

JOY PICCOLINO, PSY.D.
Licensed Psychologist

ACKNOWLEDGEMENT FORM

Please initial each item to indicate your acknowledgement of the statement, then sign and date at the bottom.

_____ I have read the **PSYCHOLOGIST-PATIENT SERVICE AGREEMENT** and agree to abide by its terms during our professional relationship.

_____ I have received the **HIPAA NOTICE** form.

_____ I have read and understood the **BILLING AND COLLECTION POLICIES** and I agree to abide by its terms. I understand that even if I have insurance and Joy Piccolino, Psy.D., LP assists me in collecting from my insurance company, responsibility for my account remains my own.

_____ I have been informed of the cancellation/missed session policy requiring 24-hours notice to avoid being charged.

_____ I have read and understood the **SOCIAL MEDIA POLICY**.

_____ I further authorize and request that Joy Piccolino, Psy.D., LP carry out mental health examinations, treatments, and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Signature of patient

Date

Signature of parent/guardian if minor

Date

Relationship to patient

Joy Piccolino, Psy.D., Licensed Psychologist

Date

JOY PICCOLINO, PSY.D.
Licensed Psychologist

PSYCHOLOGIST-PATIENT SERVICES AGREEMENT

Welcome to my practice. 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) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its 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 very important that you read them carefully. We can discuss any questions you have about these documents at the first appointment. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance 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 you have incurred. **You should be aware that this Agreement will be in effect for one year from the date of signing or until therapy is terminated, whichever is longer, unless you specifically request that it remain in effect for a shorter time. This contract, or any provision of this contract, can be revoked by you at any time, except to the extent that I have relied on it to take action.**

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and 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 medical doctor visit. 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 may 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 better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. Next, if you decide to continue with therapy, we will develop treatment goals together. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

SESSIONS

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one session per week. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.** If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

My hourly fee is \$235 for the initial diagnostic session and \$195 for 60-minute therapy sessions and \$155 for 45-minute therapy sessions. In addition to weekly appointments, I charge \$195 for other professional services you may need, though I will break down the hourly cost into 15-minute increments if I work for periods of less than one hour. Other services include report/letter writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

I also conduct psychological testing at a rate of \$200 per hour. Time billed is for test administration, as well as scoring and interpretation. If you are using your insurance to pay for psychological testing, it will be billed only by the hour (a requirement of the insurance companies, except for Medicaid). If you are paying privately or have Medicaid, billing will be in 15-minute increments.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of 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, I charge \$390 per hour for preparation and attendance (portal to portal) at any legal proceeding, with a minimum of 2 hours.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. I accept cash, checks, Visa and MasterCard. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Accounts are due 30 days after billing. Overdue accounts may be charged interest at a rate of 1.5% per month.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, *you (not your insurance company) are responsible for full payment of my fees.* Although I may be a provider for your insurance company, there are many different plans, and it is very important that you find out what level of coverage your insurance policy has for mental health services specifically with me. If I am not a provider for your insurance company, you may have out-of-network benefits that you could use to help pay for your therapy/evaluation with me. You would need to contact your insurance company to determine the level of coverage you have in such a situation.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

You should also be aware that your contract with your health insurance company requires that I provide them with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently during my work days (Monday-Thursday). I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you leave a message late in the day on Thursday, I may not be able to return your call until the following Monday. If you are difficult to reach, please inform me of some times when you will be available. In emergencies, if you have been unable to reach me at the office or if it is after hours, you can try me on my cell phone at 952-210-6126. *Please do this for true emergencies only.* If you are still unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. You may also call Crisis Connection at 612-379-6363. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

You may contact me by email at DrJoy@DrJoyPiccolino.com. Please keep in mind that email technology is not secure and I may not be able to respond immediately. I do not check my email according to a planned schedule, so emergencies or situations requiring my rapid attention should definitely not be sent by email. Email messages are best kept to requests for me to contact you and to work out scheduling, with information about how and when I can reach you.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release 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 require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- ◆ I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- ◆ In the event of my death or incapacitation, access to your records will be given to executors of my professional will for the purpose of notifying you and for maintenance of your file until such time as your records may be destroyed.
- ◆ Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where I am permitted or required to disclose information *without* either your consent or Authorization:

- ◆ If you are involved in a court proceeding and a request is made for information concerning the professional services I provided to you, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order from a judge. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- ◆ If a government agency, pursuant to their lawful authority, is requesting the information for health oversight activities, I may be required to provide it for them.
- ◆ If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- ◆ If a patient files a workers compensation claim, I must, upon appropriate request, disclose information related to the claim to appropriate individuals, which may include the patient's employer, the insurer or the Department of Labor and Industry.

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 patient's treatment. These situations are unusual in my practice.

- ◆ If I know or have reason to believe reason a child is being neglected or physically or sexually abused or has been neglected or physically or sexually abused within the preceding three years, the law requires that I file a report immediately with the appropriate government agency, usually the local welfare agency. Once such a report is filed, I may be required to provide additional information.
- ◆ If I have reason to believe that a vulnerable adult is being or has been maltreated or if I have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, the law requires that I file a report immediately with the appropriate government agency, usually an agency designated by the county. Once such a report is filed, I may be required to provide additional information.
- ◆ If I believe that you present a serious and specific threat of physical violence to yourself or another, I may be required to disclose information necessary to take protective actions. These actions may include notifying the potential victim, contacting your family or others who can help provide protection, contacting the police, or seeking your hospitalization.

If such a situation arises, I will make every effort to fully 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 may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to

untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In certain situations, I may charge a copying fee of 75 cents per page. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

PATIENT RIGHTS

HIPAA provides you with rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information 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 the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MISCELLANEOUS

If we meet in another setting, I will acknowledge you only if you acknowledge me first. In these situations, confidentiality and your comfort are my guides.

JOY PICCOLINO, PSY.D.
Licensed Psychologist

BILLING AND COLLECTION POLICIES

Therapists and clients are sometimes uncomfortable discussing fees, billings, and related issues. Nevertheless, you have the right to know exactly what my services cost and what my billing policies are. At the same time, I have the right to prompt payment in full for the services I perform.

When you see me for therapy or evaluation, you accept full financial responsibility for all services you receive. If you have insurance, I will assist you in obtaining reimbursement, but the ultimate responsibility is yours. **The expectation is that you will make your payment, co-payment, coinsurance or deductible at the time of each session.** I accept cash, checks, Visa & MasterCard.

FEES

My standard fees are as follows:

- ◆ Initial Diagnostic Session (50-60 minutes) - \$235
- ◆ 60-minute Individual Therapy Session - \$195
- ◆ 45-minute Individual Therapy Session - \$155
- ◆ 30-minute Individual Therapy Session - \$97.50
- ◆ Psychological Testing - \$200/hour
- ◆ Court Testimony, portal to portal, per hour, 2 hour minimum - \$390
- ◆ All other services are billed at the rate for individual sessions, broken into 15-minute increments as appropriate. If you have questions about fees for other services, please ask.

Occasionally, I may increase my fees. If you are in therapy when an increase is to occur, you will be notified in advance. At that time, your fee will be adjusted to the new fee, unless we agree to other arrangements.

HEALTH INSURANCE AND MANAGED CARE

Please present your current insurance card at your first visit and any time you receive a new card. Most group health insurance plans cover *part* of my fee. Insurance claims require a diagnosis, which I will discuss with you if you ask. There may be two kinds of noninsured costs to you: (1) a deductible, which is an amount you must pay before your insurance coverage begins to pay; and (2) many plans also have a co-payment, which is a portion of the fee for each visit that you must pay yourself. I have contracted with some insurance companies to accept less than my standard fee as payment in full. If this is the case, your account balance will be adjusted when I receive payment from the insurance company. However, if the insurance pays less than 100% of the contracted fee, you will owe the balance of the fee up to 100% of the contracted fee. This is referred to as coinsurance. Many insurance companies will pay 70-80% of the contracted fee, leaving you with a 30-20% coinsurance. I am obligated to collect copays, coinsurance, and deductibles as directed by your insurance carrier.

Since I am unable to keep track of every insurance plan and reimbursement options, you are responsible to know your level of coverage for the services provided by me. If you have questions regarding your plan coverage, co-pay, or deductible, please contact your insurance company directly, referencing Joy Piccolino, Psy.D., LP as your provider. Your policy is a contract between you, your employer, and your insurance company. I am not a party to that contract. The filing of insurance claims is a courtesy I extend my clients. I do not assume responsibility for determining whether your insurance will cover services rendered.

Sometimes managed care companies will authorize more sessions than your insurance benefits will pay for. If you see me for visits *that are authorized* but not paid for by your insurance benefits, by signing this form you agree to pay my fee, as listed above, for each authorized visit that is not covered by your insurance benefits. **If your insurance company requires you to get authorization from them before seeing a therapist and you do not do so, you are responsible for payment in full of the fees listed above.** Additionally, your insurance company may not regard your therapy to be medically necessary and may refuse payment of my bill on this basis. If this occurs, you agree, by signing the Acknowledgment Form, to pay for services provided until we become aware that insurance is not paying. At that point, we will discuss whether you want to continue services with me and pay privately.

CANCELLED/MISSED APPOINTMENTS

A scheduled appointment means that time is reserved only for you. **If an appointment is missed or cancelled with less than 24-hours notice, you will be billed directly according to the scheduled fee or according to the rules of your insurance plan.** Your insurance plan does not cover payment for missed appointments; therefore, you are responsible for payment in full. Repeated cancellations and missed appointments may result in termination of the therapeutic relationship. A letter reflecting termination will be mailed to you should this occur.

TELEPHONE CALLS & OTHER SERVICES

Please try to make any telephone calls to me during my office hours, Monday through Thursday. A charge for phone calls of longer than 15 minutes will incur the regular hourly therapy fee billed in 15-minute increments, with the exception of calls related to scheduling or other business-related items. Phone calls made to collateral contacts will not be charged for initial contacts or for case planning unless these phone calls become extensive. *Phone consultations are generally not covered by insurance and will be billed directly to you.* Other professional services such as report writing, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries and time spent performing any other services you may request of me will be billed to you at the hourly therapy fee.

PAYMENT POLICY

All accounts are payable in full within 30 days after billing. Overdue accounts may be charged interest at the rate of 1.5% per month.

If you do not abide by the payment agreements, I reserve the right to refuse further service.

COLLECTIONS PROCEDURES

I reserve the right to collect any unpaid balance due for services provided. If a client is not making regular monthly payments on the account balance, I may use a collection agency or take legal action to secure payment, as authorized by state or federal law, and the collections action will become a part of your credit record. Clients will be notified in writing before I take action to collect. If your account is sent to collections, the costs will be added to your account.

LIMIT ON UNPAID BALANCE

I may terminate treatment and refer a client elsewhere for continued care if the unpaid balance exceeds \$500.00.

RETURNED CHECKS

Payments made by check that are not honored by the bank will incur a returned check fee equal to fees charged by my bank, not to exceed \$30 per check. Repeated returned checks will result in your account being designated as a "cash only" account for non-insurance related payments.

JOY PICCOLINO, PSY.D.

Licensed Psychologist

HIPAA NOTICE FORM

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Patient's 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 such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ◆ “*Disclosure*” applies to activities outside of my office 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, or 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 or health care operations, I will obtain an authorization from you before releasing this information.

You may revoke all such authorizations 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 know or have reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, I must immediately report the information to the local welfare agency, police or sheriff's department.
- ◆ **Adult and Domestic Abuse:** If I have reason to believe that a vulnerable adult is being or has been maltreated, or if I have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, I must immediately report the information to the appropriate agency in this county. I may also report the information to a law enforcement agency.

“*Vulnerable adult*” means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

- (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
- (ii) because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.

- ◆ **Health Oversight Activities:** The Minnesota Board of Psychology may subpoena records from me if they are relevant to an investigation it is conducting.

- ◆ **Judicial and 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 you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, I must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. I must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. I also may disclose information about you necessary to protect you from a threat to commit suicide.
- ◆ **Worker's Compensation:** If you file a worker's compensation claim, a release of information from me to your employer, insurer, the Department of Labor and Industry or you will not need your prior approval.

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. 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. On 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. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I 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 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). 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 provide written Notice to you at our next session or by mail.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Department of Health & Human Services 175 5th St E, St. Paul, MN 55101 (651) 290-3861.

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.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on November 15, 2004.

JOY PICCOLINO, PSY.D.
Licensed Psychologist

SOCIAL MEDIA POLICY

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

INTERACTING

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Facebook or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at drjoy@drjoypiccolino.com is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

USE OF SEARCH ENGINES

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there *might* be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

BUSINESS REVIEW SITES

You may find my psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are

my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Minnesota Board of Psychology, which oversees licensing, and they will review the services I have provided.

EMAIL

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any email I receive from you and any responses that I send to you will be printed out by me and kept in your treatment record.