

# Ross Ginkel, Psy.D., PLLC

## Licensed Psychologist

750 W Ustick Rd., Ste. 120, Meridian, ID 83646  
Ph. 208-366-1601 or 208-366-1657 Fax 208-366-1602

## Information Disclosure and Informed Consent Form

THIS FORM HAS FOUR PURPOSES:

1. **It tells you what to expect from counseling.** Your first visit will help me get a general understanding of your situation in order to determine how we might best help you. Because I want you to participate actively in planning your counseling, do not hesitate to ask questions.
2. **This form serves as an Agreement between you and Ross Ginkel, Psy.D., PLLC.** All business associates who are contracted by Remedy Counseling have signed a confidentiality waiver and are required to keep all information confidential. All providers keep their files separate from each other. You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on Ross Ginkel, Psy.D. unless I have already relied on this agreement to take action, or if your health insurer requires me to send information needed in order to process claims made for your services, or if you have not paid your bill in full.
3. **This form also contains information about a federal law that affects your privacy rights.** HIPAA (Health Insurance Portability and Accountability Act) regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. HIPAA requires that I give you a Notice of Privacy Practices. The Notice, included in this Agreement, explains HIPAA's 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. I will give you a copy of this Agreement, including the Notice.
4. **This form explains my policies.** Please let Ross Ginkel, Psy.D know if you have concerns or questions about these policies.

## Counseling Purpose

Counseling is a way of talking through your problems in order to begin resolving them. The counseling process is a collaboration between the counselor and the client, working as a team towards implementing healthy goals. You will need to take an active part in counseling by working on, and thinking about the things you talk about with your counselor. Counseling has been shown to have many benefits. However, there are no guaranteed results, and at times, a counseling session may leave you with unhappy feelings. When it is effective, counseling often leads to better relationships, solutions to specific problems, and feeling much less distressed. Not every counselor will be a good fit for every client. If there is a desire to end counseling before goals are met, an appropriate referral to another counselor can be made.

## Appointments

Counseling sessions generally last 60 minutes. Your appointments can be scheduled through me or the front desk. Once the appointment is made, the time is set aside for you. **If you cancel an appointment, I require clients to provide notice at least 24 hours before the session, or there will be a \$60 no-show fee. Insurance does not cover charges for reserved time; clients are personally responsible for any such charges.** If you are over 15 minutes late, I may cancel your appointment, and no-show fees will apply. There are times when I may be unable to start your session on time. If I am late, you will be given your full session time.

## Billing Insurance

Medical insurance that provides mental health and counseling benefits do so based on a medical model. This means I will be required to provide your insurance with a medical diagnosis. Benefits are limited to those that are deemed "medically necessary" by the insurance provider. Many social, family and marriage problems are not

deemed medically necessary and are therefore NOT covered by many insurance plans. Please talk with me if you have questions regarding diagnosis and medical necessity. Some insurance plans require that I share additional clinical information about your treatment. Detailed information is provided on the Managed Care Informed Consent Document.

## **Professional Standards**

Psychologists are required to adhere to the professional code of ethics adopted by the Idaho Counselor Licensing Board. If you have reason to believe Dr. Ginkel has acted in an unethical manner you have the right to file a complaint in writing to the Idaho Bureau of Occupational Licenses located at 1109 Main Street, Suite 220; Boise, ID 83702, or by phone at (208) 334-3233.

You may, at any time seek a second opinion, or request to see another therapist. If you are dissatisfied with Dr. Ginkel, it is your right and responsibility to seek another provider, or to terminate treatment (unless treatment has been court ordered). A referral to another provider will be given upon request.

## **Confidentiality and Client Records: Notice of Privacy Policies and Practices**

Federal and State laws governing confidentiality can be quite complex. This Notice explains some specific Patient Rights that you have under these laws.

**CLIENT RECORDS**—Ross Ginkel, Psy.D., PLLC maintains a Clinical Medical Record file on your case, which is the property of Ross Ginkel, Psy.D., PLLC. Dr. Ginkel utilizes electronic health records. Check with him to discuss how he is keeping your file secure. These files contain a copy of this intake paperwork, insurance/billing information, a medical record documenting your session with your counselor, medical records received by other providers, and any medical releases you have signed. All counselors and staff practicing within Remedy Counseling respect the confidentiality of other provider's client files and do not access files other than their own.

You may examine and/or receive a copy of your medical record if you request it in writing and the request is signed by you and dated not more than 60 days from the date it is submitted. Releasing records will be done in such a way that adheres to both the 2014 Code of Ethics as well as HIPAA guidelines. There may be a charge for writing reports or for copying materials. All requests to release medical records will need to be approved by Ross Ginkel, Psy.D.

**PLEASE NOTE:** If you are being seen in couples, group, or family therapy, Idaho laws concerning confidentiality are not clear. Dr. Ginkel will not release information to other parties without the written permission of all individuals involved in the therapy session, except when allowed or required to do so by State or Federal law, unless a court order requires us to release information about your case.

**CONFIDENTIALITY**— Information provided by and to a client during therapy sessions is legally confidential if the counselor is a licensed psychologist, or reasonably believed by the client to be so. If the information is legally confidential, the counselor cannot be forced to disclose the information without the client's consent with the following exceptions:

Information may be released to parents of minor children, under the age of 14, who have the legal right to access their children's medical information; When authorized by other state laws; If the counselor is a defendant to a civil, criminal, or disciplinary action arising from therapy; The client is a defendant in a criminal proceeding, and the use of confidential information would violate the defendant's rights to a compulsory process.

You may choose to engage in electronic communications with your counselor. If you and your counselor choose to do so, it is important for you to understand that confidentiality may be difficult to guarantee in that format. However, your counselor will follow guidelines as outlined in the APA Code of Ethics, as well as HIPAA security requirements

## **Court Appearances**

Due to the nature of the therapeutic process, and the fact court testimony requires the disclosure of matters which are legally confidential, may not be in the client's best interest, or has the potential to cause unforeseen harm, it is agreed that clients will not engage Ross Ginkel, Psy.D. in any legal proceedings (such as, but not limited to divorce, custody disputes, injuries, or lawsuits, etc.). Dr. Ginkel is not trained as a custody evaluator, mediator, nor does he have the qualifications to be called as an expert witness. Based on those statements, neither you, nor your attorney(s), nor anyone else acting on your behalf will subpoena, or call Dr. Ginkel to testify in court or any other procedures, nor will a disclosure of the therapeutic record be requested, unless otherwise agreed on. You agree to waive your right to have Ross Ginkel, Psy.D. subpoenaed. An exception may be granted, at the discretion of Dr. Ginkel, for extreme cases or when it can be clearly established that Dr. Ginkel's testimony will be in the best interest of a client's safety. In the case where Dr. Ginkel agrees to testify or is subpoenaed on your behalf, or involved in court related processes, you agree to pay a retainer fee of \$1,500 due at the time the subpoena is served. Charges of \$250 per hour will be made for the counselor's time including, but not limited to: phone calls/communication with all legal counsel involved in the process, drive time, wait time, court preparation/deposition time, court appearance time, paperwork preparation, and phone calls/communication with client regarding case, and any other time related to the case. Any additional charges after retainer is depleted will be charged at \$250/per hour.

## **Access to Care and After Hours Crisis Services**

Due to the nature of my work, I am not always immediately available to receive or return telephone calls. If you need to contact Dr. Ginkel between counseling sessions, please call (208) 366-1601 and leave a message. When I am unavailable, my phone will be answered by voicemail, which I check regularly throughout the day, if I am not with a client. I will make every effort to return your call within 24 hours with the exception of weekends, holidays, and vacation. If you need to contact me regarding appointment times/dates, cancellations, or rescheduling it is best to do so via email.

Ross Ginkel, Psy.D., PLLC does not offer after-hours crisis services for life threatening emergencies. If you experience a life threatening mental health emergency outside of regular business hours, call 9-1-1 or go to the nearest Emergency Room. Routine appointments for any non-acute, non-life threatening symptoms, causing mild distress will be scheduled within 10 business days. Urgent appointments for non-life threatening symptoms that cause significant distress, or have recent onset will be scheduled as soon as possible, but no longer than 48 hours after request for appointment has been made. Non-Life threatening emergencies involving crisis and could lead to further deterioration will be scheduled as soon as possible, but not to exceed six hours following a request for an appointment. Client's with a life threatening emergency will be seen immediately during business hours, or will be referred to the nearest emergency room. Optum Idaho members may call, 1-855-202-0973 if they are in crisis. The Idaho Suicide Prevention Hotline Number is 1-800-273-8255.

## **Email, Cell Phones, Computers, and Faxes**

It is important that clients are aware that communication via unencrypted email, texts, and e-faxes can be relatively easily accessed by unauthorized people and may lead to a compromise in the privacy and confidentiality of such communication. To minimize the risk of a breach of private and confidential information Ross Ginkel, Psy.D., PLLC has taken the following steps: 1) All client information/data is stored in HIPPA secure electronic health records. In cases where there may be personal health information stored on Dr. Ginkel's computer that information is encrypted, then permanently deleted as soon as it is no longer needed. His computer is equipped with a firewall, virus protection, and is password protected. He utilizes a HIPPA compliant email, phone, and fax service. Clients are welcome to text simple information such as changes in appointments, or let counselor know they are running late. By doing so clients assume the risk that this information may not be at risk of being accessed by an unauthorized third party. Under no circumstances are clients to text information that is sensitive in nature, would be considered protected health information or information that would be considered confidential. If you choose to communicate with me via email, phone messages, text, or fax messages, I will assume that you have been informed of the risk and choose to do so at your own discretion and risk. Please inform Dr. Ginkel if you choose to avoid or limit in anyway, email, texts, or phones messages.

## Managed Care Release of Information: Informed Consent

Many insurance providers now operate under a managed care model. Managed care networks sometimes require mental health providers to collaborate and exchange information pertaining to your treatment with primary care providers, care advocates, and potentially other providers involved in your health care. The intent of this form is to inform you of communication that is required to be exchanged pertaining to your protected health information. To find out more about your behavioral health benefits, please contact your insurance provider.

- 1. Confirmation of Referral:** Many managed care plans request mental health providers communicate with a member's primary care physician once a patient has made an appointment for mental health services.
- 2. History and Physical:** Many managed care plans request mental health providers to request a copy of a member's history and physical from the member's primary care physician. The purpose of this request is to ensure that mental health providers are aware of any medical conditions that could impact a member's mental health treatment.
- 3. Comprehensive Diagnostic Assessment:** Many managed care plans request mental health providers provide member's primary care physician with a copy of your comprehensive diagnostic assessment. The information contained in this document is as follows: reason for seeking counseling, current mental or emotional health symptoms, current and past medication, medical and psychiatric history, family history; including family history of mental health issues, substance abuse history, history of abuse, impairment in functional areas, a mental status exam, members strengths and assets, an assessment of mental health diagnosis, and your providers recommendations for treatment.
- 4. Treatment Plan:** Many managed care plans request mental health providers provide your primary care physician with a copy of your treatment plan which contains your treatment goals, the type of counseling procedures that will be utilized to meet your goals, frequency of services, and discharge criteria.
- 5. Significant changes in member condition/treatment goal:** Many managed care plans request mental health providers consult with your primary care physician if there are any significant changes in your need for decreased or increased treatment. We will also notify your physician when you are discharged from services.
- 6. Care Advocate:** From time to time your provider may be contacted by a Care Advocate, or other representative from your insurance company. Care Advocates often result in a request for more information regarding member's care including, but not limited to: confirmation of the correct level of care based on member's wellness assessment, ensure services being provided are medically necessary, document that counselor is aware of any personal safety or medical risk factors.
- 7. Minimum Necessary:** Ross Ginkel, Psy.D., PLLC subscribes to the philosophy of disclosing only the minimum amount of information necessary about you and your care with your managed care plan and your primary care physician. If you have any concerns about the type of information being shared, please discuss this with you Dr. Ginkel.

# HIPPA and Your Protected Health Information

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## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Ross Ginkel, Psy.D., PLLC 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 Ross Ginkel, Psy.D., PLLC provides, coordinates and manages your health care and other services related to your health care.
- *Payment* is when Ross Ginkel, Psy.D., PLLC obtains reimbursement for your healthcare. Ross Ginkel, Psy.D., PLLC may use collections agencies, an accountant, a billing manager, and technical support service for our billing software. As required by HIPAA, these businesses have signed contracts with us in which they promise to maintain the confidentiality of protected health information except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and a blank copy of the contract.
- *Health Care Operations* are activities that relate to the performance and operation of Ross Ginkel, Psy.D., PLLC.
- “*Use*” means activities within Ross Ginkel, Psy.D., PLLC’s practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Your counselor practices with other mental health professionals and also employs support staff. In most cases, your counselor needs to share information with support staff for purposes such as billing, scheduling, and quality assurance. Also, Ross Ginkel, Psy.D., PLLC and clinical staff routinely consult with each other concerning our clients. Please let your counselor know if you would prefer that other clinical staff not be consulted about your case. During consultations, your therapist makes every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. All of the professional staff members are bound by the same rules of confidentiality, and all support staff have training in privacy rules and have agreed not to release any information outside of the practice without permission of a professional staff member. The therapist will note all consultations in your Clinical Record.
- “*Disclosure*” means activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties. Your therapist may find it helpful to share information with your primary care physician or other health and mental health professionals who are currently treating you. Your signature on this Agreement is written, advance consent for us to release information to these professionals. A record of these disclosures will be kept in your Clinical Record.

## USES AND DISCLOSURES REQUIRING AUTHORIZATION

Your counselor may use or disclose PHI for purposes outside of treatment, payment, and health care operations when authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your therapist is asked for information for purposes outside of treatment, payment and health care operations, he will obtain a written authorization from you before releasing this information. Your therapist will also need to obtain a separate authorization before releasing your psychotherapy notes. “Therapeutic notes” are notes your counselor has made about your conversations during a private, group, joint, or family counseling session, which your counselor has 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. Ross Ginkel, Psy.D., PLLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. Ross Ginkel, Psy.D., PLLC will provide you with a revised notice by posting the revisions in the waiting room for your inspection. You may not revoke an authorization to the extent that (1) your counselor has 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.

## USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

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

- **Child Abuse:** If your therapist knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired person under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, she/he is required by law to report that knowledge or suspicion to the Idaho Department of Health and Welfare, or a municipal or county peace officer.
- **Elder Abuse:** If your therapist has reasonable cause to believe that an elder is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, she/he is required by law to immediately report such belief to the Idaho Department of Health and Welfare Adult Protection Agency.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the psychologist-client (or counselor-client) privilege law. Ross Ginkel, Psy.D., PLLC cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court orders Ross Ginkel, Psy.D., PLLC to disclose information, we are required to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- **Serious Threat to Health or Safety:** If your counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, she/he may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to your counselor an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and your therapist believes you have the intent and ability to carry out the threat, then she/he is required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- **Worker's Compensation:** If you file a worker's compensation claim, your counselor may be required to give your mental health information to relevant parties and officials.
- **If the client is a minor:** Both parents have access to the minor client's complete medical record, including counseling notes, unless there is a court order prohibiting one of the parents from access.
- **If a government agency** (such as Medicaid/Medicare) is requesting the information for health oversight activities, Ross Ginkel, Psy.D., PLLC may be required to provide it to them.
- **If a client files a complaint or lawsuit against Ross Ginkel, Psy.D., PLLC** or any of its counselors or staff, Ross Ginkel, Psy.D., PLLC may disclose relevant information regarding that patient in order to defend itself.
- Ross Ginkel, Psy.D., PLLC may present disguised case material in seminars, classes, or scientific writings; in this situation, all identifying information and Protected Health Information is removed and client anonymity is maintained.
- **Your health insurance plan** has the right to review your clinical records for any services you have asked them to pay for. Unless your treatment is being paid for by a workers compensation plan, a health insurance company is not entitled to see counseling notes, which are detailed notes your counselor may make concerning what you have talked about in therapy. However, they are entitled to see PHI in your clinical record, including information about dates of therapy, symptoms, your diagnosis, your overall progress towards those goals, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

## CLIENT'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, your counselor is 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, if you don't want family members to know you are seeing a counselor, you can have your bills sent to an alternate address.
- Right to Inspect and Copy – You have the right to inspect and/or obtain a copy of your, or your minor child's, PHI and counseling notes in your counselor's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There will be a charge for copies made.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your counselor may deny your request.
- 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.
- Right to a Paper Copy – You have the right to obtain a paper copy of the Privacy Notice from your counselor upon request, even if you have agreed to receive the Notice electronically.

### **COUNSELOR'S DUTIES**

- Your counselor is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
- Ross Ginkel, Psy.D., PLLC reserves the right to change the privacy policies and practices described in this notice. Unless your counselor notifies you of such changes, however, the counselor is required to abide by the terms currently in effect.
- If Ross Ginkel, Psy.D., PLLC revises its policies and procedures, they will be posted in the waiting room for your inspection, at your convenience.

### **COMPLAINTS**

Initial complaints should be addressed with your counselor. However, if you are concerned that your counselor has violated your privacy rights, or you disagree with a decision your counselor made about access to your records, you may contact the Idaho Department of Occupational Licenses. In addition, we have a suggestion box in the lobby for you to make compliments or complaints.

## **Client Rights**

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**As a client of Ross Ginkel, Psy.D., PLLC you have the right to:**

- Have your records be confidential. The Health Insurance Portability and Accountability Act (HIPAA) states that you have the right keep your records confidential. Your records may be shared, verbally or in written form) without your written consent or a court subpoena. The following identify circumstances in which mental health professional have a responsibility to report information to appropriate persons with or without the consent of the client:

If you are a danger to yourself. If you are a danger to others. If there has been abuse or and neglect of a child. Mental health professionals also have the right, when they deem necessary, to consult with another member of a supervisory, and or clinical team regarding treatment.

- Under no circumstances may your counselor or other mental health professional communicate your private information outside of Ross Ginkel, Psy.D., PLLC.
- When you request that your records be released or be sent to another professional or agency, your requests will be fulfilled within 30 days of your written request to transfer information, provided that there is no outstanding balance on your account with Ross Ginkel, Psy.D., PLLC. There may be an additional fee associated with your request.
- In cases of minors parents and legal guardians have the right to review and request records, for children under the age of 14. However, requests must be for the following reasons: they are in the minor child's best interest, are to assist with ongoing treatment and collaboration between parent/guardian and provider, and are not to be used to cause client potential harm. All requests will be reviewed by minor child's provider prior to being released.
- You may leave the premises at any time. You will not be detained against your wishes, unless you are an imminent danger to yourself or others.
- You may refuse any service that you do not want.
- You have the right to refuse to use of any counseling technique.
- You have the right to discontinue services at any time. If discontinuation of services is done against professional advice, this will be documented in your medical records. For those who are mandated by court order or to fulfill requirements of probation/parole the terms set in place by the court or probation/parole may supersede the right to discontinue services at will.
- You can expect to receive treatment that is beneficial to you and respects your values.
- You can expect treatment to be free from emotional, sexual, and or physical abuse.
- You may report immoral or unethical or immoral activities to the Clinical Director or the Idaho Bureau of Occupational Licenses.
- To have in writing, before entering the counseling relationship, information about fees, methods of payment, your counselor's qualifications and licensure level, insurance coverage, possible length of services, emergency procedures, and cancellation policies.
- Have access to the medical records in your case file at any time (requests for copies, or releases to other entity fall under above stated guidelines).
- To ask questions, at any time, about what occurs during counseling sessions and to be provided satisfactory answers.
- At least one parent/guarding must be involved in the counseling of any minor child.
- Ross Ginkel, Psy.D., PLLC is required by the State of Idaho to adopt a no weapons policy.

A COPY OF ROSS GINKEL, PSY.D., PLLC'S PRIVACY RULES AND  
HIPAA PRIVACY RULES ARE POSTED IN THE WAITING AREA.

## Financial Policies & Information

It is our goal for you to understand your financial responsibility before your first appointment.

- FEES

Counseling fees:	Additional fees:
Initial Intake: \$145.00	Letters: \$50.00 per letter
Individual Therapy (55 min.): \$130.00	Preparation of documents/ testimony related to legal proceedings: \$250/hr
Couple's Therapy (55 min.): \$130.00	
Couple's Therapy (90 min.): \$175.00	Court testimony/deposition, including transportation time: \$250/hr
	Retainer for testimony: \$1500
- FEES DUE

All fees are due at the time of service. If you are utilizing your insurance benefits, we will bill your insurance company for you. **Please note that in the event your insurance provider does not pay for services, you, not your insurance provider, are responsible for all fees.**
- CANCELLATION & NO-SHOW POLICY

Ross Ginkel, Psy.D., PLLC clients are required to provide notice at least 24 hours in advance to cancel an appointment, or there will be a **\$60 no-show fee**. Fees are due at the next scheduled appointment. As insurance does not cover charges for reserved time; clients are personally responsible for any such charges. If you are over 15 minutes late, the appointment may be cancelled, and no-show fees will apply.

**No Show/Late Cancellation Fees are NOT charged when they are disallowed by insurance network contracts.**
- STATEMENTS

If you have a balance due, statements will be mailed after the first of each month.
- BILLING QUESTIONS

For problems involving payments and insurance, please contact the office by email ([contact@drrossginkel.com](mailto:contact@drrossginkel.com)) or at 208-366-1657.

## Agreements

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Please initial next to each then sign below.

### **HIPAA AND YOUR PROTECTED HEALTH INFORMATION**

\_\_\_\_\_ You have read the HIPAA and Protected Health Information agreement and agree to its term. You acknowledge you have received this notice of privacy practices.

### **INFORMATION DISCLOSURE AND INFORMED CONSENT FORM**

\_\_\_\_\_ You have read and reviewed this informed consent. You understand and agree to all of the terms as they are written including fee schedule, no-show fee, children as minors, and court appearances. In addition, you have been offered a copy of this form for your own records.

### **CLIENT RIGHTS**

\_\_\_\_\_ You have read, understand, and accept your rights as a client of Ross Ginkel, Psy.D., PLLC regarding both privacy practices, and the scope of services available.

### **COURT APPEARANCES AND CHARGES**

\_\_\_\_\_ You have read, acknowledge, and agree to abide by Ross Ginkel, Psy.D., PLLC's policies regarding court appearances on your behalf, or on behalf of a minor child. You agree to pay all fees as outlined in the financial policies related to court appearances.

## Authorizations

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### **AUTHORIZATION TO TREAT A MINOR**

\_\_\_\_\_ You have read the authorization, agree to its concerns and hereby consent for Ross Ginkel, Psy.D., PLLC to provide services to the minor child listed below.

### **MANAGED CARE INSURANCE PLANS RELEASE OF INFORMATION**

\_\_\_\_\_ You have read the information regarding the release of protected health information and authorize Ross Ginkel, Psy.D., PLLC to coordinate your care with your insurance plan.

### **FINANCIAL POLICIES AND INFORMATION**

\_\_\_\_\_ You have read the information regarding the financial policies of Ross Ginkel, Psy.D., PLLC and consent to have your insurance billed on your behalf, as well as to pay all applicable fees as outlined on the financial policies and information form.

\*The full text of these Agreements and Authorizations are available upon request. If you have any questions regarding this information, please speak with Dr. Ginkel or call 208-366-1601.

Client Name (printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_