieve common goals. By “responsive,” I mean that I adapt my style in psychotherapy to fit both your clinical needs as well as your personal preferences, when possible. Given this approach, I strive to identify the most effective treatment available to you for whatever condition you have and apply it in whatever way and at whatever pace works best for you. I may use traditional “talk therapy,” or I may use various forms of “expressive” therapies (which may include play, art, music, etc.). I may be directive (giving you specific techniques and instructing you on how to do them) or non-directive (listening to your needs and helping you decide on an appropriate course of action). Much of the beginning of psychotherapy – the first 1-4 sessions – will be spent learning about you so that I can better tailor psychotherapy to your needs. We can discuss and I may try a few different approaches in order to find the best one. If any particular approach does not feel right for you, I invite you to please let me know, so we can discuss what to do next (e.g. try a different approach, or try the same approach in a different way, etc.). In any approach, though, psychotherapy does involve some active effort on your part and works best when a good working relationship can be established between client and therapist.

Currently, my out-of-pocket (non-insurance) fees for psychotherapy are \$100 for a 45-60 minute session, \$65.

Your responsibilities as a therapy client

You are responsible for coming to your session on time and ending at the time we have scheduled. Sessions generally last for 45 minutes, though exceptions can be made if planned in advance. If you are running late or must miss a session, please provide as much advance notice as possible by calling Chattanooga Peds office at (423)825-4040. If you must cancel a session, please provide 24 hours’ notice. If you miss a session without notice, Chattanooga Peds will contact you by phone directly to check in. If you miss 2 consecutive sessions without notice, or if you miss a session and do not contact me within 3 weeks to reschedule, I will contact you in writing. If you still fail to contact me by the date indicated in writing (typically within 4-6 weeks of last scheduled session), then I will assume you no longer wish to be in services with me and will close your file. I will keep your records for the time required by law, and,

even if your case is closed, you can still request records if needed. You will be responsible for paying a **no show fee \$90**.

If you have insurance, you are responsible for providing Chattanooga Peds with the information needed to bill for my services. You will be responsible for paying your deductible and any co-payment. You must arrange for any pre-authorizations if necessary. I will bill directly to your insurance company via electronic means for you at a regular basis. You must provide us with your complete insurance identification information, and the complete address of the insurance company. If a check is mailed to you (from your insurance company) to cover your balance due, you are responsible for paying me that amount at the time of our next appointment. All insured clients must issue copayment at time of service. Additional information about insurance is contained under the “Managed Mental Health Care” section, below.

If you do not have insurance or otherwise choose to pay privately for your services, I charge \$100 per 45-60-minute session for therapy (30-minute sessions are \$65). This amount will be due at time of services. If my fees prevent you from being able to acquire services you have requested, I can provide a list of other providers who may have alternative fees. I cannot accept barter/trade for therapy. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency. Having said that, if you have temporary, extenuating circumstances impairing your ability to pay, Chattanooga Peds billing department may be able to work with you. Please talk to me if this happens.

PSYCHOLOGICAL ASSESSMENT/EVALUATION

I am able to conduct a wide range of services for psychological assessment and evaluation. Psychological evaluations are generally conducted for the purposes of diagnosis, academic needs (e.g. learning accommodations, giftedness), treatment planning, treatment monitoring, forensic requirements, employment requirements, etc. In my practice, I primarily conduct evaluations for diagnosis, for making treatment recommendations to others, and for making recommendations to schools for academic accommodations. Like psychotherapy, evaluations can vary widely in length and in time required to complete. In all cases, evaluations start with a diagnostic and clinical interview and likely some screening questionnaires. This first appointment generally takes 1.5-2 hours. Information gathered from this first appointment is then used to determine if any and how much additional testing may be required. Generally, I try to keep testing time around 6 total hours for you/your child. This includes all appointments, including feedback. However, sometimes testing may take longer than 6 hours. Regardless of how many hours testing takes, **I charge flat rate fees of \$500 for level 1 assessment, \$900 for level 2 assessment, and \$1150 for level 3 assessment.** A level 1 assessment is the simplest kind and requires only an intake interview and a few questionnaires to arrive at a confident diagnosis. A level 2 assessment is basic comprehensive psychological evaluation, and may include cognitive and/or academic evaluations, personality evaluations, and/or diagnoses with several differential rule-outs. A level 3 assessment is a complex, comprehensive psychological evaluation, for which the referral question demands an additional level of evaluation. Examples of level 3 assessment may include evaluation of a rare disorder (e.g. childhood onset psychosis), developmental disorder (e.g. autism spectrum disorder), or “high risk” (i.e. forensic) assessment. The level required can usually be judged after the diagnostic and clinical interview (intake interview), at which point I will recommend level 1, 2, or 3 and explain the reasons why.

If you need to establish a payment plan, please talk to me about this option. This is subject to change. If the evaluation gets pushed up to a higher tier, I will inform you.

You should be aware that full evaluations do take some time to complete. In addition to face-to-face appointments, full evaluations often require psychologists to review sometimes extensive records, contact multiple informants, and score and interpret tests. Often, with child assessments, psychologists may

observe the child at school or in another classroom setting and/or may attend IEP or 504 meetings at the child’s schools. Once all this is completed, I write a 10-30 page, detailed report on the evaluation, with several recommendations. This whole process can take as few as 2 weeks for a level 1 assessment or as many as 2 months for a very complex, level 3 assessment. I will always strive to provide you with complete services within a reasonable amount of time. If at any time you feel I am taking too long, please do not hesitate to let me know and I will provide updates along with way about how much longer the process may take. Unfortunately, not all of the process is under my control, and sometimes I do have to wait extra time to receive records or to establish contact with other critical informants (e.g. other doctors, teachers, etc.).

It should be noted that the testing fees cited above do *not* include intake fees and will be billed separately from intake/new patient appointment fees, unless otherwise specified. Testing is also often among the more difficult things to get reimbursed by insurance companies, and I cannot guarantee that insurance will always cover testing. If you would like a specific review of what your insurer will cover, I advise you to call your insurance directly and inquire about their coverage for the following CPT codes:

96112 +96113 96130 +96131 96132 +96133
96136 +96137

More rarely used codes may include:

96105 96125 96116 +96121

CONSULTATIONS

A consultation involves me rendering my clinical recommendations to a third party, who then ultimately decides what to do with those recommendations. Psychologists can consult with just about anyone, but I am often asked to provide consultations to medical providers and/or to schools. By consulting, I provide my recommendations, but the other person/entity is not required to follow those recommendations. General consultations that do not require any specific clinical service on my part are free. For example, I may be asked for general recommendations on how to care for ADHD in a child who is not my client and who I will not evaluate as a client. In these cases, my recommendations are based on general clinical knowledge of best practices, rather than being individualized toward the child. However, if I am making a consultation for one of my own clients, whom I have previously served or am currently serving clinically, then I charge a fee for any in-person consultation according to the following guidelines. If I must travel to perform the consultation, these fees do include travel time. These fees generally equate to a pro-rated therapy hour, which you would be responsible for paying. I can NOT bill insurance for these consultations.

- 1) Consultation <7.5 minutes – free
- 2) Consultation 7.5-14 minutes - \$20
- 3) Consultation 15-30 minutes - \$40
- 4) Consultation 30+ minutes - \$100

SPECIAL CONSIDERATIONS FOR YOUTH-RELATED SERVICES

There are a few special considerations that should be noted for any youth that I see. Generally, these guidelines apply to minors ages 18 and under. However, in some rare cases, the guidelines may also apply to individuals over 18 who still have a legal guardian.

Confidentiality

Although guardians do have a legal right to view their dependent's clinical records, generally speaking, youth engage better in clinical services when they can trust that not every single detail of their lives will be shared with their guardians. In other words, though guardians can get some information, youth have a right to expect at least some confidentiality from their provider, even from their guardians. What this means in practice is that I only record the minimum necessary information in clinical notes (this is the same practice as with a client of any age) and that I only verbally share information with guardians when that information is important to the youth's safety and/or clinical care. If for some reason I do need to break a youth's confidentiality and tell his/her guardians something due to safety or clinical concerns, I always inform the youth in advance and invite the youth to share this information him or herself.

Tennessee state law does allow a "mature minor exception" to permission for behavioral health treatment (TCA §33-8-202; TCA §33-3-104). What this means is that any youth ≥ 16 years of age has the same rights as an adult with respect to confidential information and consent for services. In other words, if a child is at least 16, he or she can receive services from me without guardian consent and can decide him or herself whether or not he or she involves guardians at all in those services. Additionally, as an FYI, youth 16 or older can also obtain treatment for juvenile drug abuse, prenatal care, contraceptives, emergency or surgical treatment, and treatment for sexually transmitted diseases without parental consent. At their own discretion, providers can also apply the same rules to "mature" youth 14 years of age or older. In other words, 14 or 15 year olds can also request this exception, but the provider does not legally have to abide by the request if he or she determines doing so would not be in the best interest of the child.

Psychotherapy

Touch

Children occasionally have different boundaries than adults, and this is normal and healthy. As children come to trust others, they may display signs of affection such as hugs, kisses, etc. In psychotherapy, children may initiate affection toward their therapist. Whereas normally a therapist may not accept affection from an adult, most therapists are more flexible with children. In my practice, I am open to receiving certain kinds of touch-related affection from children, but I never initiate similar gestures with them. I do not reprimand or correct children from giving hugs, holding my hand while walking down the hall, or, for young children, sitting on my knee briefly during a session. For some children, it may even be countertherapeutic to refuse such gestures. On the other hand, I would always gently but firmly correct any kissing, sexual, or other inappropriate gestures, informing children about how and when such gestures are or are not appropriate. Furthermore, if your child engages in any such behavior with me, I will inform you as early as possible and provide you with details of how I responded. If you have a preference about what you would like to teach your child regarding touch, we can discuss it and decide the best course of action for your child's treatment.

As a final note, the standards for touch described above are different for youth at different developmental ages. In general, young children are allowed more leniency than older children. For example, whereas a 4-year-old may hold my hand from time-to-time, a 14-year-old would not.

Safety

One of my core rules for my services is that everyone gets to be safe at all times. Occasionally, some children (and other clients as well) may engage in behaviors that threatens their own safety or that of others. For example, children may attempt to climb on top of furniture, or run away, or begin throwing hard toys, etc. If any behavior occurs that threatens anyone's safety, it may become necessary to take steps to return everyone back to safety. In best case scenarios, verbal redirection is enough; however, if verbal efforts do not re-establish safety, then physical efforts, including restraint, may be necessary. I take a hierarchical approach, moving up the ladder as necessary, along the following steps.

- 1) Numerous verbal redirections, with increased level of firmness

- 2) Light physical redirection (e.g. reaching out a hand to help them off a table; putting a hand on shoulder to keep them from climbing up, etc.)
- 3) Physical separation (if client is threatening another). This can include moving to a “time out” room, or, if client is at risk of hurting therapist (but not self), placing a barrier between client and therapist, while attempting to talk the child down. In all cases, an adult is constantly monitoring the child to ensure child does not harm self.
- 4) Calling for assistance from parent, if possible, or another clinic staff
- 5) Calling for assistance from clinic or campus security or calling 911
- 6) Physical restraint

As should be noted, physical restraint is a last resort and is only used if the client is a serious, imminent threat to self or others. To put it more plainly, I won't restrain your child unless I absolutely must to keep them safe, and I will end restraint immediately when safety is returned. In my own practice, I have never had an adverse event and have never had to progress beyond step 2, above, except for cases in which a youth has verbalized a credible intent to harm themselves, at which point I have called paramedics to hospitalize them to prevent suicide. Guardians are always informed as soon as possible of any efforts beyond step 2, above.

Hospitalization without consent

All clients, including youth, are evaluated regularly for level of risk to self and/or others. If a client expresses a credible risk, I am required by law to take measures to provide for the safety of anyone who may be at risk. This may include calling 911 and requiring paramedics to take you or your child to the emergency room for evaluation. As a non-physician psychologist without hospital privileges, I can NOT personally admit anyone to the hospital, but I can require paramedics and/or police to escort you to the hospital for evaluation. A hospital physician then evaluates and determines if prolonged stay is needed. In certain circumstances, I may also have a duty to warn any suspected victims of violence that a threat has been made against them. In such cases, I would also have to inform police and ask them to protect the identified victim. This is only done in extreme cases when I believe that doing so is necessary to protect your or another's life or safety. I do *not* need parental consent for either of these processes, but I will make every effort to inform parents/guardians if any such event occurs.

Suspected abuse or neglect

I am considered a “mandated reporter” by state law. This means that if I learn during the course of my work that a minor or vulnerable adult is being harmed, I am required by law to inform appropriate protective agencies (e.g. Division of Child Services), and I must do so regardless of whether or not you or a guardian gives consent to report. I would, however, inform you before I make this report. If desired, you may also make a report if you are concerned about the safety of a child or vulnerable adult.

PAYMENT

Payment for services is expected at the time of your appointment, unless otherwise arranged with the Chattanooga Peds billing department.

MANAGED MENTAL HEALTH CARE

If your therapy is being paid for in full or in part by a managed care firm (health insurance company), there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you, to decide the time period within which you must complete your therapy with me, or to require you to use medication if their reviewing professional deems it appropriate. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Such firms also usually require some sort of detailed

reports of your progress in therapy, and on occasion, copies of your case file, on a regular basis. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by filing necessary forms and gaining required authorizations for treatment, and assist you in advocating with the managed care company as needed.

At this time, I am able to bill the following companies for insurance reimbursement: **Blue Cross Blue Shield, Aetna, Tricare, Health Scope, and EHN (Mohawk).**

OTHER IMPORTANT INFORMATION

Substances: It is expected that clients will arrive for their appointments free from the influence of mood or mind altering substances except for those that are legally prescribed and taken as prescribed. If I suspect that a client has arrived for an appointment under the influence of alcohol or other drugs, I may cancel the session and make arrangements for safe transportation back home, for which the client would be required to pay. This is done in order to ensure your safety, not to punish you.

Weapons: Weapons of any kind will not be permitted in the **Chattanooga Peds building**. This includes guns, knives, tasers, etc.

Inclement weather policy: In the event of inclement weather, our office will call you to confirm or cancel the appointment. You may choose to cancel as well if you feel unsafe or unable to travel due to weather.

Court action/Legal fees: I do not provide legal services as an expert witness, and I will not conduct forensic evaluations for any purpose, including child custody. Clients and parents are discouraged from having me (or any therapist, for that matter) subpoenaed for court. If you fail to heed my advice and subpoena our records, I will usually make an attempt to resist that subpoena until issued a court order. If I receive a court order for records, I will release records as legally required. You will have an option in legal cases to sign a release of records for me to voluntarily submit records on your behalf. I also discourage you from doing this. I do not act as a forensic psychologist and as such rarely keep records that will be useful for most court proceedings. If for some reason records are submitted and I am then ultimately required to participate in a deposition or other court appearance, you will be subject to the following fees, which you or your lawyer may be responsible for paying. You should know that even though you are responsible for paying for my testimony, it should not be assumed that my testimony will be solely in your favor. I can only testify to facts of the case and to my professional opinion about you/the client. *Importantly, if you expect to be involved in any legal proceedings for which records may be requested, please advise me as soon as possible.*

Again, though I strongly discourage involving your mental health in any court or legal hearing, sometimes it cannot be avoided. In such cases, I will charge the following fees: **Review fee (this includes preparation time for court and review of your records) \$300/hour; Deposition fee - \$370/hour; Court fee (actual appearance in court) - \$390/hour.** Note that these fees reflect the national average for expert witness fees, but also reflect the added stress and complexity that comes with court/legal-related work. They also help to recover clinical time lost due to depositions and court appearances.

CONTACTING ME

My office phone number is (423)825-4040. These phone calls are sent to someone else before they are forwarded to me. Please leave some days and times when you will be available for a return call. ***I will need a phone number where it will be permissible to leave a message for you on an answering system***

or with another party. All messages will be discreet, and I will only identify myself as Dr. Steadman. I will not leave any details on voicemail, unless you otherwise tell me you want me to do so.

I will not conduct any psychotherapy or formal evaluation over the phone.

If you search my information online, you may also find contact info for my ETSU office or research lab. Please do NOT contact me at those numbers. Only contact me at Chattanooga Peds.

Texting: I do not contact clients by texting. If useful to your care, I may discuss apps that can be used to alert you to use a therapeutic skill. Some apps may be available that allow us to communicate, but I currently do not use any such apps in my practice. There is also a crisis line that can be accessed by text, which some clients may elect to use in a crisis (see below).

EMERGENCIES

Although I hope you will call me in the event of an emergency, I am unable to make myself available 24/7 to be able to respond immediately to all potential emergencies. As a result, I cannot offer crisis counseling or emergency services, and neither can Chattanooga Peds as a whole, at all hours. If you have an emergency or crisis, you can call 911 or go directly to the nearest emergency room. There are also some hotlines you can call:

- 1) National Suicide Prevention Lifeline – 1-800-273-TALK (8255) or go here <http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx> for live online chat
- 2) TN Mobile Crisis Response – (877)928-9062
 - a. 24/7 Mental health crisis support for adults, children, and youth
- 3) Crisis text line. Text START to 741-741
 - a. This will open up a live text chat with a trained crisis counselor. Go here to learn more: <http://www.crisistextline.org/>

PROFESSIONAL RECORDS

I keep brief records, noting only that you have been here, your treatment goals, what interventions happened in session, and the topics we discussed. For assessment, your entire report remains part of your clinical record. I do not send “raw data” when sharing records. For therapy, this can include handwritten session notes. For assessment, this includes test items and your specific answers to them. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. Your insurance biller may request to see certain components of your file to verify eligibility for service reimbursement. I maintain your records in a secure location that cannot be accessed by anyone else, except as required by law.

All of your records will contain a diagnosis. Diagnoses are technical terms that describe the reason you are receiving clinical services. Anytime I assign a diagnosis, I will discuss it with you, and what it means. This applies to children as well, and I will tell children about their diagnoses, in developmentally appropriate language. If you do not want your children to know about their diagnoses, I am probably not the best clinician for you and your family. All diagnoses come from a book titled the *Diagnostic and Statistical Manual for Mental Disorders – 5th edition (DSM-5)*. I have a copy and will be happy to let you browse it to discuss the information you find so you may learn about your diagnoses. Many people also browse the internet for information about diagnoses. Please know that while sometimes the internet can be useful in this way, sometimes it is not useful, and, in fact, sometimes harmful, especially if you get

incorrect information. If you do read something on the internet or elsewhere that you feel applies to you, please share it with me and we can discuss how it applies in your case.

CONFIDENTIALITY

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your services. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. In legal proceedings, a judge has the power to compel me to share records. If commanded by a judge, I would be required to supply your records, regardless of your consent. A lawyer does NOT have this same power. I am not legally required to respond to all subpoenas by lawyers.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform the appropriate protective agencies (e.g., Division of Child Services). I would inform you before I took this action.
3. If I believe that you are in imminent danger of harming yourself, I will legally break confidentiality and call the police. I will explore all options with you before doing so, as well as assess your safety in the moment. If you are unwilling to take steps to guarantee your safety, I will call emergency responders to assist you and ensure your safety.
4. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
5. If a state or other custodial agency with legal custody over you requires your records, I must supply them.
6. If the head (or designee of the head) of a federally mandated protection and advocacy agency (e.g. Division of Child Services) requires information in order to carry out its federally mandated function, I must supply this (but only this) requested information.

BUSINESS ASSOCIATE AGREEMENTS

A Business Associate Agreement (BAA) is a contract that I have made with another organization to share your healthcare information for the purposes of conducting business. In most cases, BAAs occur between a provider and insurance companies who pay for your services. However, I also have BAAs with other companies that you may wish to know about. The first is BAA with any company who provides electronic health record (EHR) services. These companies house your medical records in compliance (or in excess) of federal security standards and HIPAA law. A second BAA you may want to know about is a contract with a company that I may use to administer psychological testing to you or your child. This company also meets or exceeds federal security standards for healthcare record-keeping. In this case, the

company owns the tests, and this service allows me to administer high quality, valid tests in order to get the best picture of your child. The best way to think of it is that it is similar to a “lab test” (e.g. bloodwork, urine sample) being sent away to a lab so we can get results for reading.

GRIEVANCE POLICY

As stated in another section above, clinical psychology services often require a complex process of me (as provider) learning about you (the client) and working to apply an effective treatment in a way that best suits your style. I always strive to use techniques that have been shown by research to be effective. Nonetheless sometimes, you may be asked to try something that feels like it’s actually causing you to become more distressed, rather than feel better. Many times, this is a normal part of treatment. I hope that we can always talk about how you are responding to treatment, so that if you feel like something is not going well, we can make adjustments as needed. I take criticisms seriously and will always treat you with care and respect. I will never retaliate against you for giving me feedback. However, if at any time you do feel that I’ve been unwilling to listen to you and respond or that I have behaved unethically, you can contact the Tennessee Board of Examiners of Psychology (665 Mainstream Drive, 2nd Floor, Nashville, TN 37243).

CHANGES TO THIS DOCUMENT

I may make changes to these policies and procedures at any time. If I do make changes, you will be notified at your next appointment, and will be asked to sign a new informed consent that states you have been made aware of any changes. If you find any changes to be unacceptable, we can discuss your thoughts and determine then if it is possible to continue in my care without accepting the changes.