

ELANAH D. NAFTALI, DRPH, LMFT

www.LivingWellTherapyArts.com

143 West Walnut Lane, Ste. 203  
Philadelphia, PA 19144

Phone: 215.498.6360  
nah.naftali@gmail.com

**INFORMED CONSENT**

**APPOINTMENT TIMES AND FEES**

I appreciate your time and hope that you appreciate mine. I request a 48-hour cancellation notice, or a full session fee (\$75 for insurance claims) will be charged for a missed appointment with insufficient notice. Payment is due at the time of each visit. Cash or checks are accepted. A \$25.00 service fee will be charged for returned checks and require all future payments be made in cash. Phone conversations exceeding 15 minutes will be billed as a pro-rated session based on the session fee. Emailing and texting will only be used to schedule, confirm, or cancel appointments; no personal content will be shared in these formats.

**CONFIDENTIALITY AND PRIVACY**

Patient confidentiality is respected in all forms of communication and protected by Federal and State laws. The following exceptions apply:

- If you disclose intent to inflict physical harm to yourself or another person.
- If you disclose physical abuse, sexual abuse, and/or neglect of a minor child occurred.
- If I receive a signed, valid court order requesting your records.

All other requests for records will be released only with your advance consent. Please allow a one-week turnaround time and a processing fee of \$15.00 will be charged to cover copying, mailing, and/or professional preparation time. This fee may be increased depending on complexity of request (e.g., letter-writing and/or clinical summary reports). Payment is due upon completion of requested paperwork.

- Your consent for psychotherapy services is voluntary and you are free to discontinue care at any time. It's effectiveness depends on a strong client to therapist relationship.
- When I cannot bill insurance, I can supply a receipt that may apply to your out-of-network benefits. *(Receipts will be issued at the end of each month.)*
- I will discuss emergency procedures with you, if you or I have concerns for your personal safety. I want the best possible outcome for all clients.

**In case of an emergency, I have permission to contact the following person(s):**

\_\_\_\_\_  
Printed Name (& Relationship to client) Contact Numbers

\_\_\_\_\_  
Printed Name (& Relationship to client) Contact Numbers

**I understand the above information and my HIPAA privacy rights were explained:**

\_\_\_\_\_  
Printed Name Client Signature (or Parent/Legal Guardian) Date

\_\_\_\_\_  
Printed Name Client Signature (or Parent/Legal Guardian) Date

\_\_\_\_\_  
Provider (*Therapist*) Date

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### **Understanding Health Information Privacy**

The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity, and availability of electronic protected health information.

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### **The Privacy Rule**

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

### **The Security Rule**

The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

***For more information about your rights regarding your Personal Health Information and how to file a complaint, go to: <http://www.hhs.gov/ocr/privacy/index.html>***