

SRI - GENERAL INFORMATION

Date ____-____-____

Name _____ Date of Birth ____-____-____

Address _____

City _____ State _____ Zip _____

Home ☎ _____ Work ☎ _____ Mobile/Other ☎ _____

E-mail Address _____

DO YOU WANT TO RECEIVE BILLING STATEMENTS FROM SRI? YES NO
(Can be submitted for health insurance claims)

Person to notify in the event of an emergency _____

Emergency contact's relationship to you _____ Contact's ☎ _____

How did you hear about us? _____

EDUCATION & VOCATIONAL INFORMATION

Highest grade completed and/or degree(s) obtained _____

Which School(s)? _____ Current Job and Employer _____

Combined gross annual income from all sources _____

FAMILY

Present Relationship Status (Check any that apply):

- Married or in a primary relationship. Dating: one person several persons
- Single: How long ____ year(s). Widowed
- In a new relationship (6 months or less). Other

If in a primary relationship or married:

Do you live with your partner/significant other? Yes No

If in a primary relationship or married: I have been in a primary relationship with this person for ____ year(s).

Others living in your household:

NAME	RELATIONSHIP	AGE

FOR OFFICE USE ONLY ▶ **DSM:** _____ **THERAPIST:** _____



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MEDICAL INFORMATION

Approximate date of last physical exam ____ - ____ - ____ Medical Doctor _____

Psychiatrist _____ Other Specialist seen _____

Rate your physical health in general: Excellent Good Fair Poor

List any medications you are currently taking including non-prescription or herbal remedies

Describe any current physical problems or concerns that you have _____

List any major history of physical problems, (broken bone, head injury, surgery, etc.)

I understand that all therapies provided at SRI are done in complete confidence unless I sign a written release to the contrary, with the following exceptions:

- 1) Any suspected abuse or neglect of minors, dependent adults or seniors (65 and older), if revealed, must be reported to the appropriate authorities as all SRI therapists are Mandated Reporters under California Penal Code and as such are required to make a report in order to protect the health and safety of children.
- 2) SRI therapists are required by law to break my confidentiality should I reveal a clear intent and means to cause severe physical harm to myself or anyone else, in order to protect me or that other person(s).

Only in the above circumstances can the professionals at SRI may be compelled to break their confidentiality so that I and/or others can be protected.

Please initial to indicate that you have read the above _____

PAYMENT

Credit Card # _____ Expiration Date ____ - ____ - ____

Cardholder Name _____ SID # _____

Billing Address (if different than above)

Type: Visa MasterCard American Express

NOTE: To prevent any misunderstandings about use of insurance as payment of services, we wish you to know that; (1) All services furnished are billed directly to the client unless other arrangements have been made, (2) Clients are personally responsible for payment for services when rendered via cash, check, money order or credit card, (3) You may have to submit your own claims, (5) We will provide you with information needed to submit your own claims and our office staff is willing to assist you in determining the extent of your coverage whenever possible. (4) If payment has not been received when services are provided, payment will be applied to credit card on-file as detailed in the following agreement: I (client) authorize you to reserve credit with the card issued in an amount equal to all estimated charges. You may bill my card issuer at time of service if no other payment arrangements have been made. Payment Guarantee - If I have directed you to bill charges to someone else who fails to make payment promptly when due, I will promptly pay you on demand. I understand that SRI has a 24-hour cancellation policy for individual therapy sessions and that I will be charged in the event that I fail to show up for the appointment without 24 hours advance notice. I also understand that if I commit to attending group therapy, that I will be charged weekly whether I attend or not. If I direct charges to be billed to another person, I represent that I am authorized to give you such direction. I understand that I remain individually responsible for all incurred charges, even if I direct you to bill another person.

I have read, understood, and agree to the information and guidelines stated above.

Signature _____

Date ____ - ____ - ____



AGREEMENT TO BE SEEN AT
THE SEXUAL RECOVERY INSTITUTE

(Please read carefully)

The Sexual Recovery Institute (SRI) is a mental health agency providing psychological evaluation and treatment to men and women who demonstrate compulsive, addictive and/or offending sexual behavior problems. SRI also offers therapeutic programming for partners and spouses of sexual addicts and sexual offenders. Though all of the SRI clinicians are trained and supervised in the treatment of these concerns, not all are fully licensed and clients may be assigned to work with a therapist in post-graduate training. These therapists are Pre-Doctoral Psychological Interns, Post-Doctoral Psychological Assistants, Marriage and Family Therapist (MFT) Interns, or Social Work Interns. Their principal supervisor is Sharon O'Hara, M.A., MFT (California License MFC 35898), Clinical Director of SRI. All have a Masters or PhD degree from an accredited educational institution. The clinical staff at SRI works as a team toward assessing patients' needs and making appropriate clinical decisions. As such, our clinical staff meets weekly to openly and confidentially discuss the needs of patients in team meetings and individual clinical supervision.

COURSE OF TREATMENT: Treatment at The Sexual Recovery Institute may entail individual and/or group therapies, depending on the needs of our clients – as assessed by the therapists and clinical team. The length of treatment at SRI varies and often depends on the level of the patient's commitment to treatment tasks and the therapists' (individual and group) and treatment team's assessment of the patient's needs. Leaving or terminating treatment regardless of a therapist's suggestion is always an option, however this may mean not experiencing formal closure and not receiving the optimum benefit of treatment.

Psychological treatment at SRI includes psycho-education, cognitive behavioral therapy and interpersonal, psychodynamic psychotherapy on the individual and group level. Psychotherapy, which is intended to address underlying emotional processes, may evoke painful feelings, and as such, clients may at times experience periods of emotional distress. These challenges are a normal part of therapy, but it is important that clients discuss such reactions with their therapist and group.

Treatment at SRI is a cooperative endeavor, requiring knowledge and skills on the part of the therapists and the treatment team, combined with the client's commitment and investment in treatment. This is an active process requiring both effort and the ability of clients to tolerate emotionally challenging experiences. Motivation on the part of our clients is the primary guide to their long-term success. For these reasons, and as psychotherapy is not as yet an exact science, it is not possible to predict the degree of benefit our clients will derive from treatment. However, SRI utilizes empirically based approaches and many clients do find relief from engaging in problematic sexual behaviors and healing that improves emotional, psychological and relational dimensions of functioning.

PAYMENT OF FEES: All clients are directly responsible for the payment of their fees. Fees are predetermined during the intake process. Any reduced fee arrangement must be approved in advance by SRI administration after review of pertinent financial and income documents.

Clients may use a credit card or cash to make payments. However all SRI clients are required to leave some form of credit card information on record. This ensures that any unpaid bills can be charged to an active credit card and our clients will not accrue an unpaid bill. Billing is based on documented attendance records documented by our therapists. Credit cards are often not billed on the actual day of the attended session, at times it may take a week or two for credit card charges to register to a particular credit card account. Hence, if credit cards are used to make payments, at times credit cards may be charged for more than one (previously held) session (s). Payment by check may be approved once SRI has a valid client credit card on file. Checks are payable to The Sexual Recovery Institute or SRI. Charges made to a credit card will show up on a client's bill as SRI.



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Individual therapy times are reserved for each in advance. Individual therapy appointments may be cancelled without charge provided we are given 24-hours advance notice. Clients *are* responsible for payment of individual therapy sessions when the SRI therapist is provided with less than 24-hours notice or when a client does not show up for a session without canceling.

Group therapy is billed as an ongoing commitment. All members of our weekly groups pay for the reserved space in group and are billed regardless of attendance. Exceptions are made if the SRI staff cancels a group or for scheduled national holidays. Exceptions may be made on a case-by-case basis if a client needs to take an extended leave due to work, travel, religious belief, loss or major illness, etc.

TELEPHONE CALLS: There is no charge for emergency telephone calls. **If you are unable to reach your therapist in an emergency and need immediate attention, please call the emergency room of the nearest hospital.** Clients needing or requesting more frequent phone communication may be billed – at regular session rates. Under special circumstances, client may also schedule a full session using the telephone or videophone.

VACATIONS: We encourage our therapists to take regular vacations throughout the year. Except in an emergency, our therapists are required to provide several weeks advance notice prior to their absence. They will give you advance notice as to when they will be away.

MEDICATION: SRI therapists may make an appropriate referral to an outside psychiatrist should the use of psychotropic medication be considered as a useful adjunct to treatment. SRI does not provide direct medication services.

CONFIDENTIALITY: The Sexual Recovery Institute pledges to do everything in its power to protect our clients' confidentiality. Everything about the work, from what a client says to his or her therapist to the very fact that they are attending treatment at SRI, is covered under the "Protected Health Information" (PHI), and is guarded by state and federal law. Unless legally bound to do so (see below) we will not release any information about our clients to any party without an SRI Release of Information form signed by the client.

All clients should be aware, however, of the specific exceptions to the confidentiality here at SRI:

- **For Treatment:** In case of emergency, we may need to disclose PHI to another health practitioner to facilitate acute treatment.
- **For Payment:** Under normal circumstances, we ask you to sign a release of information for us to bill a third-party payer. However, we do reserve the right to use a collection agency, as a last resort, without your written consent. In these rare occurrences, only relevant information will be disclosed.
- **For Supervision and Institute Operations:** All SRI therapists, who are not licensed, work under the license of Sharon O'Hara. They are required to be supervised in their work, and thus will bring their work with you into individual and group supervision. Also, due to the team approach to treatment at SRI, your case may be discussed during team meetings between various members of the clinical staff. There is also open communication about your case between all therapists who will treat you, including your individual therapist, your group therapist(s), and your couples' therapist if you will have one.
- **As Required by Law:** Please be aware that under California state law, we are mandated reporters of child, elder and dependent adult abuse. We are also required to take action to protect any threatened third party. Action may include notifying the police and warning the third party directly. Finally, if we believe you to be acutely suicidal, we may act to institute involuntary hospitalization.
- **Lawsuits:** Please be aware that if you initiate a lawsuit in which you claim compensation for mental suffering, you may forfeit your rights to confidentiality. Please discuss this possibility thoroughly with an attorney before you initiate any such action.



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COMPLAINTS: Anyone believing that their privacy rights have been violated may file a complaint with the Federal government. Contact:

Office of Civil Rights (Room 509F HHH Bldg.)
US Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Clients having have any non-confidentiality related complaints regarding services received at The Sexual Recovery Institute, who feel these concerns have not been resolved by speaking either with their individual therapist or the SRI Clinical Director may contact:

The Board of Psychology
1422 Howe Avenue, Suite 22
Sacramento, CA 95835-3236

Your signature on the Therapist’s Copy of this contract indicates that you understand and accept the above stated conditions related to your treatment at The Sexual Recovery Institute.

Signed _____

Date _____

Print Name _____

THERAPIST’S COPY



THE G-SEXUAL ADDICTION SCREENING TEST (G-SAST-R)

The Male Sexual Screening Addiction Test (G-SAST-R) is a preliminary sexual addiction assessment tool. The G-SAST-R provides a profile of responses that help to identify men with sexual impulse disorders. To complete the test, answer each question by placing a check in the appropriate **Yes/No** box. A score higher than three may indicate symptoms of sexual addiction, which would require further exploration with a professional clinician.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	Were you abused or emotionally neglected as a child or adolescent?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.	Do you regret the amount of time you spend online in online sexual chats, viewing porn, webcam sex or chatting with prostitutes etc?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.	Did your parents have ongoing sexual or romantic problems?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.	Do you feel preoccupied or distracted by your sexual thoughts or activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5.	Have you on multiple occasions kept hidden or lied about money that you spent on having sex?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6.	Does your significant other(s), friends, or family ever worry or complain about your sexual behavior?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7.	Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8.	Has your involvement with porn, online hook-ups, sex and dating websites, cruising social networks for sex etc., become greater than your intimate contacts with romantic partners?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9.	Do you keep the extent or nature of your sexual activities hidden from your friends and/or partners?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10.	Do you look forward to events with friends or family being over so that you can go out to have sex?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11.	Have you had certain kinds of sex or had sex with certain people that later disgusted you when you thought back on it?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12.	Do you believe that anonymous or casual sex has kept you from having more long-term intimate relationships or from reaching other personal goals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13.	Do you have trouble maintaining relationships once the "sexual newness" of a new partner has worn off?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14.	Do your sexual encounters place you in danger of arrest?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15.	Have you ever potentially exposed a loved-one or spouse to a sexually transmitted disease and not told them about it?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16.	Has anyone ever been hurt emotionally by events related to your sexual behavior, e.g. lying to partner or friends, not showing up for event/appointment due to sexual hook-ups, etc?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17.	Have you ever been approached by private security, charged or arrested by the police, etc. related to your sexual activities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18.	Have you ever been sexual with a minor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19.	When you have sex, do you feel depressed afterwards or later regret it?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20.	Have you made repeated promises to yourself or another person to change some form of your sexual activity only to break them later?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21.	Have your sexual activities interfered with some aspect of your professional or personal life, e.g. caused problems at work, loss of relationship?
<input type="checkbox"/> Yes <input type="checkbox"/> No	22.	Have you engaged in repeated experiences of unsafe or "risky" sex even though you knew it could cause you harm?
<input type="checkbox"/> Yes <input type="checkbox"/> No	23.	Have you had more than one sexually transmitted disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No	24.	Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it?
<input type="checkbox"/> Yes <input type="checkbox"/> No	25.	Have you ever cruised public restrooms, rest areas, gym locker rooms and/or other public places seeking anonymous sexual encounters with strangers?

www.SexualRecovery.com

Originally Developed by: Robert Weiss, LCSW, CSAT-S and Patrick J. Carnes, PhD
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NOTICE OF PRIVACY PRACTICES

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

THE SEXUAL RECOVERY INSTITUTE HAS A LEGAL DUTY TO SAFEGAURD YOUR PROTECTED HEALTH INFORMATION (PHI)

The Sexual Recovery Institute (S.R.I.) is committed to protecting the privacy and security of Personal Health Information concerning our employees and clients. This policy is designed to assure S.R.I.'s compliance with all applicable federal and state laws and regulations that require an individual's personal health information to be kept confidential and private. S.R.I. is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that S.R.I. created or received about your past, present, or future mental health or condition, the provision of mental health care to you, or the payment of this mental health care. S.R.I. must provide you with this Notice about its privacy practices, and such Notice must explain how, when, and why S.R.I. will "use" and "disclose" your PHI. A "use" of PHI occurs when S.R.I. shares, examines, utilizes, applies, or analyzes such information within its practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party necessary to accomplish the purpose for which the use or disclosure is made. S.R.I. is legally required to follow the privacy practices described in this Notice.

Your Rights

Under HIPAA you have the following rights:

1. You may request restrictions on certain uses and disclosures of your health information. SRI is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
2. You may request that SRI communicate with you by alternative means or at an alternative location. SRI will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by SRI, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
3. You also have the right, with some exceptions, to amend health care information maintained in SRI records, and to request and receive an accounting of disclosures of your health related information made by SRI during the six years prior to your request. You also have the right to receive a paper copy of this notice.
4. You have the right to complain – **without fear of reprisal** - to the program and to the Secretary of Health and Human Services (HHS) about violations of privacy rights pursuant to the process outlined below.

I. USE AND DISCLOSURE OF YOUR PHI.

S.R.I. may use and disclose your PHI for many different reasons. For some of these uses or disclosures, S.R.I. will need your prior authorization; for others, however, S.R.I. does not. Listed below are the different categories of our uses and disclosures along with examples which may occur in each category.

S.R.I. can use and disclose your PHI **without your consent** for the following reasons:

- A. For Treatment.** S.R.I. can disclose your PHI to physicians, psychiatrists, psychologists, and our own health care providers who provide you with health care services or are involved in your care. For example, if you are being treated by one of our couple's therapists, S.R.I. can disclose your PHI to this clinician in order to coordinate your care.

SRI can disclose PHI to other treatment providers with whom SRI has a BA (Business Associate Agreement) or QSA (Qualified Service Agreement. These providers have agreed to treat your PHI as private information.

Many patients of this agency are seen by more than one of our therapists, whether in groups, individual or in couple counseling. It is often necessary for these therapists to mutually consult regarding your case so that they may best address your needs. Please be aware that these consultations are made in strictest confidence and do not extend to other patients, family members or uninvolved persons.



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B. To Obtain Payment for Treatment. S.R.I. can use and disclose your PHI to bill and collect payment for the treatment and services provided by S.R.I. to you. For example, S.R.I. might send your PHI to your insurance company or health plan to get paid for the health care services that we have provided to you. S.R.I. may also provide your PHI to billing companies, claims processing companies, and others that process health care claims.

Patients who are attempting to obtain reimbursement from their insurance company should be aware that the insurance provider might request information from S.R.I. Information requested by insurance companies is generally limited to diagnosis and dates of service. Some insurance companies require pre-certification and others will only authorize ongoing treatment based on medical necessity. We will not discuss your case without your prior authorization and written consent. We will review any information exchanges with you prior to the event whenever possible.

C. For Health Care Operations. S.R.I. can disclose your PHI to operate our practice. For example, S.R.I. might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. S.R.I. may also provide your PHI to our accountants or attorneys, to make sure we are complying with applicable laws.

D. Marketing and Outreach

S.R.I. may contact you for marketing purposes or fundraising purposes, as described below unless you request otherwise: (example)

We may send you a newsletter and/or calendar of upcoming events. We may also contact you by phone to remind you about upcoming workshops or lectures at S.R.I. or within the community, which we think may benefit your treatment.

Phone calls go with the territory of our work. We will always try to be available to you for emergencies and can be paged if the need arises. For non-emergency calls, we will contact you as soon as we can. Excessive odd hour calls are subject to fees comparable to office visits. There may be times when a message may not reach us. If a significant amount of time passes and we have not returned your call, please try reaching us by pager again.

We understand that the demands of work or family can make it difficult to schedule appointments. We will do our best to accommodate difficult or unusual scheduling requests wherever possible. Individual sessions are typically 50 minutes in length, Group Therapy is 2 hours.

E. Change of Ownership

In the event that S.R.I. is sold or merged with another organization, your health information/record will become the property of the new owner.

F. Other Uses and Disclosures, Which Do Not Require Your Consent. S.R.I. can use and disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal; state or local law; judicial or administrative proceedings; or law enforcement. S.R.I. may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding. If any health professional has reason to believe that a child, minor or dependent adult is being abused, molested, or neglected, the law mandates that we contact the appropriate authorities and file a report as soon as possible. Further, if you are using confidentiality as a means of avoiding legal punishment, privilege is waived.

2. For public health activities. For example, S.R.I. may have to report information about you to the county coroner.

3. For health oversight activities. For example, S.R.I. may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

4. For research purposes. In certain circumstances, S.R.I. may provide PHI in order to conduct medical research.

5. To avoid harm. In order to avoid a serious threat to the health or safety of a person, yourself or the public, S.R.I. may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm, under a mandated reporter. We are bound by the laws to contact the person(s) involved and warn them of possible danger.

6. For specific government functions. S.R.I. may disclose PHI of military personnel and veterans in certain situations and may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

7. For workers' compensation purposes. S.R.I. may provide PHI in order to comply with workers' compensation laws.

8. Appointment reminders and mental health related benefits or services. S.R.I. may use PHI to provide appointment reminders or give you information about treatment alternatives, or other mental health care services or benefits we offer.

9. S.R.I. may also disclose your PHI to others without your consent if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

G. Uses and Disclosures Which Require You to Have the Opportunity to Object: S.R.I. may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

H. Uses and Disclosures, Which Require Your Prior Written Authorization. In any other situation not described in sections above, S.R.I. will ask for your authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action in reliance on such authorization) of your PHI by S.R.I.

II. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI.

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that S.R.I. limit how we use and disclose your PHI. S.R.I. will consider your request, but is not legally required to accept it. If S.R.I. accepts your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. The Right to Choose How S.R.I. Sends PHI to You. You have the right to ask that S.R.I. send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail) S.R.I. must agree to your request as long as we can easily provide the PHI to you in the format you requested.

C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that S.R.I. has, but you must make the request in writing. If S.R.I. doesn't have your PHI but knows who does, we will tell you how to get it. S.R.I. will respond to you within 30 days of receiving your written request. In certain situations, S.R.I. may deny your request. If we do, we will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, S.R.I. will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI.

D. The Right to Get a List of the Disclosures S.R.I. Has Made. You have the right to get a list of instances in which S.R.I. has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operation, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 14, 2003.

S.R.I. will respond to your request for an accounting of disclosures within 5 business days of receiving your request. The list S.R.I. will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. S.R.I. will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$25.00 fee for each additional request.

E. 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, you have the right to request that S.R.I. corrects the existing information or add the

- F. The Right to Get This Notice by E-mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

III. OTHER POLICIES REGARDING PHI AND TREATMENT.

We do not provide medications. We will be glad to make a referral to an appropriate medical doctor or psychiatrist should this be requested or indicated. Patients are required to notify their therapist of their intention to terminate therapy at least one week in advance. This will allow SRI an opportunity to discuss and provide appropriate discharge recommendation. Individual sessions are typically 50 minutes in length, Group Therapy is 2 hours. Our policy is that we are to be notified at least 24 hours in advance if rescheduling is necessary. Sessions missed without 24 hours notice require payment.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that S.R.I. may have violated your privacy rights, or you disagree with a decision S.R.I. made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. S.R.I. will take no retaliatory action against you if you file a complaint about its privacy practices.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

- A. SRI's Duties:** SRI is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. SRI is required by law to abide by the terms of this notice. SRI reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Sharon O'Hara, MFT at (310) 360-0130 extension #203. If Sharon O'Hara is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.
- B. Reporting HIPAA Violations** You may complain to SRI and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. **If you believe that your privacy rights have not been maintained while receiving services at SRI, you may file a complaint to SRI by sending a letter describing the cause of your concern to the following address: Board of Directors, SRI, 914 South Robertson Blvd. Suite 200, Los Angeles, CA 90035 you will not be retaliated against for filing such a complaint.**

C. Contact

For further information, contact: Privacy Officer, SRI, 914 South Robertson Blvd. Suite 200, Los Angeles, CA 90035

VI. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003

I have read and received a copy of the latest guidelines related to disclosure and privacy of my **PROTECTED HEALTH INFORMATION (PHI)**. These guidelines went into effect on April 14, 2003.

Signature _____ **Date** ___-___-___

[This documented activity will be kept on file]

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