

Kris Yi, Ph.D.
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CLIENT INFORMATION

Name: _____

Street: _____

City, State, ZIP: _____

Phone (day): _____

Phone (evening): _____

Email: _____

Date of Birth: _____

**INFORMED CONSENT FOR TREATMENT
AND NOTICE OF PRIVACY PRACTICES**

Welcome to my practice. I look forward to our working together.

Some of the following information is required by the Health Insurance Portability and Accountability Act (HIPAA), which governs how your personal information is shared and protected. It is important you understand the terms and conditions of our therapeutic relationship and to discuss with me any questions or concerns you may have as soon as they arise.

Because psychotherapy is a personal experience, it is important for you to find a therapist that you feel comfortable with and for me to be reasonably certain that I have the expertise and the experience to work with you effectively. If either of us feels that another therapist may be more helpful to you, I will do my best to provide you with referrals and to help you find the most suitable arrangement.

You have the right to terminate treatment at any time for any reason but discussing this and planning for termination is usually therapeutically helpful. If you have grievances about our work and feel that we cannot arrive at a suitable solution together, you may file a complaint with the Board of Psychology, a part of State of California's Department of Consumer Affairs. Their telephone number is listed in any telephone book, under the Government section.

CONFIDENTIALITY

All communication between us is confidential except where disclosure is required by law, such as the following: where there is a reasonable suspicion that you present a danger of violence to others or where you are likely to harm yourself unless protective measures are taken; where you have waived confidentiality. Disclosure may also be required pursuant to a legal proceeding in which I am named.

PAYMENT FOR SERVICES

Please pay for services at the time of each session unless otherwise arranged. If you are affiliated with Caltech, please talk to me about your payment arrangements.

INSURANCE REIMBURSEMENT

Professional services are rendered and charged to you, the client, and not to the insurance company. Please check with your insurance to see what, if any, coverage you have. If you request, I will provide you with a monthly statement for submission to your insurance company. Please be advised that you are ultimately responsible for the cost of treatment in the event that your insurance company does not pay.

CANCELLATION

In the event that you are unable to keep your appointment, cancellation must be arranged at least 48 hours in advance of your appointment time. **The full fee will be charged for a missed session without 48-hour advance notification.** Initial here _____ to confirm you understand the cancellation policy.

Your personal information (Protected Health Information, or PHI) and what we talk about in the course of therapy is private and the HIPAA provides guidance and regulations on how that information is to be shared and protected. The HIPAA is administered by the federal Department of Health and Human Services (DHHS), and if you would like more information on the law itself, you may obtain that directly from DHHS. If you need assistance in doing so, I will do my best to help you.

According to the HIPAA, I protect your PHI by placing all of your information in a locked cabinet to which only I have access, and my computer files are accessible only by using a protected password, to which only I have access. Any electronically transmitted information is similarly protected and not available to anyone else. At this time, I do not use any outside contractors.

You have the right to view any information I have about you and to provide corrections to that information, if necessary. If you would like to review your PHI, please make an appointment with me in advance to ensure that we will have enough time. In most cases, I will be present while you are reviewing your information and will provide a written summary, if you would like. Because this process can be time-consuming, you will be charged my customary hourly fee for this service.

The law allows me to share your PHI for the purposes of conducting treatment, to collect payment, and to facilitate transfer and coordination of your care. This means that I may share your information with other caregivers who are involved in your case, such as your primary care physician and psychiatrist, and communicate with your health insurance company, if they are paying for your treatment. Only the minimum amount of information necessary for each purpose will be shared and every effort will be made to protect your privacy. For non-routine communications (an example of routine communication is billing your insurance company), I will make every effort to discuss with you each time I share your information with anyone else. The law continues to protect your privacy in cases that are not covered by the HIPAA. For example, I may not disclose, without your express consent, your PHI to any persons who

are not directly related to your health care, such as your friends, non-authorized family members, or employers.

I, the undersigned, have read and understood this notice and agree to receive psychotherapy treatment from Dr. Kris Yi.

Patient Signature

Date