

## NOTICE OF PRIVACY PRACTICES AND POLICIES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO APPLIES TO PRACTICE POLICIES. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

### I. MY PLEDGE REGARDING HEALTH INFORMATION:

Your health record contains personal information about you and your health. This information (that may identify you and that relates to your past, present or future physical or mental health and related health care services) is referred to as Protected Health Information (PHI). I create a record of the services you receive from me. I need this record to provide you with quality care and to comply with certain legal and billing requirements.

This Notice of Privacy Practices (Notice) applies to all of the records of your care generated by my mental health care practice, and describes how I may use and disclose your PHI in accordance with applicable law and the ACA Code of Ethics. It also describes your rights to gain access to and control your PHI. I am required by law to maintain the privacy of your PHI and to provide you with this Notice. I am required to abide by the terms of this Notice. I can change the terms of this Notice at any time, and any new Notice will be effective for all PHI I maintain at that time. The new Notice will be available upon request, in my office, and on my website. The current date of this Notice is noted at the bottom of this document.

### II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples.

**For Treatment:** Federal privacy regulations allow health care providers who have a direct treatment relationship with a patient/client to use or disclose the patient/client's PHI without the patient's written authorization in order to provide, coordinate or manage their health care treatment. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient/client for health care from one health care provider to another.

**For Payment:** I may use and disclose your PHI so that I can receive payment for the services provided to you. This will only be done with your authorization. Examples of payment-related activities are: determining eligibility or coverage for insurance benefits, processing claims with your insurance company, and participating in medical necessity or utilization reviews. If it becomes necessary to use collection processes to address lack of payment for services, I will only disclose the minimum amount of PHI necessary for the purposes of the collection of my fees.

**For Health Care Operations:** I may use or disclose your PHI as needed in order to support my business activities including, but not limited to, quality assessment activities, employee reviews, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform billing or typing services for me, provided I have a written contract with the party that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law:** Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- For my use in treating you
- For my use in training or supervising mental health practitioners to help them improve their skills
- For my use in defending myself in legal proceedings instituted by you
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA
- Required by law and the use or disclosure is limited to the requirements of such law
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes
- Required by a coroner who is performing duties authorized by law
- Required to help avert a serious threat to the health and safety of others

**IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:** Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of

such law

- 2. When there is a medical emergency situation and disclosure to medical personnel is required in order to prevent serious harm (I will try to provide you a copy of this notice as soon as reasonably possible after the resolution of the emergency.)
- 3. When disclosure of information to close family members or friends directly involved in your treatment is necessary to prevent serious harm
- 4. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety
- 5. For health oversight activities authorized by law, including audits, investigations and inspections. Oversight agencies seeking this information include government agencies, organizations that provide financial assistance to the office (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control
- 6. For judicial and administrative proceedings, including responding to a court or administrative order (although my preference is to obtain an Authorization from you before doing so)
- 7. For law enforcement purposes, to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document; for the purpose of identifying a suspect, material witness or missing person; in connection with the victim of a crime; in connection with a deceased person; in connection with the reporting of a crime in an emergency; or in connection with a crime on the premises
- 8. To coroners or medical examiners, when such individuals are performing duties authorized by law
- 9. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition
- 10. For specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions
- 11. For workers' compensation purposes - although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws
- 12. Appointment reminders and health related benefits or services - I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

**V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service you paid for out of pocket.

The Right to Choose How I Send PHI to You: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI (other than "psychotherapy notes"): You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.

The Right to Get a List of the Disclosures I Have Made: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI: If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy.

Breach Notification: If there is a breach of unsecured PHI concerning you, I am required to notify you of this breach, including what happened and what you can do to protect yourself.

The Right to Get a Paper or Electronic Copy of this Notice: You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

COMPLAINTS: If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Elizabeth A Potter at 10831 Old Mill Road Suite 100 A Omaha, NE 68154, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202-619-0257. We will not retaliate against you for filing a complaint.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE RECEIVED A COPY OF THE THERAPIST'S NOTICE OF PRIVACY PRACTICES AND HAVE READ, UNDERSTAND AND AGREE TO THE ITEMS CONTAINED IN THE DOCUMENT.

\_\_\_\_\_  
Patient printed name

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

Elizabeth Potter, PC 10831 Old Mill Road, Suite 100A Omaha, NE 68154 Phone: 402-317-5276  
Fax: 402- 951-9730

## **SOCIAL MEDIA POLICY**

This document contains important information about my policies related to the use of social media. Please read it carefully so you will know how I conduct myself as a mental health professional on the Internet. Because new technology is developed every day, there may be times when I need to update this policy. If I do so, I will notify you of any changes and give you timely access to the revised document.

### **Email /Phone**

I use email only for routine administrative (not therapeutic) correspondence, such as appointment scheduling. Please do not email me content, updates or otherwise personal information related to your therapy sessions, as email is not completely secure or confidential. Emails that include additional contacts in which a consent to release information to, will not be responded to in order to protect your confidentiality. This lack of security is true whether you are emailing directly to my address from yours or through an online database on which my practice information appears.

I prefer to receive scheduling communication via texts or phone calls to my professional phoneline (402-317-5276). The phone line that I use to make phone calls and texts is serviced via Spruce, a medical communication application that is HIPAA and BAA compliant. While this application is compliant and takes great strides to protect your privacy, incoming messages are stored a server over which I do not have control, and so cannot insure is secure. Please be mindful of this if you choose to leave me a voice message.

### **Social Networking Sites**

In order to preserve your privacy and the boundaries of our professional relationship, I will not accept “friend” or “contact” requests from clients, ether current or former, or in any other way interact with clients on Facebook, Linked In or any other social networking site. Content via social media will not be responded to protect the therapeutic relationship.

### **Blogs**

I do not follow current or former clients’ blogs, as I believe the casual viewing of clients’ online content outside of sessions can create confusion regarding my motivation for doing so (therapeutic intent or personal curiosity) and potentially blur the boundaries of our professional relationship. If there is personal online content you would like to share with me, I ask that you bring it into your sessions for us to view together as a part of our therapeutic work.

### **Consumer Review Sites**

If you see my practice listed on a review site (such as Healthgrades, Yahoo or Kudzu), it may have been automatically placed there by your search engine. Its presence on such a site has not been approved by me and is not a request for your endorsement. If you choose to post on any of these sites, know that I cannot respond to your post due to my commitment to keep your personal information confidential. I may, in fact, never even see your post, so if there are concerns you need to address with me, please do so directly, either in session or through a phone call.

### **Search Engines**

I will not conduct an electronic search of your name unless there exists a genuine emergency during which I am unable to reach you through our regular means of communication and during which it might be necessary to obtain electronic information as a part of actions taken to ensure your safety.

### **Location-Based Services**

Some people use location-based services (e.g. Foursquare, Loopt, Gowalla) to allow others to follow their itinerary via their mobile telephone. Be aware that if you use such a service, and it is GPS-activated, you may run the risk of unintentionally informing others that you are visiting a therapy office, thus jeopardizing your privacy.

### **Potential Consequences of Your Online Presence**

It is your right to express yourself through and on social media sites in any way you wish. However, it is important for you to know that your decision to communicate with me through postings, comments, messaging or email communications may result in a breach of your privacy. Additionally, doing so may create the possibility that these exchanges become a part of your legal medical record and will need to be documented and added to your file. I urge you, therefore, to take your own privacy as seriously as I take my commitment to your right to confidentiality as you weigh the costs and benefits of social media communication opportunities.

## **The Benefits and Risks of Psychotherapy**

There are numerous benefits associated with engaging in psychotherapy. People who have been depressed may find their mood improves. Feelings of anger, anxiety, guilt or loneliness may subside. Psychotherapy offers clients the opportunity to talk about issues in a confidential, supportive environment, and this experience can lead to increased levels of self-awareness and self-acceptance, improved relationships and enhanced coping skills.

You should also be aware of some risks involved in entering into psychotherapeutic treatment. For example, engagement in psychotherapy can sometimes lead to the emergence of unpleasant feelings and/or upsetting memories, so you may feel worse before you feel better. You may also experience distress caused by decisions you choose to make as a result of your participation in psychotherapy.

The practice of psychotherapy is not a science and no particular outcome can be guaranteed. However, because I will only work with clients I honestly believe I can help, I enter into our work with great optimism. I will always be available to discuss any concerns you might have regarding the process. There may be other types of interventions you will want to consider before or while receiving psychotherapy, such as group therapy, educational groups, nutritional psychology or psychiatric medication. I will be happy to discuss any of these options with you at any time.

### **My Qualifications and Training**

I am a mental health therapist who works in the modalities of individual, group, family and marriage therapy. I am a Licensed Independent Mental Health Practitioner (LIMHP), Professional Counselor (PC), Certified Clinical Trauma Professional and Licensed Drug and Alcohol Counselor (LADC) and Registered Provider in the state of Nebraska.

I hold a Bachelor’s Degree in Psychology from Northwestern College and a Master’s Degree in Clinical Therapy and Psychology from Grace University. Both of my degrees have prepared me well for my work as a mental health therapist.

I have acquired both Level I & II EMDR (Eye Movement Desensitization and Reprocessing) Training and have over 7 years in implementation of this technique. I am additionally trained in drug and alcohol use, having been a registered provider for the state of Nebraska for over 8 years. I am also a Level 1, Certified Internal Family Systems trained clinician and have worked for the past 18 months within this modality. Additionally, I am a certified level 3 Brainspotting clinician and find that this therapeutic modality assists those with trauma, physical pain, grief, increasing performance and improving physical functioning especially well. As I have

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worked with children, families and couples for over fifteen years, I have extensive experience in the specialization of assessing trauma and implementing an integrative approach to assist. I have specialized training in anxiety disorders, trauma recovery, behavioral and substance addiction, stress management, behavior/emotion management, pain management, couples therapy and parent education.

#### **What to Expect from Our Relationship**

During our first few sessions, we will orient you to the process of therapy, get a full understanding of your concerns, and create a plan for our work together. During this time, it is important you share any questions you might have about our plan, your treatment, possible risks, or my expertise.

**The psychotherapy process requires active participation and effort on your part.** Therapy is not merely a place to experience emotional release or develop insight into problems without working toward goals. Psychotherapy is also most productive when conducted in an atmosphere of trust and respect. You expect me to be honest with you about the issues you bring up and your progress toward resolving them. I also ask you to be honest – about your expectations for our work, your compliance with medication, your feelings about yourself and our relationship, or any other area of our work.

You have a right to a therapeutic relationship with me that is unencumbered by any other type of relationship. Therefore, in your best interest, and following ACA standards, I cannot have any other role in your life, whether personal or related to business. I cannot, now or ever, be a close friend or socialize with any client. This condition applies to social media as well as face-to-face contact (please read my Social Media Policy carefully for further information about my online practices).

#### **Ending Therapy**

Preparing for the end of a therapeutic relationship, whether due to the achievement of your goals or a decision to end our work prematurely, should be something we approach together. You are free to discontinue treatment with me at any time, but it is important for us to have at least one session's notice that our work will be ending so we may close out our relationship in a respectful and deliberate manner and provide for your continued support. Endings are a natural part of life, and I will not take ours personally. Please strive not to cancel without rescheduling as a way to end therapy.

#### **Confidentiality**

In all but a few situations, your confidentiality (your privacy) is protected by both state and federal law and by the rules of my profession. To that end, what you say or do during a session will not be shared with anyone else without your written permission. There are certain legal exceptions to this policy, the details of which are fully outlined in my Notice of Privacy Practices. Please read this Notice very carefully, and be sure to ask me any questions you might have about its contents.

If I feel sharing some of your personal information with another professional you see would positively affect your treatment, I will discuss the situation with you. If you agree to the sharing of this information, I will ask you to sign an "Release of Information" document. This document notes specifically what will be shared, by whom and with whom, and mandates a time limit for this sharing to occur. **Exceptions to this include: threat of imminent serious harm to self or others, suspected abuse of a minor, elder or disabled adult, a valid court order, in the event of a circumstance requiring immediate medical attention.** Please note that I have the right to contact a person you designate as an Emergency Contact if I believe that I have reason to be worried for your safety.

When I am away from the office for a few days, I may designate another therapist to cover for me. This therapist, a trusted colleague, will be available to help you if you experience a therapeutic emergency, and will communicate with me regarding your concerns when I return so I am aware of what transpired in my absence. This psychotherapist is bound by the same confidentiality laws as I am, so I encourage you to utilize this service if it becomes necessary and trust your information will remain private between the therapist and myself.

Additionally, in the event of my death or incapacity, a professional executor may have access to my records and may contact you to offer information and/or assistance.

I will never use your name over the telephone if it is possible someone in or near my office area might hear it. Similarly, I ask you not to disclose the name or identity of any other client you might encounter in my office. I will also refrain from acknowledging you in social situations, not as a personal slight, but to protect your privacy. It will be your choice to greet me or not; either way, it will not affect our relationship. You have the right to request that I communicate with you in a certain way or at a certain location (for instance, that I only use a certain phone number, and without reference to our work). Please let me know any communication preferences at our first session.

#### **Litigation Limitation**

Due to the nature of the therapeutic process and that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, you agree that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding or legal related contact (mediation, intercessory contact or liaison). Requests via email, voicemail or otherwise initiated contact regarding legal involvement is also strongly discouraged to protect your mental health history and confidentiality. If contact is required, please note that this is time outside of the therapy sessions and therefore not covered by insurance policies. In this case a fee of \$100 per every 30 minutes of required contact will be incurred. However, if my appearance at court is required by law and you signed a release form allowing this, my fee is \$3,500 per day and must be paid in full 30 days prior to the expected court date.

#### **Consultations/Referrals**

If I feel you might benefit from a service or approach I do not provide, I may recommend you see another professional in addition to, or instead of, me. If I were to make such a recommendation, I would discuss my reasons with you so that you would be able to make an informed decision regarding available service options. You also have the right to ask me about any other such services, including their risks and their benefits, at any time. If you do receive services from an additional professional, either now or in the future, I will do my best to coordinate my services with them, as clinically indicated and with your permission.

If for some reason I feel our relationship is not going well, I might suggest change to a psychotherapist that would better meet your needs. Ethically, I cannot continue to work with you if my services are not facilitating your growth. Likewise, if you feel, at any time, that you might like to consult with another psychotherapist, please let me know. I will help you clarify your concerns and, if appropriate, assist you in finding a qualified professional and help facilitate a smooth transition to this new practitioner.

#### **Scheduling of Sessions**

Scheduling of appointment times is done on a first come, first served basis, and I am typically booking appointments one or two months into the future. I encourage you to schedule at least two months of appointments in advance in order to reserve your most preferred time. My office requires that you confirm your first appointment with a credit card. **In the event you do not show for your first appointment, or cancel late (please see my cancellation policy below), your credit card will be charged \$100.**

I value your time, and so strive to structure my sessions in a way that allows me to keep to my planned schedule. If I am inadvertently delayed, I will do my best to see that your session is not compromised. If you are late for your appointment, we will probably not be able to meet for your usual session length, as I will most likely have an appointment after yours. If we are unable to meet for the full session time due to your arriving late, you will still be financially responsible for the entire session, as that is the time I have reserved specifically for you.

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### **Cancellation Policy**

Scheduling an appointment is my commitment to reserve time for you. I consider our sessions to be very important, and ask that you do the same and take special care to keep your appointments with me. If a situation arises and you must cancel an appointment, your cancellation must be communicated to me by phone or email at least **24-hours** in advance of your appointment time, unless the cancellation is due to an unpredictable emergency. A charge of \$100 will be applied for any cancellation that does not follow the above guideline, and a charge of the **full session fee** will be applied for a no show/no call. Unless you tell me otherwise, these fees will be automatically charged to the card on file.

Regarding our email or text reminders: The email and/or text appointment reminders provided by our office are offered as a courtesy to you and should not be your only means of keeping track of your appointments. Digital communication can be fickle, so the fact that you may have not have received a reminder does not alleviate you of your financial responsibility for your appointment.

### **My Availability Outside of Scheduled Appointments**

Because I see clients on a regular basis, I will not always be available when you call, and it will sometimes be necessary for you to leave me a message. I check my voice mailbox and texts on a regular basis and will return your call as soon as I am able. Please always include your telephone number in your message.

Emergencies always have a priority; if you have one, please say so. But know that I may not receive your message right away. In the event you feel you are in such distress that you are unable to wait for a return call from my office, you are strongly encouraged to call your general practitioner's office, dial 911 or go to the nearest emergency room for assistance.

I believe a face-to-face session is the most productive context in which to provide psychotherapy services. If you need to speak with me at length prior to your scheduled appointment, I ask that you consider scheduling an earlier appointment so we can address the issue effectively and in a timely manner. However, there may be times when a phone or video conversation is needed to address a critical issue, and I will try to make myself available for this purpose if and when it is needed, for the prorated charge of \$150/hour.

### **Weather Policy**

I follow the Millard Public School District weather / snow day cancellation policy. If MPS is closed due to bad weather, I will contact you to reschedule your appointment. You may also find information about school closings on your local news.

### **Medical Records, Forms, and Letters**

I charge a minimum \$20.00 fee for medical records or the completion of forms or letters. Additional charges may be applied depending on the nature and complexity of the form and letter. The minimum fee will be collected prior to providing the requested forms. A signed letter of release or request form may be required to process the form or letter. Please allow 7-10 business days to complete forms or letters.

### **Fee, Payment and Billing Policy**

Understanding your financial responsibilities is important to your financial health and an essential element to your care and our work together. My current session fees are as follows. I reserve the right to adjust these fees in the future, and will give you two months advance notice of any such adjustments. Unless you tell me otherwise, your session fee or copayments will be automatically charged to the card on file. Payment for each session is due at the time of your session. This includes co-payments, insurance deductibles, and fees for services not covered by insurance. My office accepts cash, personal checks, and all major credit cards (including HSAs). Please make your checks payable to Elizabeth A Potter, P.C.

### **Individual Clients**

Initial Evaluation Session (1 hour) - \$300

Ongoing (Regular) Sessions (53-minute hour) - \$250

Co-Occurring Chemical Use Evaluations - \$400 paid in advance. Insurance does not typically cover the cost of these evaluations.

Sliding Fee Cash Pay rate paid at the time of session for a 53 minute hour session-\$155

Nutrition Consultation: \$50 per 30 minute consultation or nutrition plan

Letter Requests-\$50 per letter

### **All Clients**

Phone/Video Session - \$150/hour, prorated for actual call length

Late Cancellation (outside of 24-hours) - \$125

No Show/No Call - Full Session Fee

Returned Check Fee - \$25

### **Utilizing Benefits**

Prior to our work together, it is important for you to verify insurance coverage. I ask that you contact your insurance provider and verify benefits before your first appointment. Once you have verified your benefits, please provide your updated insurance information; I will use the information you provide to bill your insurance. If you do not complete the insurance verification and insurance coverage is denied, my hourly fee will apply. If you choose not to use your insurance or I am not credentialed with your insurance provider, I can provide you with a monthly Super Bill for you to file your own claims.

Please keep in mind that Out of Network (OON) benefits are typically less robust than those remitted for IN services. I encourage you to call the customer service number on your card to obtain your benefit information if accessing these benefits is important to you.

Your insurance policy is a contract between you and your insurance company. It is your responsibility to know and understand the provisions, limits, and requirements of your benefit plan(s). I will file your insurance claim for you; however, I cannot guarantee benefits or payments. It is important to note that you remain financially responsible for all services provided by this office.

If your insurance carrier denies payment for services, you remain financially responsible for payment regardless of any insurance company determination, quote, or misquote, except where prohibited by law or prior contractual agreement.

Please bring your current insurance card to each visit and notify me of any changes in your coverage, address, telephone or family status. If you believe you will have difficulty paying for your sessions, please speak with me about your concerns.

**If you do choose to access your benefits, please also keep in mind the following:**

Filing any type of claim with your insurance company (whether IN or OON) requires that a mental health diagnosis be assigned to you. Depending on your story and experience, I may or may not be able to supply this diagnosis, but I will be happy to do so if your situation warrants. Your insurance company may ask for

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additional documentation to support your claim. If your company contacts me directly requesting this information, I will communicate with you so that you can make a personal decision regarding what to share.

I am willing to discuss any of the above with you prior to beginning our work in order to help you explore your payment options and make an informed decision.

**Statement of Principles**

Just as in any other relationship, problems may arise in ours. If you are not satisfied with any area of our work, please bring your concern to me at once. Our work together will be slower and harder than it needs to be if your concerns are not communicated and resolved. I will make every effort to really hear any complaint you have and to seek a mutually agreeable solution to it. If you feel that I, or any other therapist, has treated you unfairly or has behaved unprofessionally, please tell me. You can also contact the Nebraska Department of Health and Human Services or the local American Counseling Association to receive assistance clarifying your concerns and, if necessary, filing a complaint.

I do not discriminate against clients because of any of these factors: age, sex, gender, marital/family status, race, culture, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerous behavior. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

**Thank you for entering into this professional relationship with me. If you have any questions or concerns regarding any of the above policies, or about anything else related to my practice, please do not hesitate to address them with me right away. I welcome your contact.**

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect in January of 2020.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND POLICIES

BY SIGNING BELOW, I AM AGREEING THAT I HAVE RECEIVED A COPY OF THE THERAPIST'S SOCIAL MEDIA POLICY, FEE SCHEDULE AND PRACTICE INFORMATION AND HAVE READ, UNDERSTAND AND AGREE TO THE ITEMS CONTAINED IN THE DOCUMENT.

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Patient printed name

Patient signature

Date