

CONSENT FOR TREATMENT AND POLICIES

TELEPSYCHIATRIC CARE CONSENT AND INFORMED CONSENT

I hereby authorize the licensed healthcare provider(s) of Dominique Sanders Nursing Corporation, doing business as Raelin Nursing Mental Wellness, to provide psychiatric mental health care services.

Practice Name: Dominique Sanders Nursing Corporation, DBA Raelin Nursing Mental Wellness

Policy Updates I understand that the terms of this agreement may be updated periodically, and continued participation in services constitutes acknowledgment of such updates.

Telehealth Contract and Informed Consent

The initial appointment does not guarantee ongoing treatment at this practice. The purpose of the initial evaluation is to determine whether this practice is an appropriate setting for the individual's needs.

If it is determined that a higher level of care is required, or if the individual's condition worsens during the course of treatment, appropriate referrals or recommendations for a higher level of care may be made.

Introduction

Sessions and visits will be conducted via telehealth, using video conferencing software with audio capability and/or a separate device for audio communication (e.g., telephone, headset, etc.).

Physical Location Requirement

To receive telehealth services, you must reside in and be physically located in a state where Dominique Sanders Nursing Corporation, doing business as Raelin Nursing Mental Wellness, is licensed to provide services at the time of each appointment.

Telehealth may be used to support ongoing assessment, diagnosis, treatment planning, therapy, and/or medication management as appropriate within the provider-patient relationship.

We will utilize Health Insurance Portability and Accountability Act (HIPAA)-compliant software to help protect your protected health information from unauthorized access and to maintain confidentiality.

This document serves as a consent form for treatment provided via telehealth.

Benefits of Telehealth

Telehealth utilizes technology to provide access to behavioral health services. Potential benefits include:

1. Telehealth may improve access to care by reducing barriers for individuals who may otherwise have difficulty obtaining services or who experience long wait times in their community.
2. Telehealth reduces the need for travel to a physical office, which may decrease time, cost, and transportation-related burdens, and allows for more flexible scheduling.
3. Telehealth may reduce stigma by allowing individuals to receive treatment in a private and familiar environment.
4. Telehealth may improve access to care for individuals with disabilities or limited mobility by reducing the need for transportation and logistical planning.

Limitations of Telehealth

While it is not possible to anticipate all limitations of treatment, you should consider the following when consenting to services provided via telehealth:

1. Telehealth services rely on technology, which may be subject to technical difficulties, including issues with internet connectivity, audio, or video quality.
2. While reasonable precautions are taken to protect your privacy, the use of electronic communication may carry a risk of unauthorized access or security breaches.
3. Telehealth may not be appropriate for all conditions, and certain clinical situations may require in-person care or a higher level of treatment.
4. Some conditions may not be adequately treated through telehealth alone.
5. Prescribing of controlled substances via telehealth is subject to federal and state regulations, which may change. Patients prescribed controlled substances may be required to obtain in-person care in the future depending on applicable laws and regulations. Due to the potential risks of misuse, dependence, and diversion, alternative treatment options may be considered when appropriate.

Safety and Alternative Treatment Options

As telehealth services are provided remotely, safety protocols and alternative methods for obtaining care will be discussed in detail during your consultation. The following are general alternatives to treatment via telehealth:

1. You may choose to seek treatment through in-person, office-based care with another provider.
2. Participation in telehealth services is voluntary. You may withdraw your consent at any time and pursue alternative treatment options. It is recommended that you discuss this decision with your provider and arrange for continuity of care to avoid interruptions in treatment.

Required Information at Each Visit

To ensure safe and appropriate care, the following information must be provided and/or confirmed at the time of each session:

1. Your name, current physical location (state), and any updated telephone number or address at the time of the session. This information is required to allow your provider to respond appropriately in the event of an emergency.
2. You must be physically located in a state where your provider is licensed to practice at the time services are provided.
3. Prescriptions will only be sent to pharmacies located in states where your provider is licensed to practice.

Telehealth Communication and Consent

If you and your provider choose to use telehealth technologies for any portion of your care, you understand and agree that:

1. You may withdraw your consent to telehealth services at any time without affecting your right to future care or treatment.
2. All standard confidentiality protections apply to telehealth services.
3. You have the right to access your medical information and may request copies in accordance with applicable policies and fees.

4. Your identifiable information will not be shared with third parties without your consent, except as required by law.
5. Telehealth services include potential benefits, such as improved access to care, convenience, and continuity of treatment, as well as potential risks related to technology limitations and privacy.

Limitations of Telehealth Observations

Effective treatment may rely on visual and environmental observations that may be limited during telehealth services. As a result, your provider may not be able to fully assess certain physical, behavioral, or environmental factors that could be relevant to your care.

You understand that you are responsible for communicating any information that may be important to your treatment, including changes in your condition, symptoms, or overall well-being.

Rights and Responsibilities of the Provider and Patient

1. The provider may require coordination with your primary care provider or other medical professionals, including completion of a physical examination or management of certain medical conditions, when clinically appropriate.
2. The provider reserves the right to determine whether telehealth services are appropriate based on clinical judgment and the limitations of this treatment modality.
3. In situations involving potential risk of harm to yourself or others, the provider may be legally and ethically required to disclose necessary information to appropriate parties, including emergency contacts, family members, or authorities, in order to ensure safety.
4. A minimum of 24 hours' notice is required for all cancellations. Fees and refund eligibility are subject to the practice's financial policy.

Consent

1. The patient consents to behavioral health evaluation and treatment provided via telehealth or in-person services.
2. The patient understands that outcomes of evaluation and treatment cannot be guaranteed despite the provider's best efforts.
3. The patient understands that they may ask questions about telehealth services or any aspect of their evaluation and treatment at any time.

Informed Consent for Psychotropic Medications

By electronically signing this form, I voluntarily consent to receive prescriptions for psychiatric medications as part of my treatment with Dominique Sanders Nursing Corporation, doing business as Raelin Nursing Mental Wellness. I confirm that I understand and agree to the following:

1. I have the right to receive information about any medications prescribed to me. I understand that prescribing of controlled substances is subject to federal and state regulations and may be limited based on my location and the provider's licensure. I acknowledge that applicable prescribing limitations may change. I also understand that this practice does not prescribe benzodiazepines.
2. I understand that information about my medications will be provided by my provider in verbal and/or electronic form prior to prescribing.
3. I understand that my provider will obtain my verbal consent before initiating new medications, making medication changes, or discontinuing medications. This verbal consent will be documented in my health record.
4. I understand that psychotropic medications may carry risks, including side effects, age-related risks, rare but serious adverse effects, and potential risks during pregnancy or breastfeeding. If I am

pregnant, planning to become pregnant, or breastfeeding, I agree to inform my provider immediately so that risks and benefits can be reviewed. I understand that I may be provided with referrals to specialized perinatal psychiatric providers when appropriate.

5. I understand that I have the right to refuse any medication or withdraw my consent for medication treatment at any time.
6. I understand that receiving psychotropic medications from another provider, outside of psychiatric urgency or emergency, may affect my treatment with this practice and may result in discontinuation of services. If services are discontinued, I will be provided with referral options for continued care and understand that I am responsible for arranging follow-up treatment to avoid gaps in care.
7. I understand that I may request or obtain a copy of this consent form at any time.

Practice Policies

Practice Name: Dominique Sanders Nursing Corporation, doing business as Raelin Nursing Mental Wellness

Practice policy updates are available on our website at www.raelinmentalwellness.com and may be revised periodically.

Appointments may be scheduled through our website, by phone, email, or other approved methods of communication.

All appointments must be scheduled by the individual seeking services. Due to legal and ethical requirements, appointments may not be scheduled by another person on behalf of the patient. Use of another individual's name, phone number, email address, date of birth, or other identifying information is not permitted. If this occurs, the appointment will be canceled and further scheduling privileges may be restricted.

There are no refunds for services provided.

Cost of Visits

All payments, including copayments, coinsurance, and self-pay fees, are due prior to the start of each appointment. Appointments will not begin until payment is received.

The following rates apply to self-pay services or services not covered by insurance:

1. Initial Evaluation (50–60 minutes): \$295
2. Follow-Up Visit (15–30 minutes): \$195
3. Extended Follow-Up Visit (45–50 minutes): \$275
4. No-Show or Late Cancellation Fee: \$150
5. Any unpaid balances or services not covered by insurance are the responsibility of the patient and must be paid prior to future appointments.

Payment may be collected prior to your scheduled appointment in accordance with the practice's financial policy, including after the 24-hour cancellation window.

Disability, Leave, and Administrative Paperwork

1. Completion of disability-related paperwork is not routinely provided by Dominique Sanders Nursing

Corporation, doing business as Raelin Nursing Mental Wellness. Patients may request copies of their medical records or a diagnosis letter, if applicable. For completion of disability paperwork, patients are encouraged to contact their primary care provider, therapist, psychologist, or disability caseworker.

2. Requests for general letters (e.g., work or school) are subject to a **\$50** fee per request. Processing time may take up to 5–7 business days. Patients may choose to obtain such documentation from another provider if preferred.
3. Short-term disability (STD) or leave of absence forms may be completed for established patients. **Fees range from \$185–\$200 per form, per occurrence.** Completion of forms does not guarantee approval by an employer or case manager.
4. This practice does not complete long-term disability, EDD, or disability certification forms via the EDD online portal. Patients should contact their disability caseworker or an appropriate medical provider for these requests. If a form requires provider review or signature, a fee of **\$185–\$200 per form, per occurrence may apply.** Patients are responsible for submitting completed forms to the appropriate agency.
5. ADA accommodation forms may be completed for established patients when clinically appropriate.

The following requests are not provided by this practice:

- Gender-affirming care letters
- Emotional support animal (ESA) letters
- Jury duty excusal letters
- Residential accommodation letters
- Military evaluations
- Legal competency evaluations (including competency to stand trial)
- Insanity plea evaluations
- Documentation related to child support obligations
- Clearance for use of public transportation
- Fitness-for-duty or ability-to-work determinations (employer forms may be reviewed if provided)
- Authorization for cannabis use in residential or hospital settings
- Firearm clearance or approval documentation

Conditions Not Treated / Scope of Services

For safety and to ensure appropriate level of care, this practice may not be able to treat certain conditions or clinical situations. These include, but are not limited to:

- Active suicidal ideation or recent suicide attempts
- Active self-harm behaviors
- Homicidal ideation
- Active psychosis
- Recent psychiatric hospitalization requiring higher level of care
- Substance use disorders requiring specialized treatment
- Traumatic brain disorders requiring neurological care
- Eating disorders requiring specialized or intensive treatment (e.g., anorexia, bulimia)
- Neurodevelopmental or learning disorder evaluations (including autism assessments and nonverbal learning disorders)
- Individuals under the age of 18

If any of the above conditions are present, a referral to a higher level of care or a more appropriate

specialist may be recommended.

This practice does not provide autism assessments.

Medication prescribing may be limited or not appropriate for individuals actively using certain substances, including but not limited to psychedelics (e.g., psilocybin, LSD), MDMA, or other substances that may impact safety or treatment outcomes. Alternative treatment recommendations may be provided when appropriate.

This practice focuses on psychiatric medication management. Psychotherapy services are not currently offered. Patients seeking therapy services may be referred to an appropriate provider.

BILLING, FEES, APPOINTMENTS, NO-SHOWS, TARDINESS, AND CANCELLATIONS

Payment may be collected prior to your scheduled appointment, including after the 24-hour cancellation window, in accordance with the practice's financial policy.

(1) A minimum of 24 hours' notice is required to cancel or reschedule an appointment. Cancellations or rescheduling requests made less than 24 hours prior to the scheduled appointment time will be considered a no-show and are subject to a \$150 fee.

Arriving more than 10 minutes late to a scheduled appointment is also considered a no-show and will incur a \$150 fee.

You are responsible for this fee if you cancel with less than 24 hours' notice, arrive more than 10 minutes late, or do not attend your appointment.

Excessive no-shows or late cancellations may result in discharge from this practice.

Courtesy appointment reminders (calls, texts, or emails) may be provided as a convenience but are not guaranteed. It is not the responsibility of this practice to ensure that your phone carrier accepts text messages or that your email service successfully receives communications.

You are responsible for being aware of the date and time of your scheduled appointment.

Patients are responsible for selecting and maintaining their preferred appointment reminder method (text, phone, and/or email). Failure to receive a reminder does not waive responsibility for attending a scheduled appointment.

A minimum of 24 hours' notice is required to cancel or reschedule an appointment.

Late cancellations (less than 24 hours' notice) and missed appointments (no-shows) are subject to a \$150 fee. These fees are not billable to insurance and are the responsibility of the patient.

Appointments will not be rescheduled until all outstanding balances, including late cancellation or no-show fees, have been paid in full.

When an appointment is scheduled, that time is reserved exclusively for the patient, preventing others from being scheduled during that time.

Please allow 1–2 business days for insurance verification prior to your appointment when applicable.

By scheduling an appointment, you acknowledge and agree to these cancellation and no-show terms.

NEW, RETURNING, OR POTENTIAL PATIENTS:

All required onboarding items—including practice consent forms, intake forms, insurance information (name and ID/group number), and any requested documentation—must be completed within 24 hours of scheduling your appointment to prevent cancellation.

If your appointment is scheduled less than 24 hours in advance, all required paperwork must be completed the same day the appointment is scheduled.

Invoices must be paid by the deadline listed. Failure to complete required items or payment by the specified deadline may result in cancellation of your appointment. Appointments scheduled within 3 business days may be canceled sooner if onboarding requirements are incomplete.

APPOINTMENT GRACE PERIOD AND NO-SHOW POLICY:

A 10-minute grace period is allowed for all appointments. Arrival more than 10 minutes after the scheduled appointment time is considered a no-show and will incur a \$150 fee.

APPOINTMENT FREQUENCY AND DURATION:

Appointments typically range from 15 to 60 minutes. Appointment length and frequency are determined based on clinical need and provider recommendation.

Appointments may be scheduled weekly, bi-weekly, every 3 weeks, or monthly during the initial stages of treatment. Less frequent scheduling will be determined based on stability and clinical progress.

For safety and continuity of care, patients must be seen at least once every 90 days. Failure to maintain follow-up may result in discharge from the practice.

INSURANCE RESPONSIBILITY:

You are responsible for contacting your insurance carrier to understand your mental health and telehealth benefits, including coverage, copayments, coinsurance, and deductibles.

If services are provided and later determined to be not covered by your insurance plan, you are responsible for the full cost of the visit.

PAYMENT REQUIREMENTS:

All outstanding balances and invoices must be paid in full at least 2 business days prior to your scheduled appointment to prevent cancellation.

PAYMENT METHOD RESPONSIBILITY:

You agree to notify Dominique Sanders Nursing Corporation, DBA Raelin Nursing Mental Wellness, of any changes to your payment method.

You acknowledge full financial responsibility for all services received and any applicable fees.

OUTSTANDING BALANCES:

All unpaid balances must be paid prior to any scheduled appointment and before rescheduling any visit.

ONBOARDING REQUIREMENTS:

All onboarding requirements must be completed prior to your appointment.

If your appointment is scheduled less than 24 hours in advance, all required items must be completed the same day.

Onboarding is considered incomplete if there are unpaid balances, missing forms, or invalid payment information, and may result in appointment cancellation.

THIRD-PARTY BILLING (ALMA AND HEADWAY):

This practice utilizes third-party billing platforms, including Alma and Headway.

Patients are responsible for understanding their insurance benefits and completing required enrollment with these platforms.

Enrollment must be completed within 24 hours of onboarding form submission, or the same day if the appointment is scheduled within 24 hours, to prevent cancellation.

COLLECTIONS:

Unpaid balances may be referred to a collections agency after 60 days.

INCOMPLETE REQUIREMENTS:

Failure to complete required items by the specified deadline may result in appointment cancellation. This includes, but is not limited to:

Incomplete intake forms, unpaid balances, invalid or expired payment method, or any incomplete required documentation or enrollment needed for insurance billing.

INSURANCE LIMITATIONS:

This practice does not accept Medicaid, Medi-Cal, or Medicare plans and cannot accept cash payments from beneficiaries of these programs. Patients with these plans must seek care from a participating provider.

RECORDINGS:

Recording of sessions is not permitted.

MEDICAL RECORDS FEES:

The cost for medical records requests is a flat fee of **\$6.50 per request**.

Paper copies may incur an additional per-page fee based on state regulations, typically ranging from \$0.20 to \$0.65 per page.

CREDIT CARD AUTHORIZATION

By providing my credit card, debit card, HSA card, or ACH payment information and my signature, I authorize Dominique Sanders Nursing Corporation, doing business as Raelin Nursing Mental Wellness, to charge my payment method on file for any charges for which I am financially responsible.

This includes, but is not limited to:

- Services rendered
- Copayments, coinsurance, and deductible amounts
- Self-pay appointment fees
- Late cancellation, late rescheduling, or missed appointment (no-show) fees, if applicable
- Outstanding balances, including services not covered by insurance

Subscription Programs I understand and agree that if I enroll in a 3-Month Subscription Patient Continuity Program or a 6-Month Subscription Patient Continuity Program, my payment method on file will be charged for all applicable subscription fees, including recurring charges, in accordance with the terms of the program at the time of enrollment.

Payment Timing and Authorization I understand that payment may be collected as follows:

- My card may be charged up to two (2) business days prior to a scheduled appointment to cover anticipated patient responsibility, including copayments, coinsurance, deductible amounts, or self-pay fees.
- If I choose to pay for services in advance through an invoice or other payment method, my card on file will not be charged unless I request it or an outstanding balance remains.
- Any remaining or outstanding balance may be charged to the payment method on file without additional notice.

Third-Party Billing Platforms I understand that certain charges may be processed through third-party billing platforms, including but not limited to Alma and Headway, through which I may receive services from my provider.

I acknowledge that I have provided payment authorization directly to these platforms and that they may charge my payment method on file in accordance with their policies and my financial responsibility.

I understand that Dominique Sanders Nursing Corporation, doing business as Raelin Nursing Mental Wellness, establishes the financial policies regarding missed appointments, late cancellations, and patient responsibility, and that these policies apply regardless of whether payment is processed directly by the practice or through a third-party billing platform.

I authorize charges for applicable fees, including but not limited to no-show and late cancellation fees, to any payment method on file with these third-party billing platforms or with the practice, in accordance with the practice's financial policy.

Appointment Requirements and Payment Compliance I understand that completion of all required onboarding steps is necessary prior to each scheduled appointment. This includes, but is not limited to, payment of any outstanding or required invoices, submission of all required documentation, and a signed Credit Card Authorization on file.

Failure to complete these requirements at least two (2) business days prior to the scheduled appointment may result in cancellation of the appointment.

Missed Appointments and Fees I understand that charges may apply for missed appointments, late cancellations, or late rescheduling in accordance with the practice's financial policy. These fees are not charges for services rendered but are fees for reserved clinical time.

Card Authorization and Storage I authorize Raelin Nursing Mental Wellness to securely retain my payment information and to charge any valid balance owed in accordance with this agreement.

I understand that a \$0.01 (one cent) pre-authorization transaction may be processed to verify my card information and that this transaction will be immediately voided. No funds will be withdrawn.

Financial Responsibility I agree to notify Raelin Nursing Mental Wellness of any changes to my payment information. I acknowledge that I am financially responsible for all charges incurred.

By signing below, I confirm that I have read, understood, and agree to this Credit Card Authorization.

Medication Refills

1. Medication refills requested outside of a scheduled appointment are subject to a \$35 fee.
2. If you experience side effects or have concerns about your medications, you are required to schedule an appointment. Medication adjustments or changes will not be made without an appropriate clinical evaluation.

3. Prescribing of controlled substances is subject to federal and state regulations. An appointment is required for the prescribing or refilling of controlled substances. The provider will review applicable prescription monitoring programs prior to issuing any controlled substance prescription.
4. Concerns regarding misuse, unsafe use, or non-compliance with prescribed treatment may result in changes to the treatment plan, discontinuation of certain medications, or termination of services when clinically appropriate.
5. This practice does not prescribe benzodiazepines. Certain hypnotic medications may also not be prescribed.
6. Due to regulatory requirements and provider licensure limitations, controlled substances may not be prescribed in certain states.

Patients are responsible for requesting refills in a timely manner prior to running out of medication.

Telephone Accessibility and Communications

If you are experiencing a medical or psychiatric emergency, please call 911 or go to your nearest emergency room.

For non-emergency communication between appointments, you may contact the practice by leaving a message via secure voicemail or by email at info@raelinmentalwellness.com. Messages are monitored by the team for administrative purposes.

Please allow up to 72 hours for a response, excluding weekends, holidays, and office closures.

Clinical concerns, urgent issues, or medication-related matters should be addressed during a scheduled appointment. Electronic communication methods, including email, text messages, appointment reminders, and patient portals, are not appropriate for emergency or time-sensitive clinical issues.

If you receive emergency care and need to provide updates or request a follow-up appointment, you may contact the office by phone at 909-473-5387 or by email at info@raelinmentalwellness.com.

Office Hours Monday–Thursday: 9:00 AM – 5:00 PM (PST) Friday: 9:00 AM – 2:00 PM (PST) Closed on weekends, holidays, and during office closures.

Messages sent through patient portals or messaging systems may not be reviewed and should not be used for communication with the provider.

Social Media and Communications

To protect your confidentiality and maintain appropriate professional boundaries, your provider will not accept friend or contact requests from current or former patients on social networking platforms (e.g., Facebook, LinkedIn).

Engaging in social media connections may compromise confidentiality and blur the boundaries of the therapeutic relationship. If you have questions about this policy, please discuss them with your provider during your appointment.

Electronic Communication

While efforts are made to protect your privacy, the confidentiality of communication through electronic means (e.g., email, text messaging) cannot be guaranteed.

Electronic communication may be used for administrative purposes such as scheduling or cancellations.

Communication will occur through secure messaging within the electronic medical record (EMR), patient portal, or secure email at info@raelinmentalwellness.com.

Electronic communication should not be used for:

- Clinical discussions
- Urgent concerns
- Emergencies

Please allow up to 72 hours for a response, excluding weekends, holidays, and office closures.

Termination of Services

Termination of services may occur when it is determined that treatment is no longer appropriate, effective, or clinically indicated.

Reasons for termination may include, but are not limited to:

- The need for a higher level of care
- Lack of clinical progress or ineffective use of services
- Non-compliance with recommended treatment (e.g., labs, primary care follow-up, urine drug screens, or scheduled visits)
- Repeated missed appointments or failure to maintain follow-up care
- Aggressive, inappropriate, or unsafe behavior
- Non-payment or outstanding balances
- When the provider determines that the therapeutic relationship is no longer beneficial

If services are terminated or if you request to transfer care, you may be provided with referrals to other qualified mental health providers, directories, or resources through your insurance carrier. You may also seek care independently through another provider of your choice.

Failure to Maintain Care

Patients are expected to maintain regular follow-up appointments. If you do not schedule and attend an appointment within 90 days, and no prior arrangements have been made, the patient-provider relationship may be considered inactive or discontinued.

If you wish to return to care after discharge, you may be required to complete a new initial evaluation and sign updated consent forms.

When appropriate, efforts will be made to discuss the reason for termination. Notification may be provided via telehealth visit, written communication, email correspondence, or certified mail, unless you voluntarily notify the practice of your decision to terminate services.

Notice of Privacy Practices

Practice Name: Dominique Sanders Nursing Corporation, doing business as Raelin Nursing Mental Wellness

Website: www.raelinmentalwellness.com

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

About This Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all medical records and other individually identifiable health information be kept confidential.

This Notice explains how we may use and disclose your protected health information (PHI), as well as your rights as a patient. We are required by law to follow the terms of this Notice while it is in effect.

If you have any questions about this Notice, please contact our office.

What Is Protected Health Information (PHI)

Protected Health Information (PHI) is information that identifies you and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for your health care.

PHI includes information created or received by this practice, or obtained from another health care provider, health plan, employer, or health care clearinghouse.

How We May Use and Disclose Your PHI

We may use and disclose your protected health information (PHI) in the following circumstances:

Treatment We may use or disclose your PHI to provide, coordinate, or manage your health care and related services. This may include sharing information with other health care providers, such as specialists, laboratories, or pharmacies, to ensure appropriate diagnosis and treatment.

Payment We may use and disclose your PHI to bill for services and collect payment from you, your health plan, or a third party. This may include activities such as determining eligibility for insurance benefits, obtaining prior authorization, reviewing services for medical necessity, and processing claims. For example, we may provide your health plan with information about your treatment to obtain payment approval.

Health Care Operations We may use and disclose your PHI for health care operations necessary to run this practice. These activities may include quality assessment, internal review of services, staff training, and business management. We may also share information with professional associates or business partners for operational or educational purposes, as permitted by law.

Additional Uses and Disclosures of PHI

Appointment Reminders, Treatment Alternatives, and Health-Related Services We may use and disclose your PHI to contact you with appointment reminders or to provide information about treatment options, alternatives, or health-related benefits and services that may be of interest to you.

Minors We may disclose the PHI of minors to their parents or legal guardians, unless otherwise prohibited by law.

Business Associates We may disclose your PHI to business associates who perform services on our behalf, such as billing, administrative, or consulting services. All business associates are required by contract to protect the privacy and security of your PHI in accordance with applicable laws.

To Avert a Serious Threat to Health or Safety We may use and disclose your PHI when necessary to prevent or reduce a serious threat to your health or safety, or to the health or safety of others, in accordance with applicable law.

Additional Disclosures Required or Permitted by Law

Public Health Risks We may disclose your PHI for public health purposes, such as preventing or controlling disease, injury, or disability; reporting births or deaths; reporting suspected abuse or neglect; reporting non-accidental injuries; or reporting reactions to medications or problems with products.

Health Oversight Activities We may disclose your PHI to health oversight agencies for audits, investigations, inspections, licensure, and other activities necessary for government oversight of the health care system and compliance with applicable laws.

Workers' Compensation We may use or disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Coroners, Medical Examiners, and Funeral Directors We may disclose your PHI to a coroner, medical examiner, or funeral director when necessary, such as to identify a deceased individual or determine the cause of death.

Law Enforcement We may disclose your PHI to law enforcement officials when required to do so by law or when all applicable legal requirements are met.

Military, Veterans, National Security, and Intelligence If you are or were a member of the armed forces or part of national security or intelligence communities, we may be required to disclose your PHI to military command authorities or other government officials.

Lawsuits and Disputes If you are involved in a legal proceeding, we may disclose your PHI in response to a court order, subpoena, discovery request, or other lawful process. We may also use or disclose your PHI to defend the practice in the event of a legal claim.

As Required by Law We will disclose your PHI when required to do so by applicable federal, state, or local laws.

Family and Friends

We may disclose your protected health information (PHI) to family members or others involved in your care if we obtain your verbal or written permission.

We may also disclose your PHI when, based on the circumstances, your permission can be reasonably inferred. For example, we may assume you agree to the disclosure of relevant information to a spouse or companion if you are present with them during your appointment.

If you are unable to provide consent due to absence, incapacity, or a medical emergency, we may use our professional judgment to determine whether disclosure to a family member or other individual is in your best interest. In such cases, we will disclose only the information that is directly relevant to that person's involvement in your care.

Your Rights Regarding Your PHI

You have the following rights regarding your protected health information (PHI):

Inspect and Copy You have the right to inspect and obtain a copy of your PHI. We have up to 30 days to provide access to your records and may charge a reasonable fee for this service.

Request Amendments If you believe your PHI is incorrect or incomplete, you have the right to request an amendment. Requests must be submitted in writing and include a reason for the request. We may deny the request in certain circumstances, and you have the right to submit a statement of disagreement.

Accounting of Disclosures You have the right to request a list of certain disclosures of your PHI.

Requests must be submitted in writing, and a reasonable fee may apply.

Receive Notice of a Breach You have the right to be notified if your PHI is improperly disclosed.

Request Restrictions You have the right to request restrictions on the use or disclosure of your PHI. Requests must be submitted in writing. We are not required to agree to your request; however, if we do agree, we will comply except as required by law or to provide emergency treatment.

Request Confidential Communications You have the right to request that we communicate with you in a specific manner or at a specific location to protect your privacy. Requests must be submitted in writing.

Authorize Other Uses and Disclosures Uses and disclosures of PHI not described in this Notice will only be made with your written authorization. You may revoke your authorization at any time in writing. Revocation will not apply to disclosures made prior to the revocation.

Copy of This Notice You have the right to obtain a copy of this Notice at any time upon request.

Changes to This Notice We reserve the right to update this Notice and make the revised version effective for all PHI we maintain. The current version will be available upon request and on our website at www.raelinmentalwellness.com.

Complaints If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint.

Acknowledgment and Consent

By signing below, I confirm that I am the individual seeking services and that the information provided is accurate and belongs to me.

I acknowledge that I have read, understood, and agree to the terms outlined in this entire document.

Client Signature

Date