

**Charles L. Cox, Ph.D., P.A.**

Clinical Psychology

**New Client Information**

Date: ..... Referred By: .....

Welcome! Please complete the following forms for our records. Thanks!

Name: ..... Date of Birth: ..... Age: .....

Street: ..... Email: .....

City: ..... St: ..... Zip: ..... Home Phone: (.....) .....

Employer: ..... Work Phone: (.....) .....

Occupation: ..... Cell Phone: (.....) .....

Spouse's Name: ..... Date of Birth: ..... Age: .....

Occupation: ..... Work Phone: (.....) .....

Employer: ..... Cell Phone: (.....) .....

Children or Other Family Members in the Home:

Name	Age	Name	Age
.....	.....	.....	.....
.....	.....	.....	.....

Complete the section below if someone other than the client is responsible for payment of this account:

Name: ..... Date of Birth: ..... Age: .....

Street: ..... Home Phone: (.....) .....

City: ..... St: ..... Zip: ..... Work Phone: (.....) .....

Employer: ..... Cell Phone: (.....) .....

Occupation: ..... Relation to Client: .....

Person to Contact in Emergency: ..... Phone: (.....) .....

Please pay for service at the time it is provided. Cash, check, or credit cards are accepted forms of payment.

If you plan to use your health insurance for reimbursement, please provide your insurance card and your driver's license for us to copy.

Thank you.

**Charles L. Cox, Ph.D., P.A.**

Clinical Psychology

77 Sugar Creek Center Blvd., #375  
Sugar Land, TX 77478

Office 281.265.4566  
Fax 281.265.5127

**Consent to Evaluation and Treatment**

I, the undersigned, do hereby voluntarily consent to evaluation, recommendations, and/or treatment by Charles L. Cox, Ph.D.

The practice of psychology is not an exact science. As a consequence, no guarantee is made concerning the results of any evaluation or treatment which may be rendered. Your outcome is dependent on your motivation to change, your persistence at trying to change, and your ability to think about your life in different ways. The role of Dr. Cox involves helping equip you to understand changes needed, to create a plan to implement those changes, and to solve challenges as they arise. If you do not have the time or ability to make a sustained effort at this time, then it is recommended that you postpone psychotherapy until the timing in your life is better.

Further, evaluation and treatment will involve discussion of unpleasant aspects of life which can be discomfoting and, at times, quite personal. You might experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.

Mental health care is complex and sometimes complicated. Clients are an equal partner in the responsibility for improvement. Dr. Cox strives to provide safe and effective care. As a partner, please ask any questions you have about your care or its direction. Dr. Cox wants to work with you to achieve the best outcome possible.

In general, information you share is kept confidential. However, there are important exceptions to confidentiality. These limits to confidentiality are discussed in the Office Practices and Agreement form and in the Notice of Psychologists' Policies and Practices To Protect the Privacy of Your Health Information (the HIPAA Notice). Specifically, limitations to confidentiality concern threat of harm to self, threat of harm to others, child abuse, and elder abuse. If you have questions about the limits of confidentiality, please ask.

Specific office policies regarding scheduling, payment, missed appointments, and termination of treatment are found in the Office Policies and Agreement form.

You do not have to participate in the evaluation or in treatment. You may stop at any time, even during the interview. However, you are obligated to pay for the session.

By your signature below, you agree to evaluation and/or treatment by Charles L. Cox, Ph.D. You have been given the opportunity to ask questions and to have them answered. You may ask questions or terminate the evaluation or treatment at any time.

Signature: ..... Date: .....

Printed Name: ..... Relation: .....

Signature: ..... Date: .....

Printed Name: ..... Relation: .....

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**Insurance Information**

Client: ..... Date of Birth: .....

Will this office file an insurance claim for these services? (Please initial your choice.)

- ( ) **No.** I will pay for these services myself. I will not file a health insurance claim.
- ( ) **Yes.** Most insurance plans require that our office file for you. Please provide your insurance card(s) so that we might have the information necessary to file.

Do you (or the client) have more than one (1) health insurance plan?

- ( ) **No.** The client is covered by only one (1) health insurance plan.
- ( ) **Yes.** The client is covered by two (2) or more health insurance plans.

Primary Insurance Company = .....

Secondary Insurance Company = .....

**RELEASE OF INFORMATION  
TO HEALTH INSURANCE COMPANY**

I, the undersigned, authorize the release of information concerning mental health care, advice, treatment, and/or supplies provided to me or to my dependents by CHARLES L. COX, Ph.D., P.A. to my health insurance company. I understand that this information is necessary to process my health care claim and will be used for the purpose of evaluating and administering claims for health care benefits.

Signature: ..... Date: .....

Name (Please Print): ..... Relationship: .....

**ASSIGNMENT OF BENEFITS**

I, the undersigned, authorize payment of medical benefits to CHARLES L. COX, Ph.D., P.A. for any services furnished to me or to my dependents by him or on his behalf. I understand that I am financially responsible for any portion of the approved amount of the charge that is not paid by my health insurance company.

Signature: ..... Date: .....

Name (Please Print): ..... Relationship: .....

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**Appointment Reminders**

You can choose to receive an appointment reminder sent to your email address, to your cell phone (via text messaging), or to your home phone (via computer generated voice message).

Please indicate your preference below.

No, do not send me a reminder. I will remember my appointments on my own.(Missed appointment fees will still apply.)

Please send an email reminder to the following email address:

.....

Please send a text message to my cell phone: .....  
(Messaging fees might apply.)

Please send an automated message to my home phone: .....

Appointment information is considered to be "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and I am requesting that it be handled as I have noted above.

Signature: ..... Date: .....

Printed Name: ..... Relation: .....

**Payment Information**

If you choose to pay by credit card, may I keep your credit card information on file in a secure location? (Please initial your choice.)

Yes, keep my credit card information on file in a secure location.

No, do not keep my credit card information on file.

**Charles L. Cox, Ph.D.**

Clinical Psychologist

**Intake Form: Medical History**

Name: ..... Date: .....

Primary Care Physician: ..... Date of Last Physical Exam: .....

Are you being treated for a medical condition?

No

Yes

List medical conditions for which you are currently being treated:

Condition: ..... Physician: .....

Condition: ..... Physician: .....

List medication you take on a regular basis:

.....  
.....

List medical conditions for which you have been treated in the past:

.....  
.....

List mental health or substance abuse problems for which you have been treated in the past:

Condition: ..... Provider: .....

Condition: ..... Provider: .....

Condition: ..... Provider: .....

Do you currently have medical problems about which you are concerned?

( ) No. ( ) Yes. Describe .....

May I contact your Primary Care Physician (PCP) to release information for coordination of your health care? Please write your initials by your selection.

\_\_\_\_\_ No. Do not release any information to my Primary Care Physician.

\_\_\_\_\_ Yes. You may release limited information about me to my Primary Care Physician.

Physician's Name: .....

Physician's Address: .....

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### Office Practices and Agreement

**Welcome to my practice - it is a privilege to have you as a client!** It is my goal to provide personal psychological services that are practical and that promote healthy change so that you meet your goals, and to do it as quickly and as efficiently as I can.

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Psychologists' Policies and Practices To Protect the Privacy of Your Health Information (the Notice) for use and disclosure of PHI. The Notice, which is attached to this Agreement, explains HIPAA privacy protections and their application to your personal health information in greater detail.

**The law requires that I obtain your signature acknowledging that I have provided you with this information.** Although these documents are long and sometimes complex, it is important that you read them carefully before our next session. We can discuss questions you have about the procedures at that time.

**At your 2<sup>nd</sup> session, you must sign this document to represent a business agreement between us.** You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have already acted on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations to me you have incurred.

I am licensed as a Clinical Psychologist by the Texas State Board of Examiners of Psychologists. I received a Bachelor of Arts (BA) in Psychology from Southern Methodist University and a Doctor of Philosophy (Ph.D.) in Clinical Psychology from the University of Texas at Austin. I served a 2-year internship in clinical psychology at the Veterans Administration Hospital in Houston and a 1-year postdoctoral fellowship in pediatric psychology at Baylor College of Medicine/Texas Children's Hospital. I began consulting with clients in 1979. I accept clients into my practice whom I believe have the capacity to resolve their problems with my assistance.

#### Psychological Services:

Psychotherapy is not easily described in general terms. It varies depending on the personalities of the psychologist and patient, and on the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a visit to a medical doctor. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you might experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to significant reductions in feelings of distress, solutions to specific problems, and better relationships. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer some first impressions about what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your opinions about whether you feel comfortable working with me. Therapy involves a large commitment of time, energy, and money, so you should be careful about the therapist you select. If you have questions, we should discuss them when they arise. If your doubts persist, I will help you set up a meeting with another mental health professional for a second opinion.

#### Appointments:

To schedule an appointment or to ask questions, call 281-265-4566. I am usually in the office between 8 AM and 4 PM. I do not typically answer the phone when I am with a client. You will be connected to a voice-mail system to leave information for a return call. This system operates 24 hours per day and is the most efficient way to contact me. I try to return calls on the same day, with the exception of weekends and holidays. Please do not leave a pager number for a return call.

Appointments are available Monday - Friday from 8:00 am until 4:00 pm. Psychotherapy is usually scheduled for one 50-minute session (one appointment hour of 50 minutes) per week, although some sessions might be longer or more frequent. Appointments begin promptly and, in consideration of others, end at the specified time.

When it is necessary to change or to cancel an appointment, please contact the office at least 24 hours in advance. **Failure to do so will result in a \$50.00 charge for a missed appointment.** Insurance will not reimburse for a missed appointment – you will be expected to pay the entire amount.

#### Emergencies:

In the event of a life-threatening emergency, dial 911 for assistance and go immediately to the nearest hospital emergency room. For urgent matters, call my office (281-265-4566) and state that you would like a return call as soon as possible. Urgent matters are handled as soon as possible by phone, with emergency sessions scheduled as needed. When I am not available, another therapist will be "on call" for emergencies. The voice-mail system will explain how to contact her/him.

#### Professional Fees, Billing, and Payments:

My fee for the initial evaluation session is \$175.00 per hour. My hourly psychotherapy session fee is \$150.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report preparation, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and time spent performing any other service you request. Should you require an after-hours or weekend appointment, an after-hours fee of \$50.00 per hour will be applied to the charges noted above.

You will be expected to pay for each session at the time it is scheduled, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Cash, personal checks, and credit cards are accepted forms of payment. I will provide a receipt for fees paid.

I do not do forensic or legal work. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, my fee is \$300.00 per hour, with a ½ day (4 hour) minimum charge. This fee must be paid in advance of my participation.

By law, I am allowed to charge a reasonable fee for patient records. Patient records will be provided in paper format for \$25.00 for the first 20 pages and \$0.50 per page for every page thereafter. Records will be provided via electronic format for \$25.00. An affidavit certifying that the information is a true and correct copy of the records will be provided for \$15.00.

If your account has not been paid for more than 60 days and we have not agreed on arrangements for payment, I have the option of using legal means to secure payment. This might involve hiring a collection agency or filing a claim in small claims court. Either action will require me to disclose otherwise confidential information. If legal action is necessary, the costs incurred will be included in the claim.

Returned checks will be assessed a service charge of \$20.00 in addition to bank fees.

**Confidentiality:**

Psychologists have traditionally been more sensitive to confidentiality of patient information than other health care providers. HIPAA reinforces confidentiality by protecting the privacy of all communications between a patient and a psychologist. In most situations, I only release information about your treatment if you sign an Authorization to Release (or to Exchange) Confidential Information form that meets certain legal requirements imposed by HIPAA.

You should be aware, however, that HIPAA allows certain exceptions to confidentiality. These are detailed in the attached Notice.

For example, there are several situations that require only that you provide written consent for use and disclosure of confidential information. These involve use and disclosure for treatment, payment, and health care operations as well as your consent that I be allowed to contact family or friends should I believe that you are a serious threat to harm yourself. **Your signature on this Agreement provides consent for these activities.**

There are situations in which I am permitted or required to disclose information without either your consent or Authorization. Examples include your involvement in a legal proceeding, request of a governmental agency for health oversight, or your participation in a worker's compensation claim. These are detailed in the Notice.

There are other situations in which I am legally obligated to disclose confidential information about you without either your consent or your Authorization when I believe it is necessary to protect others from harm. These generally involve neglect or abuse of a child, an elderly person, or a disabled person. Additionally, I may contact law enforcement or medical personnel if I believe that you are a threat to harm yourself or someone else. If such a situation arises, I will make every effort to discuss it with you before taking any action, and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you might have now or in the future. The laws governing confidentiality are quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice might be needed.

**Patient Rights:**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of PHI. These are detailed in the attached Notice.

**Health Insurance and Managed Care Information:**

Health insurance is a contract for reimbursement between you and your insurance company. If you desire to file an insurance claim, you will receive an insurance receipt to file directly with your insurance company. It contains all information necessary for filing your insurance. Simply attach it to your claim form.

Although Dr. Cox is out of network for most health insurance companies, many will reimburse you for a portion of his psychotherapy service. Insurance companies offer many different plans, and it is not possible to know the specifics of your plan benefits in advance. Call the insurance company or look on line to find out the specifics of your insurance benefits. **You must personally call your insurance claims department and your company benefits supervisor to understand the specifics of your mental health coverage.**

Some managed health care plans require pre-authorization of any service provided. These plans usually require that you pay a co-payment for each visit after paying your yearly deductible. If you choose to use these benefits, it is very important that you follow your company's rules for contacting the managed care company (which is usually different from your insurance company). Call the managed care company before starting counseling or immediately after the first session. Failure to follow the rules will result in your insurance company refusing to pay for services, and you will have to pay the full amount instead. **Call them to know for sure!**

Your contract with your insurance company requires that I release information about the service that I provide. This information includes a diagnosis indicating that you have an "illness," how the "illness" affects your daily life, treatment goals, and treatment approaches. Occasionally, a copy of your entire Clinical Record will be requested by the insurance company. I release the minimum information that is necessary for the purpose requested. This information will become a part of the insurance company files. All insurance companies claim to keep such information confidential. Once information leaves my office, however, I have no control over what is done with it. In all likelihood, a computerized record will result, and it will become part of your permanent insurance record and a national medical information databank. These records are available to other insurance companies.

Once we have information about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available. If you have concerns about using your insurance to pay for my services, I will be happy to discuss with you the benefits of not using insurance coverage.

**Sugar Land Psychology Non-Group Disclaimer:**

I share an office suite with several excellent clinicians. The clinicians in our office share a common name, a common office space and business expenses, and a common goal to make a difference. We are not, however, a group practice, but operate independent businesses. We have different specializations and approaches to patient care. Each clinician is responsible for her/his specific clinical decisions and business practices. Questions about Dr. Cox's clinical or business issues should be addressed to Dr. Cox. Additional information can be obtained from the web sites: [www.DrCharlesCox.com](http://www.DrCharlesCox.com) and [www.SugarLandPsychology.net](http://www.SugarLandPsychology.net).

**Complaints:**

If you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report your complaint to the Texas State Board of Examiners of Psychologists, 333 Guadalupe, Suite 2-450, Austin, TX 78701, or phone (512) 305-7700.

**Your signature below indicates that you have received a copy of this Agreement and a copy of the Notice of Psychologists' Policies and Practices To Protect the Privacy of Your Health Information (HIPAA Notice), and that you consent to the use and disclosure of your private health information for treatment, payment, and health care operations as described.**

Signature: ..... Date: .....

Printed Name: ..... Relation: .....

**Your signature below indicates that you have read this Agreement and that you agree to its terms, which define our business relationship.**

Signature: ..... Date: .....

Printed Name: ..... Relation: .....

# Charles L. Cox, Ph.D., P.A.

## Clinical Psychology

77 Sugar Creek Center Blvd., #375  
Sugar Land, TX 77478

Office 281.265.4566  
Fax 281.254.5127

### Notice of Psychologists' Policies and Practices To Protect the Privacy of Your Health Information

This Notice describes how confidential psychological and medical information about you may be used and disclosed under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. It also describes how you can get access to this information. Please review it carefully. Feel free to ask questions about any aspect of this Notice.

This Notice will explain how Charles L. Cox, Ph.D., P.A. handles your medical/mental health information. Applicable federal and state laws require the office to maintain the privacy of clients' personal and health information. In this Notice, your personal or protected health information is referred to as "PHI." It includes information regarding your health care and treatment with identifiable factors, such as your name, age, and address. Because state and federal laws, combined with our professional ethics, are complicated, some parts of this Notice are very detailed and may seem difficult to understand. Please know Charles L. Cox, Ph.D., P.A. is committed to protecting the privacy of your health and personal information and is available to answer any questions you may have.

Charles L. Cox, Ph.D., P.A. protects your health information by treating all of your health information that he collects as confidential (for exceptions to confidentiality see Consent to Evaluation and Treatment), by training staff in federal and state confidentiality policies and practices per HIPAA, by restricting access to your health information only to those office staff who need to know that information in order to provide his services to you, and by maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

#### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations Requiring Consent

- Charles L. Cox, Ph.D., P.A. may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your **consent**, which you give by signing the Consent to Evaluation and Treatment and the Office Practices and Agreement form. "PHI" refers to information in your health record that could identify you. "Use" applies only to activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of the office, such as releasing, transferring, or providing access to information about you to other parties.
- *Treatment* is when Charles L. Cox, Ph.D., P.A. provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when consulting with another health care provider, such as your family physician or another psychologist.
- *Payment* is when you provide reimbursement for services you receive. Examples of payment include disclosing your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations* are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- If a patient seriously threatens to harm herself/himself, Charles L. Cox, Ph.D., P.A. may be obligated to seek hospitalization for her/him, or to contact family members or others who can help provide protection. Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the patient. By signing the Consent to Evaluation and Treatment and the Office Practices and Agreement, you provide **consent** to contact family members or others if we determine it necessary for your safety.

#### II. Uses and Disclosures Requiring Authorization

Charles L. Cox, Ph.D., P.A. may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate **Authorization** is obtained. An "Authorization" is written permission above and beyond the general **consent** that permits only specific disclosures. In those instances when asked for information for purposes outside of treatment, payment and health care operations, Dr. Cox will ask you to sign an Authorization to Release (or to Exchange) Confidential Information (an Authorization) before releasing this information.

You may revoke all such Authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an Authorization to the extent that (1) Dr. Cox has already relied on that Authorization to release information; or (2) the Authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

#### III. Uses and Disclosures Requiring Neither Consent nor Authorization

Charles L. Cox, Ph.D., P.A. may use or disclose PHI **without your consent or authorization** in the following circumstances:

- *Health Oversight*: If a complaint is filed against Dr. Cox with the State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information relevant to that complaint.
- *Legal Defense*: If a patient files a complaint or lawsuit against Dr. Cox, he may disclose relevant information in order to defend himself.
- *Judicial or Administrative Proceedings*: If you are involved in a court proceeding and a request is made for information about your diagnosis



and treatment and the records thereof, such information is privileged under state law, and Charles L. Cox, Ph.D., P.A. will not release information without written Authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- *Worker's Compensation:* If a patient files a worker's compensation claim, Charles L. Cox, Ph.D., P.A. may disclose records relating to diagnosis and treatment to the employer's insurance carrier.

Charles L. Cox, Ph.D., P.A. is legally obligated to disclose PHI **without your consent or authorization** when he believes it is necessary to protect others from harm:

- *Child Abuse:* If Dr. Cox has cause to believe that a child has been, or may be, abused, neglected, or sexually abused, he must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, to the Texas Youth Commission, or to any local or state law enforcement agency.
- *Adult and Domestic Abuse:* If Dr. Cox has cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, he must immediately report such to the Texas Department of Protective and Regulatory Services.
- *Serious Threat to Health or Safety:* If Dr. Cox determines that there is a probability of imminent physical injury by you to yourself or to others, or there is a probability of immediate mental or emotional injury to you, he may disclose relevant confidential mental health information to medical or law enforcement personnel.

There may be additional disclosures of PHI that Charles L. Cox, Ph.D., P.A. is required or permitted by law to make without your consent or authorization. However, the disclosures listed above are the most common.

#### **IV. Patient's Rights and Psychologist's Duties**

##### **Patient's Rights:**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as what is told to your family about your treatment. Dr. Cox may not be able to accept your request. If he does, he will uphold it except in case of emergency or if it is against the law.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing Dr. Cox. Upon your request, he will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. A reasonable fee may be charged for copying. Dr. Cox may deny your access to your records under certain circumstances, but in some cases you may have this decision reviewed. On your request, he will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI record is maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, Dr. Cox will discuss with you the details of the accounting process. If your health information is disclosed for any reason other than treatment, payment, or operations, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this Notice from me upon request, even if you received the notice electronically (by accessing a website, for example).

##### **Psychologist's Duties:**

- Charles L. Cox, Ph.D., P.A. is required by law to maintain the privacy of PHI and to provide you with a notice of his legal duties and privacy practices with respect to PHI (this Notice).
- Charles L. Cox, Ph.D., P.A. reserves the right to change the privacy policies and practices described in this Notice at any time, as permitted by law. These changes will apply to all PHI we maintain, including PHI created or received before making the changes. Unless Charles L. Cox, Ph.D., P.A. notifies you of such changes, however, the office is required to abide by the terms currently in effect.
- You will be notified of any revisions of the policies and procedures by mail, if requested, or at your next scheduled session.

#### **V. Complaints**

If you have questions about this Notice, disagree with a decision Charles L. Cox, Ph.D., P.A. makes about access to your records, or have other concerns about your privacy rights, you may contact the office at 281-265-4566 to discuss your concerns with Dr. Cox.

If you believe that the office has violated your privacy rights, or if you disagree with a decision made about access to your records, you may file a complaint in writing to Charles L. Cox, Ph.D., P.A., 77 Sugar Creek Center Blvd., Suite 375, Sugar Land, TX 77478.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20201, or phone 877-686-6775.

You have specific rights under the Privacy Rule. Charles L. Cox, Ph.D., P.A. will not retaliate against you for exercising your right to file a complaint.

#### **VI. Effective Date**

This notice will go into effect on July 22, 2015.