



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 review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record



- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls



- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Information for This Notice

- This Notice is effective October 1, 2015
- For more information, contact Joe Noble, MA, LMFT at 612-202-0718 or via email: Joe@thebridgingcenter.com; or Lori Thibodeau, MA, LMFT, 612-454-9291, or via email: Lori@thebridgingcenter.com.
- Joe Noble, MA, LMFT, Lori Thibodeau, MA, LMFT and The Bridging Center never markets or sells personal information.



CLIENT RIGHTS AND RESPONSIBILITIES

Welcome! It is my intention to do everything within my professional capacity to be helpful to you. Please fill out all paperwork. A copy is placed in your clinical file for your records. I will review all forms and HIPAA privacy with you at the beginning of your appointment.

EXCEPTIONS TO PRIVACY/CONFIDENTIALITY

State law and professional ethics require that whatever you say or do during a counseling or psychotherapy session not be shared with anyone else without your written and/or verbal permission. Your privacy is protected by law. Please review the provided **NOTICE OF PRIVACY PRACTICES**. There are, however, some exceptions to this rule.

FIRST

In most cases, I keep brief written records of our work together; these records are kept in a locked file. Although it is very uncommon, under certain conditions these records may be subpoenaed by a court of law and I may be obligated to surrender them. This would not be done without your knowledge.

SECOND

If you report to me that you are currently the perpetrator or victim of child abuse, spousal abuse, elder abuse, or abuse in any of its forms, and/or neglect (as defined by State Statute) of a child or vulnerable adult, I am mandated by law to report this to Protective Services.

THIRD

If you indicate that you intend to cause injury to yourself or someone else, I must act to notify potential helpers or victims.

In addition, as professionals, it may be helpful for your treatment for us to share certain aspects of your situation with professional colleagues in a professional consultation setting. In doing so, we will make every effort to protect your identity and make details of your situation as anonymous as possible.

CLIENT RIGHTS

As a consumer of marriage and family therapy in Minnesota, you have the right:

1. To expect that a therapist has met the minimal qualifications of training and experience required by state law;
2. To examine public records maintained by the Board of Marriage and Family Therapy which contain the credentials of a therapist;
3. To obtain a copy of the code of ethics from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, Saint Paul, MN 55155;
4. To report complaints to the Board of Marriage and Family Therapy, (612) 617-2220, University Park Plaza Building, 2829 University Avenue SE, Suite 400, Minneapolis, MN 55414;
5. To be informed of the cost of professional services before receiving the services;
6. To privacy as defined by rule and law;
7. To be free from being the object of discrimination on the basis of your race, religion, gender, or other unlawful category while receiving services;
8. To have access to your records as provided in Minnesota Statutes, section 144.292;
9. And to be free from exploitation for the benefit or advantage of a therapist.

FEES AND POLICIES

Counseling and Therapy: Individual/couple/family \$175.00 per hour (+ 2% MN-Care tax) per therapist involved. **Retainer:** Under certain circumstances a retainer may be required. Retainers are held in a non-



interest bearing account. If payment is not received, services may be terminated and referrals given. One CLINICAL HOUR or session is 50 minutes. All charges are due and payable at the time of each session, unless other arrangements are made. In the event of a missed appointment without 24-hour advanced notification, **THE BRIDGING CENTER** charges a \$150.00 missed appointment fee PER THERAPIST. Thank you for respecting our services and the financial commitments we have as business owners.

COUNSELING & PSYCHOTHERAPY

Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk about with your therapist. Psychotherapy has been shown to have many benefits. Therapy may lead to better relationships, solutions to specific problems, and feeling less distressed about life and unique issues you are facing. However, there are no guarantees of what you will experience, and at times a psychotherapy session may leave you with unhappy feelings.

EDUCATION WORKSHOPS

The Bridging Center, LLC offers a variety of education workshops. Your attendance at one or more of these workshops are NOT covered under federal privacy laws. If you have questions about your privacy while attending one of these workshops, please discuss with your therapist or the workshop instructor(s). Fees associated with workshops are set according to the particular workshop and are *not* billed according to a clinical hour, as stated above.

AGREEMENT

- This form is an Agreement between you and ____ Lori Thibodeau, LLC; ____ Noble Communications, LLC
____ The Bridging Center, LLC

You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on your Lori Thibodeau, LLC, or Noble Communications, LLC, or The Bridging Center, LLC unless they already relied on this Agreement to take action or if you have not paid your account in full.

SCHEDULING APPOINTMENTS

It is the client(s)'s responsibility to coordinate and schedule individual and/or joint appointments. Parents who are in conflict may request assistance from **THE BRIDGING CENTER** staff. In the event staff assists in the scheduling, the clients will be billed at \$175.00 per hour.

EMERGENCIES

In case of emergencies, please call the **Community Crisis Hotline: 612-379-6363**, call **911** or go to a hospital emergency room.

I have read and understand my RIGHTS AND RESPONSIBILITIES, and the therapist(s) has answered all of my questions to my satisfaction. By signing this I acknowledge that I received a summary of the NOTICE OF PRIVACY PRACTICES.

Client/Responsible Party Signature: _____ Date _____

Print Name: _____ Date _____



GENERAL INFORMATION

Name: _____ Date: _____

Address: _____

City, State: _____ Zip: _____

Phone number with area code: () _____ cell work home

Birth date: _____ Age: _____

Employer: _____ For how long? _____

Religion: _____ Family of Origin Religion: _____

Marital/relationship status: _____

Names and ages of all children in the home: _____

How did you hear about **The Bridging Center**? _____

Who shall we contact in case of emergency? _____

Name: _____ Phone () _____

Relationship to you: _____

Electronic Communication

By checking one or more of the options below, you are consenting to the utilization of a means of communication that is vulnerable to breaching your privacy rights. The therapists named below and The Bridging Center, LLC cannot and does not guarantee the privacy, as defined by HIPAA, of electronic communications. If you choose to not utilize electronic communication, leave this box blank.

_____ **Scheduling** _____ **Document Sharing** _____ **Billing/Invoicing**

_____ **Other:** _____

If you consented to electronic communication, please provide us with your email address

Email Address:

I hereby consent for Joe Noble, MA, LMFT, Lori Thibodeau, MA, LMFT to provide evaluation and treatment to me.

Client Signature: _____ Date _____



The Bridging Center

MEDICAL AND HEALTH HISTORY

Name: _____ Date: _____

List any allergies you have: _____

Primary Care Physician: _____

Name of Practice: _____

Primary Care Physician's phone number: () _____

Date of your most recent examination: _____

Please list all current medications and dosages: *(use the back of this page if you need more space)*

Name of Medication	Dosage	Name of Prescribing Doctor	When did you start taking it?

Please list current or past mental health issues you have addressed:

(use the back of this page if you need more space)

Current	Past

List other therapists you have seen, and dates you saw them:

List substance abuse treatment or inpatient psychiatric treatment you have had, and the dates:



The Bridging Center

SUBSTANCE USE (IF APPLICABLE)

Substance	Amount used	How often?
Cigarettes		
Alcohol		
Pills not prescribed for me		
Marijuana		
Cocaine or crack		
LSD		
Heroin		
Other (please list):		

OTHER INDICATIONS

	I have this now	I had it in the past
<u>Difficulty falling asleep or staying asleep</u>	_____	_____
<u>Sleeping too much</u>	_____	_____
<u>Change in appetite, weight loss, or weight gain</u>	_____	_____
<u>Frequent crying</u>	_____	_____
<u>Panic attacks or anxiety attacks</u>	_____	_____
<u>Thoughts of killing or hurting myself</u>	_____	_____
<u>Attempts to kill or hurt myself</u>	_____	_____
<u>Problems concentrating</u>	_____	_____
<u>Problems remembering things</u>	_____	_____
<u>Periods of daily sadness lasting more than two weeks</u>	_____	_____
<u>I startle easily</u>	_____	_____
<u>Can't stop remembering upsetting past events</u>	_____	_____
<u>Difficulty controlling my temper</u>	_____	_____
<u>I physically hurt other people</u>	_____	_____
<u>I break things sometimes</u>	_____	_____
<u>I worry a lot</u>	_____	_____
<u>Little or no interest in sex</u>	_____	_____
<u>I feel tired almost every day</u>	_____	_____
<u>Made myself throw up in order to lose weight</u>	_____	_____
<u>Used laxatives or exercised excessively to lose weight</u>	_____	_____
<u>I often feel like I am an outsider</u>	_____	_____
<u>Sexual problems</u>	_____	_____
<u>Worry that something is wrong with my body</u>	_____	_____
<u>Frequent arguments with the people I live with</u>	_____	_____
<u>I hear voices inside my head</u>	_____	_____
<u>I become angry and rage at other people</u>	_____	_____
<u>Other (please list):</u>	_____	_____



Purpose for Seeking Counseling

What brings you to seek counseling today?

When did the symptoms or problem begin?

What have you already tried to do about it?

How would your life be different without this problem?

What are your goals in seeking counseling?



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5. To be informed of the cost of professional services before receiving the services;
6. To privacy as defined by rule and law;
7. To be free from being the object of discrimination on the basis of your race, religion, gender, or other unlawful category while receiving services;
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9. And to be free from exploitation for the benefit or advantage of a therapist.

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Print Name: _____ Date _____