

Co-Create Art Therapy Notice of Privacy Practices

Confidentiality

- The Health Insurance Portability and Accountability Act of 1996 (also known as HIPAA)
 requires you to be informed of how medical information about you may be used and
 disclosed and how you can get access to this information. Please review it carefully.
- Most importantly, the content of our sessions is always kept confidential by me—unless you
 authorize written release of specific information. The following circumstances are
 exceptions:
 - 1. If there is a threat of suicide risk or bodily harm made by you.
 - 2. If there is a threat of grave bodily harm or death made by you toward another person.
 - 3. If there is reasonable suspicion you or another named party is the perpetrator, witness, or victim of physical, emotional, or sexual abuse toward an elderly individual or minor. This also includes neglect.

Occasionally I may consult with other professionals in their areas of expertise for clinical and psychoeducational purposes. Your identifying information will always be kept confidential.

Initial Correspondence

- If you have initially contacted me via my website contact form, please note that the basic information requested such as the name, contact information, and services sought do not yet fall under therapist-client privilege before the first session and any therapeutic relationship has been established. This information goes directly to an encrypted email address.
- Before your first session, I will email you all of your intake documents from cocreatearttherapy@proton.me using a secure, encrypted email service called Proton Mail. This email will be password protected and have an expiration date. Please use the "reply securely" tab to attach and send back your signed and completed forms to ensure end-to-end encryption. Please note signatures on all intake documentation are required to begin treatment. You may request intake documentation for your personal records at any time. Any information you wish to be sent to third party providers will require your signature on a release of information consent form for your protection.

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Informed Consent for TeleHealth/Tele-Art Therapy

• Tele-art therapy is the use of electronic information and interactive audio, video, or other data communication technologies including email to deliver art therapy services to clients at a distance. The electronic systems and technology used to facilitate your tele-art therapy sessions will include network and software security methods to protect the privacy and security of your protected health information including your artwork. Please note there are potential risks and consequences associated with any technology used while obtaining care through teletherapy, including, but not limited to: possible connectivity interruptions or other technical difficulties; in rare instances, despite reasonable efforts made by your therapist, the transmission of my information could be interrupted by unauthorized persons; and/or security protocols could fail, resulting in a breach of privacy of personal health information.

If Submitting Superbill Receipts to Insurance

• Co Create Art Therapy and Reproductive Mental Health cannot guarantee any kind of reimbursement by your insurance company. It is important that you have a comprehensive understanding of your out of network reimbursement policies, procedures and rates should you choose to submit documentation to insurance. After completing an initial intake assessment, I can provide a superbill receipt of services upon request. You are responsible for submitting this to your insurance company and following up on possible reimbursement. Please note that superbills require specific protected health information to be disclosed, such as a diagnostic code, billing code, number of treatment sessions, and name/home address of the insurance holder, which can be reviewed and then submitted by you. Please refer to the adjoining Good Faith Estimate in your intake packet for more information on billing and insurance for self pay clients.