366 San Miguel Dr. Suite 209, Newport Beach, CA 92660 • (949) 423-9426 • drjustineweber@sereneshift.com

Serene Shift
PSYCHOLOGICAL SERVICES

Justine Weber, Psy.D
PSY 31335

New Patient Registration Form

Patient Name: _____
(First) (Last)

Birthdate: _____

Address: _____

_____
(City) (ZIP Code)

Available/private number for me to call you on AND leave messages:

Phone: _____

Email Address: _____

Current Medication: _____

Have you been in therapy before: _____

Marital Status: _____

Spouse Name & Cell Number: _____
(If Applicable)

Children: _____

If so, how many and ages: _____

366 San Miguel Dr. Suite 209, Newport Beach, CA 92660 • (949) 423-9426 • drjustineweber@sereneshift.com

Serene Shift
PSYCHOLOGICAL SERVICES

Justine Weber, Psy.D
PSY 31335

CREDIT CARD AUTHORIZATION

CREDIT CARD AUTHORIZATION

I, the undersigned, authorize Justine Weber, Psy.D. to charge my credit card the morning of service for this and all future appointments as well as in the event that I (or the party for whom I am financially responsible) fail to show for a scheduled appointment, or do not notify Justine Weber at least 24 hours in advance for a cancelled appointment. Furthermore, for outstanding payments of services rendered, I authorize Justine Weber, Psy.D. to charge my credit card for the full amount due. I agree to not dispute charges for any of these reasons. I further authorize Justine Weber, Psy.D. to disclose information about my attendance and/or cancellation to my credit card company if I dispute a charge. This form will be securely stored and may be updated upon request.

Card Type (please circle one): Visa / MasterCard / Discover / American Express

Patient Name: _____

Card #: _____ **Expiration Date:** _____

Security Code (3-digit code on the back of card or 4 digits on front of AMX): _____ **Billing Zip code:** _____

Name (as printed on card): _____

Signature: _____

Date: _____ (Patient or financially responsible party) _____

*Please note, your credit card will be charged if the following conditions apply: (a) appointment is kept, (b) no-show for a scheduled appointment, (c) cancellation less

Patient Signature: _____ **Date:** _____

366 San Miguel Dr. Suite 209, Newport Beach, CA 92660 • (949) 423-9426 • drjustineweber@sereneshift.com

Serene Shift
PSYCHOLOGICAL SERVICES

Justine Weber, Psy.D
PSY 31335

Consent To Treatment

Please read the following information carefully:

CONFIDENTIALITY:

**It is a legal and ethical obligation, as well as basic common sense that requires therapists to protect their patients privacy by not revealing the content of the psychotherapy session to any 3rd party without patient's written permission. Psychologists are obligated to protect clients from unauthorized disclosure that is revealed in the context of the professional relationship.

However, there are 3 exceptions to this law you should know about.

1. If you report to me that you are currently or have been the perpetrator or the victim of child abuse or molestation, Psychololgists are mandated reporters by law to report to proper authorities.

2. If you communicate a serious threat or physical violence against a reasonably identifiable victim or victims. If you indicated to injure or take your life or someone else, Psychologists are mandated to notify potential helpers or victims.

3. If you are a minor, we may keep your parents or guardians informed of your progress if they inquire. Details will not be revealed unless you are informed beforehand and give permission to do so.

**FEES: Payment for session is due at each session. . Cancellations must be made 24 hours before a session or full payment will be required if you do need to cancel, please leave a message or text me on my phone service (949) 423-9426 and not by email because I do not check them daily.

Patient Signature: _____ **Date:** _____

366 San Miguel Dr. Suite 209, Newport Beach, CA 92660 • (949) 423-9426 • drjustineweber@sereneshift.com

Serene Shift
PSYCHOLOGICAL SERVICES

Justine Weber, Psy.D
PSY 31335

Notice Of Privacy Practices

Notice: The Privacy Rule is a federal regulation under the HIPAA statute that sets minimum standards for your disclosure of patient information to third parties:

Introduction:

I, Dr. Justine Weber, the Covered health care provider who has direct treatment relationships with patients, must give those patients the written Notice of Privacy Practices the first session. Covered providers must make a good effort to obtain the patient's written acknowledgment of receipt of the Noticinquire if they understand the form. The Notice acknowledgment process is intended to provide an opportunity for the patient to engage in a discussion with Dr. Justine Weber, the Covered Health Care Provider about privacy. At the very least, I hope this process is intended to draw some attention from the patient to the information of the Notice.

This information describes how medical information about you may be used and disclosed, and how you can get access to this information.

PLEASE REVIEW THE INFORMATION....

What is "Medical Information or protected health information"?

- The term "medical information" is synonymous with the terms "personal health information" and "protected health information" for purposes of this Privacy Notice.

I am a California licensed Psychologist who provides mental health services to patients. I create & maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as "medical records" or "mental health records," and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

What is PHI?

The Privacy Rule applies to protected health information (PHI). The Rule defines PHI as:

- Information that **relates to**: the past, present or future physical or mental health condition of a patient; providing health care to a patient; or the past, present, or future payment for the patient's health care;
- That identifies the patient or could reasonably be used to identify the patient;
- Is transmitted or maintained in any form or medium.
- Health information is not considered PHI if it does not identify a patient and provides no reasonable basis for identifying a patient.
- The term in bold, "relates to," makes the definition much broader than the traditional definition of "patient records." Thus patient contact information—even when not accompanied by information regarding treatment—is PHI.

Federal privacy rules (regulations) allow health care providers (Dr. Justine Weber) who have a direct treatment relationship with the patient (you) to use or disclose the patient's personal health information, without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider.

Examples of Uses and Disclosures Without Your Authorization:

I may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

Serene Shift
PSYCHOLOGICAL SERVICES

Justine Weber, Psy.D
PSY 31335

- If disclosure is compelled by a court pursuant to an order of that court
- If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority
- If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
- If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.
- If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
- If disclosure is necessary to consult with another licensed health care provider about your treatment, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to aid in the best possible treatment.
- If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
- If disclosure is necessary for health oversight activities, such as audits and investigations.
- If disclosure is compelled or by the California Child Abuse and Neglect Reporting Act (for example, if I have a reasonable suspicion of child abuse or neglect).
- If disclosure is compelled by the California Elder/Dependent Adult Abuse Reporting Law (for example, if I have a reasonable suspicion of elder abuse or dependent adult abuse).
- If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- If disclosure is compelled or permitted by the fact that you tell me of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.
- If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death.
- If disclosure is compelled by the U. S. Secretary of Health and Human Services to investigate or determine my compliance with the privacy requirements under the federal regulations (the "Privacy Rule").
- If disclosure is otherwise specifically required by law.

PLEASE NOTE: The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information "in a specific and meaningful fashion." **If California law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if California law gives you greater rights than the federal rule does with respect to access to your records, I will abide by California law.**

In general, uses or disclosures by me of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when I request your personal health information from another health care provider, health plan or health care clearinghouse, I will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the "minimum necessary" standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

Your Rights- PHI

- You (the Patient) have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction.
- You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.
- You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, I am permitted to deny access for specific reasons. For instance, you do not have this right of access with respect to my "psychotherapy notes." The term "psychotherapy notes" means notes

Serene Shift
PSYCHOLOGICAL SERVICES

Justine Weber, Psy.D
PSY 31335

recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical (including mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

- You have the right to amend protected health information in my records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, I am permitted to deny the requested amendment for specific reasons. **You also have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.**
- You have the right to receive an accounting from me of the disclosures of protected health information made by me in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, I am permitted to deny the request for specific reasons. For instance, I do not have to account for disclosures made in order to carry out my own treatment, payment or health care operations. I also do not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
- You have the right to obtain a paper copy of this notice from me upon request.

****Notice: Interaction with State Law.....**

The HIPAA Privacy Rule is meant to provide patients with....

a minimum level of privacy protection. Thus, it only takes precedence over provisions of state laws that provide less privacy protection or that provide patients with less access to and control over their health information. Conversely, the Privacy Rule does* ***not *preempt state law provisionst hat:*

1) give patients greater privacy protection from third parties; or 2) give patients greater access to and control over their records. The result of the complicated preemption analysis is that the law you must follow is a mixture of Privacy Rule and state privacy law provisions.

My Duties/ Requirements

**I am required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of my ethical/legal duties, your rights, and my privacy practices with respect to such information. I am required to abide by the terms of the notice currently in effect. I reserve the right to change the terms of this notice and/or my privacy practices and to make the changes effective for all protected health information that I maintain, even if it was created or received prior to the effective date of the notice revision. If I make a revision to this notice, I will make the notice available at my office upon request on or after the effective date of the revision and I will post the revised notice in a clear and prominent location.*

As the Privacy Officer of this practice, I have a duty to develop, implement and adopt clear privacy policies and procedures for my practice and I have done so. I am an individual who is responsible for assuring that these privacy policies and procedures are followed not only by me.. In general, patient records, and information about patients, are treated as confidential in my practice and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Patient records are kept secured so that they are not readily available to those who do not need them.

*This Notice became effective on October 21st, 2019.

By Signing, I agree to the terms and agreements in this document:

Patient Signature: _____ **Date:** _____

366 San Miguel Dr. Suite 209, Newport Beach, CA 92660 • (949) 423-9426 • drjustineweber@sereneshift.com

Serene Shift
PSYCHOLOGICAL SERVICES

Justine Weber, Psy.D
PSY 31335

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

Patient Name: _____

Date of Birth: _____

Agreement in compliance with HIPAA privacy law. All patients seen in this practice are required to sign this confidentiality Agreement in compliance with HIPAA Privacy Law. All patients must follow the protocol to protect the rights of our patients, and healthcare information reflecting respect for all involved.

I have received and understand Dr. Justine Weber's Notice of Privacy Practices written very clearly in understandable terms. The notice provides in detail the uses and disclosures of my protected health information that may be used in this practice. I understand that this practice may make occasional changes and updates to the Privacy Policy and Protected Health Information. This practice will provide me a copy of the newest form only if requested by me.

By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Policy and agree to the terms and conditions in this document.

Patient Signature: _____ **Date:** _____