

**WALTER A. SPOSKOSKI, JR., LCSW**  
**4328 Old William Penn Highway Suite 2B**  
**Monroeville, PA 15146-1496**

**ELECTRONIC COMMUNICATION POLICY**

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. However, many of these common modes of communication put your privacy at risk and can be inconsistent with the law and with the standards of the NASW *Code of Ethics*. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss them with me.

**TEXT COMMUNICATIONS**

With your permission, I will enroll you in a confidential text scheduling app called Appointfix. The app does not have any personal information beyond name and phone number. In addition, Appointfix does not have any information concerning the type of service that I provide or any other information concerning clients or the practice. Please feel free to talk with me if you feel concerned regarding the app. Your rights under HIPPA are my top priority.

In regard to text, communication is only limited to the following: cancellations of scheduled appointments, notice that you are running late or notice that I am running late. Under HIPPA, I can not secure text information, so discussions of a therapeutic or clinical nature are not appropriate via text. If you need to talk, call me or we can talk at the next session. If you are in crisis, please call me and leave a message. If it is after hours, you will need to call ReSolve (1-888-7You- Can), 911 or go to your local ER.

**EMAIL COMMUNICATIONS**

I do not communicate using email under any circumstances. I do not have a secure email that will protect your rights under HIPPA.

**SOCIAL MEDIA**

I do not communicate with or contact any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create difficulties in the therapeutic process and relationship. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please feel free to discuss with me at the next session. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

I have received and understand the Electronic Communication Policy.

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Name \_\_\_\_\_ Date \_\_\_\_\_

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Name \_\_\_\_\_ Date \_\_\_\_\_

**WALTER A. SPOSKOSKI, JR., LCSW  
4328 Old William Penn Highway Suite 2B  
Monroeville, PA 15146-1496**

**PSYCHOLOGICAL SERVICES AGREEMENT**

This document 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) for the purpose of treatment, payment, and health care options. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. The law requires that I obtain your signature acknowledging that I have provided you with this information.

**PSYCHOLOGICAL SERVICES**

**BILLING AND PAYMENTS**

You will be expected to pay for each session as agreed upon with me. I accept cash or check for payment. I am flexible and willing to work on a sliding scale and make payment arrangements. While I do need money to “keep the lights on”, your mental health is very important to me and I want to help you feel better.

**INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, I may be able to help. It is also important to call your insurance plan administrator. As a rule of thumb, call the number on the back of your insurance card if you have any question. Due to frequent changes in insurance coverage (benefits, exclusions, deductibles), I cannot inform or advise you about your benefits. You are responsible for keeping track of the number of visits permitted in your plan and how many visits you have used for mental health treatment, as you will be charged for additional visits.

You should also be aware that most insurance companies require me to provide them with a clinical diagnosis. Sometimes insurance companies require additional clinical information, such as treatment plans, session summaries, or, in rare instances, copies of your entire Clinical Record. I generally keep limited clinical records. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested.

**PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your Clinical Record. The only exception is in circumstances that involve danger to yourself and/or others. If I make a referral to ReSolve or 911 because of my clinical concern for your safety or the safety of others, I will make the best effort to inform of the referral.

**CLIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of PHI. These rights include the following: requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and to obtain paper copies of this Agreement, the Notice of Privacy Practices form, and my policies and procedures. I am happy to discuss any of these rights with you.

## **CONFIDENTIALITY**

The law protects the privacy of all communications between a client and therapist. In most situations, I can only disclose information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that do not require your authorization, including the following:

- I may occasionally find it helpful to consult with other health and mental health professionals about a case. During a consultation, I will make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that individual in order to defend myself.
- If a client files a worker's compensation claim, I may disclose information relevant to that claim to the appropriate parties, including the Administrator of the Worker's Compensation Court.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment.

- If I have reason to believe that a child under the age of 18 years is the victim of abuse or neglect, the law requires that I report to the appropriate government agency, usually the Department of Human Services. Once a report is filed, I may be required to provide additional information.
- If I have reason to believe that a vulnerable adult (e.g., developmentally/intellectually disabled, the geriatric population, etc.) is suffering from abuse, neglect, or exploitation, the law requires that I report to the appropriate government agency. Once such a report is filed, I may be required to provide additional information.
- If a client communicates an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable victim and he/she has the apparent intent and ability to carry out the threat, or if a client has a history of violence and I have reason to believe that there is a clear and imminent danger that the client will attempt to kill or inflict serious bodily injury upon a reasonably identified person(s), I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.
- If a client threatens to harm herself/himself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

## **CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. While I am in the office, I will not answer the phone when I am with a client. When I am unavailable, you will have the option to leave me a voicemail. I will make every effort to return your call within one business day, with the exception of weekends and holidays. If you predict that you will be difficult to contact, please inform me of times when you expect to be available.

In emergencies or crises that you believe cannot wait for me to return your call, contact your family physician, call 911, or go to the nearest emergency room or call ReSolve at 1-888-7You-Can.

I have received and understand the **PSYCHOLOGICAL SERVICES AGREEMENT**

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Name

Date

---

Name

Date

**WALTER A. SPOSKOSKI, JR., LCSW**  
**4328 Old William Penn Highway Suite 2B**  
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**NOTICE OF PRIVACY PRACTICES**

*This notice describes how medical information/PHI (protected health information) about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

**A. INTRODUCTION**

This Notice will tell you how your medical information is handled here in this office, how it is shared with other professionals and organizations, and how you can see it.

**B. “YOUR MEDICAL INFORMATION” AND “PROTECTED HEALTH INFORMATION (PHI)” EXPLAINED**

Each time you visit **WALTER A. SPOSKOSKI, JR., LCSW** or any healthcare provider, information is collected about you. It may be information about the following: your past or present health or conditions; the test(s) and/or treatment(s) that you received from me or from others; or about payment for healthcare. The information I collect from you is called, in the law, Protected Health Information (PHI). This information goes into your medical or clinical record or file at our office.

In this office PHI is likely to include these kinds of information:

- Your personal history (that might include marital/work/educational history, etc.)
- Reasons you came for treatment (problems, complaints, symptoms, or needs.)
- Diagnoses: the medical terms for your problems or symptoms.
- A treatment plan: a list of the treatments & services that your therapist believes will best help you.
- Progress notes: Each time you come in your therapist will record notes about your functional status, things you report, and observations from the session.
- Records I receive from others who treated or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about your past or present medications.
- Legal matters
- Billing and insurance information

This list is intended to give you an idea of what is included. There may be other kinds of information that go into your clinical record here.

I use this information for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When I talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received the services that were billed to you or to your health insurance company.
- To improve the way, I provide services by measuring the results of our work. When you understand what is in your record and how your record is used, you can make better decisions about whom, when, and why others should have this information. Although your clinical record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy, I can make one for you. In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing you can ask me to amend your record, although in some rare situations I do not have to agree to do that. If you have any further questions about this, please do not hesitate to ask.

**C. PRIVACY AND THE LAWS**

I am also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law requires me

to keep your Protected Healthcare Information (PHI) private and to give you this notice of our legal duties

and privacy practices, which is called the Notice of Privacy Practices (NPP). **WALTER A. SPOSKOSKI, JR., LCSW** will obey the rules of this notice as long as it is in effect but if any changes occur, the rules of the new NPP will apply to all PHI kept and the updated NPP will be posted in the office where everyone can see. You or anyone else can also get a copy of NPP at any time.

#### **D. HOW YOUR PHI CAN BE USED & SHARED**

When your information is read by your therapist and is used to make decisions about your care, the law calls that “use.” If the information is shared with or sent to others outside this office, the law calls that “disclosure.” Except in some special circumstances, when I use your PHI here or disclose it to others, I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed so I will tell you more about what I do with your information. I use and disclose PHI for several reasons. Mainly, I will use and disclose it for routine purposes, which are explained below. For other uses, I must tell you first and have a written Authorization form unless the law permits or requires me to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that do not need your consent or authorization.

##### **1. Uses & Disclosures of PHI in Healthcare *That Require Your Consent***

After you have read this Notice you will be asked to sign a separate Consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share your PHI with other people or organizations for routine purposes: to provide treatment to you, arrange for payment for services, or some other business functions called health care operations (see below). Together, these routine purposes are called TPO (treatment, payment, operations) and the Consent form allows me to use and disclose your PHI for TPO.

##### **1a. For treatment, payment, or healthcare operations.**

I need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use it and share it to care for you properly. Therefore you must sign the

Consent form before I begin treatment because if you do not agree and consent, I cannot treat you. When you come to me for services, I will collect information about you that will go into your

clinical records here. Generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment, and healthcare operations. These are explained further below.

##### **• *For treatment***

I use your medical information to provide you with psychological treatments or services. These might include individual, couples, family, or group therapy, psychological or vocational testing, treatment planning or measuring the benefits of our services. I may share or disclose your PHI to others who provide treatment to you if you sign a release of information (ROI). I am likely to share your information with your personal physician if you sign an ROI. I may refer you to other professionals or consultants for services that I cannot provide. When this happens, I may need to disclose details about you and your conditions. Their findings and opinions will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are just some examples so that you can understand how I use and disclose your PHI for treatment.

##### **• *For payment***

I may use your information to bill you, your insurance, or others so I can be paid for the treatments provided to you. If you choose to use insurance, I may contact your insurance company to verify exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect to occur. I may need to tell them about times that I have met, your progress, and other similar things.

##### **• *For healthcare operations***

There are a few other ways I may use or disclose your PHI for what are called healthcare operations. For example, I may use your PHI to see where I can make improvements in the care

and services I provide. I may be required to supply information to some government health agencies so they can study disorders, treatments, and make plans for services that are needed. If I do this, your name and personal information will be removed from what is sent.

### **1b. Other Uses in Healthcare**

**Scheduling:** I may use and disclose medical information to schedule and/or reschedule your appointments. If you prefer me to only call you at a specific location (home or work), just let me know.

### **2. Uses & Disclosures *That Require Your Authorization***

[Any Unanticipated Use of PHI That Is Not Described in this NPP]

I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice. To clarify, if I want to use your information for any purpose besides the TPO or those described above, I need your permission on an Authorization form. I do not expect to need this very often. If you do authorize me to use or disclose your PHI, you can revoke that permission in writing at any time. After that time, I will not continue to use or disclose your information for the purposes agreed upon. Of course, I cannot take back any information that was already disclosed with your permission or that I had used in our office.

### **3. Uses & Disclosures of PHI from Mental Health Records *That Do Not Require Your Consent or Authorization***

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when I might have to share your information.

#### **When required by law:**

There are some federal, state, or local laws, which require me to disclose PHI.

- If I have a reasonable cause to suspect that a child under the age of 18 years is the victim of abuse or neglect, the law requires me to report this to the Pennsylvania Department of Public Welfare. Once a report is filed, I may be required to provide additional information.
- If I have reason to believe that a vulnerable adult is suffering from abuse, neglect, or exploitation, the law requires that I report it to the appropriate government agency. Once such a report is filed, I may be required to provide additional information.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after attempting to tell you about the request, consulting a lawyer, or trying to get a court order to protect the information, they requested.
- I have to disclose some information to the government agencies, which monitor me to ensure that I am obeying the privacy laws.

#### **Additional Causes to Disclose Without Consent:**

Use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

- **For Law Enforcement Purposes:** I may release medical information if asked to do so by a law enforcement official to investigate matters related to the criminal justice system.
- **For Public Health Activities:** I might disclose some of your PHI to agencies, which investigate diseases or injuries.
- **Relating to Decedents:** I might disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
- **For Specific Government Functions:** I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.
- **To Prevent a Serious Threat to Health or Safety:** If I come to believe that there is a serious threat to your health or safety or that of another person or the public, I can disclose relevant PHI. I will only do this to persons who can prevent the danger.

### **4. Uses & Disclosures Where You Have an Opportunity to Object**

I will only share information about you with whom you allow me to upon a Release of Information.

### **5. An Accounting of Disclosures**

When I disclose your PHI I may keep records of whom I sent it to, when it was sent, and what was sent. You can get a list of many of these disclosures.

### **E. YOUR RIGHTS REGARDING YOUR PHI**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try our best to do as you ask.

2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I do not have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you and as long as I have not already made the disclosure per your previous permission.

3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records but there will be a processing/administrative charge involved (commensurate to the labor costs as determined by our hourly fees). Contact me to arrange how to see your records.

4. If you believe the information in your records is incorrect or missing important information you can ask me to make some kinds of changes (called amending) to your health information. You must make this request in writing. You must disclose the reason(s) you want to make the changes. I will do our best to accommodate these amendments, but I am not compelled to agree.

5. You have the right to a copy of this notice. If I change this NPP I will post the new version in the waiting area of our office and can always get a copy of the NPP.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

7. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

**8. Right to Be Notified if There is a Breach\* of Your Unsecured PHI:** You have a right to be notified if: (a) there is a breach (use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our Risk Assessment fails to determine that there is a low probability that your PHI has been compromised.

*\*Breach Defined:*

The HITECH Act added a requirement to HIPAA that psychologists (and other covered entities) must give notice to patients and to HHS if they discover that “unsecured” Protected Health Information (PHI) has been breached. A “breach” is defined as the acquisition, access, use, or disclosure of PHI in violation of the HIPAA Privacy Rule.

### **Breach Notification Addendum to Policies & Procedures:**

1. When the Practice becomes aware of or suspects a breach, as defined in Section 1 of the Breach Notification Overview, the Practice will conduct a Risk Assessment, as outlined in Section 2.A of the Overview. The Practice will keep a written record of that Risk Assessment.

2. Unless the Practice determines that there is a low probability that PHI has been compromised, the Practice will give notice of the breach as described in Sections 2.B and 2.C of the Breach Notification Overview.

3. A Business Associate can complete the Risk Assessment if it was involved in the breach. While the Business Associate will conduct a Risk Assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and HHS.

4. After any breach, particularly one that requires notice, the Practice will reassess its privacy and security practices to determine what changes should be made to prevent the reoccurrence of such breaches.

**F. IF YOU HAVE QUESTIONS**

If you need more information or have questions about the privacy practices described above please ask for clarification. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, please bring it to our attention. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you file a complaint.

I have received and understand the **NOTICE OF PRIVACY PRACTICES**

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Name

Date

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Name

Date



**WALTER A. SPOSKOSKI, JR., LCSW  
4328 Old William Penn Highway Suite 2B  
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I have received and understand the **PSYCHOLOGICAL SERVICES AGREEMENT**

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I have received and understand the **NOTICE OF PRIVACY PRACTICES**

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I have received and understand the **ELECTRONIC COMMUNICATION POLICY**

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