

Elena Marie Ramirez, PhD PLC
Licensed Psychologist-Doctorate

595 Dorset Street Suite 2 South Burlington, Vermont 05403

My signature acknowledges that I have received a copy of each of the following documents:

1. The Vermont Notice Form - concerning the use and disclosure of health information
2. A description of the professional qualifications and experience of my therapist.
3. A listing of actions that constitute Unprofessional Conduct, according to the Vermont Statutes, and the methods for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

My signature acknowledges the use of a billing service (*Claims Connection*) located in Plattsburgh, NY to bill for those charges issued to my insurance company, and/or to track individual client payments. When technology permits, these claims may be submitted electronically.

I acknowledge Claims Connection being given a copy of my client registration form in order to process these claims and/or maintain a record of my account. If necessary, I authorize Claims Connection to contact my insurance company to check on claims submitted for payment of services.

My signature also acknowledges that I am aware that Elena Marie Ramirez, PhD PLC does not have twenty four hour emergency coverage for her practice. I am aware that I must contact my local crisis hotline or emergency room in the event that I may require immediate mental health services.

Finally, my signature acknowledges my understanding and agreement with the payment policy of Elena Marie Ramirez, PhD PLC, including fees for missed sessions that are not cancelled at least 24 hours in advance BY TELEPHONE. Thank you.

Printed Name

Signature

Date

Parents Signature (if minor)

Elena Marie Ramirez, PhD, PLC Licensed Psychologist-Doctorate

Vermont state law requires all Licensed Psychologists practicing in Vermont to disclose to both current and new clients, within three visits, their qualifications and experience, information about what constitutes unprofessional conduct, and how to file a complaint with the Office of Professional Regulation (information attached). The law further requires that the psychologist obtain a signed form from the client acknowledging receipt of this information.

The credentials for and qualifications of Dr. Elena Ramirez are as follows:

Licensed Psychologist-Doctorate (license number: VT 728)
Ph.D. in Clinical Psychology from the University of Vermont
Internship in Clinical Psychology at Tufts University/Boston VA Consortium
B.S. with Honors in Psychology from Vanderbilt University

Areas of Specialization and Services Provided:

Obesity and Weight Management
Eating Disorders
Anxiety and Mood Disorders
Behavior Therapy
Cognitive Behavioral Therapy
Professional Consultation and Evaluation

Contact Information for Dr. Ramirez:

595 Dorset Street, Suite 2
South Burlington, Vermont 05403
(802) 651-8999 ext 2 Fax (802) 651-8997
eramirez@therapyvermont.com

VERMONT NOTICE FORM

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

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
 - "*Treatment, Payment and Health Care Operations*"
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose 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 my 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.
 - "*Use*" applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - "*Disclosure*" applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if 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 with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has been abused or neglected, I am required by law to report such information within 24 hours to the Commissioner of Social and Rehabilitation Services or its designee.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an elderly or disabled adult has been abused, neglected, or exploited, I am required by law to report this information to the Commissioner of Aging and Disabilities.
- **Health Oversight:** If I receive a subpoena for records from the Vermont Board of Psychological Examiners in relation to a disciplinary action, I must submit such records to the Board.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** If I know that you pose a serious risk of danger to an identifiable victim, I am required by law to exercise reasonable care to protect such victim. This may include disclosing your relevant confidential information to those people necessary to address the problem. Also, I may disclose your confidential information if I judge disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person.

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. However, I am not required to agree to a restriction you request.
- *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 me. Upon your request, I 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 PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you in writing by mail to the address in our records.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Dr. Elena Ramirez at 802 651-8999.

If you believe that your privacy rights have been violated and wish to file a complaint with *me/my* office, you may send your written complaint to Dr. Elena Ramirez at 595 Dorset Street, Suite 2, South Burlington, VT 05403 or call 802 651-8999, ext 2.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 15, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail at the address in my records.

UNPROFESSIONAL CONDUCT FOR PSYCHOLOGISTS
TITLE 26, VERMONT STATUTES ANNOTATED, CHAPTER 55, SECTION 3016

§ 3016 UNPROFESSIONAL CONDUCT

Unprofessional conduct shall include:

1. Fraudulent or deceptive procuring or use of a license;
2. Willfully making or filing false reports or records in the practice of psychology, willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper report or record;
3. Advertising which is intended or has a tendency to deceive the public;
4. Exercising undue influence on or taking improper advantage of a person using psychological service or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or of a third party;
5. Failure to comply with statutes governing the practice of psychology;
6. Conviction of a crime that evinces an unfitness to practice psychology;
7. Failing to make available, upon written request of a person using psychological services to succeeding health care professionals or institutions, copies of that person's records in the possession or under the control of the licensee;
8. Practicing psychology when medically or psychologically unfit to do so;
9. Failing to use a complete title in professional activity;
10. Conduct which evidences moral unfitness to practice psychology;
11. Gross or repeated malpractice;
12. Engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the licensee has had a professional relationship within the previous two years;
13. Harassing, intimidating or abusing a client or patient;
14. Entering into an additional relationship with a client, supervisee, research participant or student that might impair the psychologist's objectivity or otherwise interfere with the psychologist's professional obligation;
15. Practicing outside or beyond a psychologist's area of training or competence without appropriate supervision.

To make a consumer inquiry or file a complaint, call (802)828-2367 or write to the Vermont Secretary of State, Office of Professional Regulation at 109 State Street in Montpelier, Vermont 05609-1106.

June 2006

**Vermont Secretary of State
Office of Professional Regulation**

The Office of Professional Regulation provides Vermont licenses, certifications and regulations for over 37,000 practitioners and businesses. As of July 1, 1996, 23 professions are regulated by appointed boards and commissions and 13 professions are regulated by the Director with appointed advisors. A list of professions regulated follows:

Accountants, Public*
Acupuncturists
Architects
Auctioneers
Barbers*
Boxing, Managers and Promoters
Chiropractors
Cosmetologists*
Dentists, Dental Hygienists, Dental Assistants
Dietitians
Embalmers
Engineers, Professional
Estheticians
Funeral Directors*
Hearing Aid Dispensers
Land Surveyors
Manicurists
Marriage and Family Therapists
Mental Health Counselors, Clinical
Motor Vehicle Racing
Naturopathic Physicians (Effective July 1, 1996)
Nurses
Nursing Assistants
Nursing Home Administrators
Occupational Therapists
Opticians
Optometrists
Osteopathic Physicians
Pharmacists*
Physical Therapists
Private Investigators and Security Guards*
Psychoanalysts
Psychologists
Psychotherapists, Non-Licensed and Non-Certified
Radiologic Technologists
Real Estate Brokers and Salespersons*
Real Estate Appraisers
Social Workers, Clinical
Tattooists (Effective July 1, 1996)
Veterinarians
Businesses as well as practitioners are regulated

Each profession or occupation is governed by laws defining professional conduct. Consumers who have inquiries or wish to obtain a form to register a complaint may do so by calling (802)828-2367 or by writing the Secretary of State at 109 State Street in Montpelier, Vermont 05609-1106.

Upon receipt of a complaint, an administrative review determines if the issues raised are covered by the applicable professional conduct statute. If so, a committee is assigned to investigate, collect information and recommend action or closure to the appropriate governing body.

All complaint investigations are confidential. Should the investigation conclude with a decision for disciplinary action against a professional's license and ability to practice, the name of the license holder will then be made public. Disciplinary action through the Office of Professional Regulation ranges from reprimand to revocation of license but does not involve financial compensation or restoration, with some exceptions. Financial restoration can be pursued through private attorneys, small claims courts or other available remedies.

UNAUTHORIZED PRACTICE IS A CRIMINAL OFFENSE IN THE STATE OF VERMONT

Vermont Secretary of State James Milne

Office of Professional Regulation

Susan Hollins, Director

June, 1996