



NEW CLIENT INFORMATION

Welcome to MiKids Pediatrics. You have been scheduled with our psychologist, Alexis Karamol, MA MLP. She is a fully licensed clinical psychologist licensed in the state of Michigan. Please read and initial each section below as evidence of your understanding and agreement to each term.

HIPAA AND PRIVACY POLICY Initial here _____

Please initial here to confirm you are aware of our privacy policy and your rights as a patient.

TEXT COMMUNICATION Initial here _____

While text communication is part of our everyday lives, it is typically NOT HIPPA compliant. While my phone is password protected on several levels, I cannot promise confidentiality on the recipient end. If you would like to be able to communicate with me via text, your initials here are evidence of your understanding that there are inherent risks to using text to communicate personal information.

PATIENT RIGHTS Initial here _____

Your Care Management Team includes you and:

- Right to Request Restrictions – you have the right to request restrictions on certain uses and disclosures of protected health information (PHI) about you. However, I am 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 me. Upon your request, I will send your bills to a different address).
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have decision reviewed. On your request, I 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. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to 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, I 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 me upon request, even if you have agreed to receive the notice electronically.

ELECTRONIC HEALTH INFORMATION Initial here _____

Electronic health information or electronic medical records (EMR) are part of your confidential file. This is a HIPPA compliant system used to keep your medical records, case notes, insurance information, and electronically submit your insurance claims. Your initials here acknowledge that you read and give your permission for my use of an EMR system to securely store and transmit your medical record.

MANDATED REPORTING Initial here _____

I am a mandated reporter in the state of Michigan. This supersedes your right to confidentiality should you disclose the abuse or neglect of a child or vulnerable person in a therapy session. I am legally and ethically obligated to report the Child Protective Services or Adult Protective Services if I determine that a vulnerable person is at risk or has been harmed.

COURT PROCEEDINGS/CO-PARENTING/DIVORCE Initial here _____

I am happy to work with children and parents who are dealing with conflict and family issues but prefer not to provide court testimony as to our work together. On occasion, records will be requested by one/both parties, and I will consider the impact of such release of records on my patient, the child, in deciding whether or not to honor the request. If you need a therapist to make assessment of you or your child specifically regarding any legal or custody purposes, I will provide you with a referral to another clinician who specializes in this area.

Patient/Parent/Guardian Signature _____ Date _____

Patient/Parent/Guardian Printed Name _____

Patient's Name _____ Date of Birth _____