

Dear Client, Thank You For Completing These Forms!
Birgitta von Schlumperger PhD, Corporate Consulting Group, Inc.
Birgitta@CorpConsultingGrp.com, 503-226-0828
Online Therapy, Consulting and Coaching Services
Confidential Updated Client Information, please print clearly:

Client Name _____ DOB _____

Gender M F Marital Status _____ Driver's license _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cellular _____ Email _____

May messages be left for you at home? _____ Work _____ Cell _____ Email _____

E-mail and texting are not secure or confidential types of communication and confidentiality of information communicated via e-mail and texting cannot be assured. A non-encrypted e-mail is vulnerable to unauthorized access. 2013 HIPAA Omnibus Final Rule provides the explicit expansion of patient/client rights and autonomy and the specification that you, as my client, have the right to consent to receive normal, unsecured emails from me, your provider, if I first inform you of the risks and you still give consent to use unsecured email/text. By providing me with your email address you agree to communicate via non-secure email. By providing me with your phone number for texts, you agree to communicate via non-secure SMS messaging (texts).

Insurance Information - Please provide a copy of your insurance card(s) and driver's license front and back with your completed intake forms. Thank you!

Primary Insurance Carrier _____ Phone _____

Claims Address _____ City _____ Zip _____

Name of Insured _____ Relation to Client _____

Insured ID# _____ Group # _____ Insured's DOB _____

Phone _____ Insured's Employer _____

Insured's Address _____ City _____ Zip _____

Secondary Insurance Carrier _____ Address _____

City _____ Zip _____ Name of Insured _____

Relation to Client _____ Insured ID # _____ Insured Group # _____

Insured DOB _____ Phone _____ Employer _____

Insured's Address _____ City _____ Zip _____

I hereby authorize the release of all medical information necessary to process an insurance claim. I hereby authorize my insurance carrier to make payments directly to, Birgitta von Schlumperger, Ph.D.. I understand that I am financially responsible for all charges, regardless of insurance, unless otherwise written by Birgitta von Schlumperger, Ph.D.. I understand the financial policy established by Birgitta von Schlumperger, Ph.D. I understand that balances left unpaid over 90 days from the date of service may be assessed a 1.5% rebilling / past due account fee (minimum \$5.00) per month and / or may be referred to a collection agency to facilitate payment.

Signature: _____ **Date** _____

Client Name _____ **DOB** _____ **Date** _____

Medical Information

Who is your primary care provider? _____ Phone _____

Date you last saw this person _____ For what _____

Please list all **medications** you take, what does, and for how long (prescription and over the counter):

Are you allergic to anything?

Anything you want me to know about or would like to address with me?

What are your goals going forward?

Any feedback for me? How can I serve you better?

Notice of Privacy Practices from the desk of Birgitta von Schlumperger, Ph.D.

Corporate Consulting Group, Inc. (503) 226-0828, (503)-317-7160 cell
PO Box 106, Wheeler, OR 97147, Birgitta@CorpConsultingGrp.com

Protecting Your Confidential Health Information Is Important to Me

PHI (Protected Health Information) refers to individually identifiable health information. **PHI** includes any identifiable health information received or created by my office or me. **“Health information”** is information in any form that relates to any past, present, or future health of an individual. This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Information. Your Rights. My Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Thank you!

Get an electronic or paper copy of your medical record

- You can ask to see or get a paper (I do not keep electronic) copy of your medical record and other health information I have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Ask me to limit what I use or share

- You can ask me **not** to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I have shared information

- You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly by mail.

- **Choose someone to act for you**
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.
- **File a complaint if you feel your rights are violated**
- You can complain if you feel I have violated your rights by contacting me. I appreciate you letting me know if you feel I have done anything to violate your rights and commit to addressing your concern immediately.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care (only with your written consent unless it is an emergency, and I am required by law to protect)
- Share information in a disaster relief situation (unlikely to apply to my practice)
- Include your information in a hospital directory (does not apply)
- *If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to your health or safety or if you threaten someone else's safety.*

In these cases, I never share your information unless you give me written permission:

- Marketing purposes (does not apply)
- Sale of your information (does not apply)
- Most sharing of psychotherapy notes (only with your written consent)

In the case of fundraising:

- Does not apply to my practice.

My Uses and Disclosures

I typically use or share your health information in the following ways.

Treat you	<ul style="list-style-type: none">I can use your health information and share it with other professionals who are treating you.	<i>Example: A doctor treating you asks another doctor about your overall health condition. (Unless it is an emergency, I will ask for your written consent.)</i>
Run my practice	<ul style="list-style-type: none">I can use and share your health information to run my practice, improve your care, and contact you when necessary.	<i>Example: I use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none">I can use and share your health information to bill and get payment from health plans or other entities.	<i>Example: I give information about you to your health insurance plan so it will pay for my services.</i>

How else might I use or share your health information?

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none">I can/should share health information about you for certain situations such as:Reporting suspected abuse, neglect, or domestic violence, elder and child abuse (present and past)Preventing or reducing a serious threat to your or someone else's health or safety (duty to warn)
Do research	<ul style="list-style-type: none">I can use or share your information for health research (not applicable to my practice)
Comply with the law	<ul style="list-style-type: none">I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy laws.
Address workers' compensation, law enforcement, and other government requests (generally does not apply to my practice)	<ul style="list-style-type: none">I can use or share health information about you:For workers' compensation claims (I don't do this type of work)For law enforcement purposes or with a law enforcement official (with your written permission, subpoena, or during an emergency)With health oversight agencies for activities authorized by law (with your written permission, subpoena, or during an emergency)For special government functions such as military, national security, and presidential protective services (with your written permission, subpoena, or during an emergency)
Respond to lawsuits and legal actions	<ul style="list-style-type: none">I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me that I can in writing. If you tell me we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html
- I can change the terms of this notice, and the changes will apply to all the information I have about you. The new notice will be available upon request, in my office, and on my web site.

CLIENT ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Thank you for taking the time to review this information. If you have any questions, please ask me. If you do not have questions, please acknowledge your receipt of this Policy of Privacy Practices by signing and returning this form. **Thank you! I very much appreciate your help with this!**

I, _____ have received and read the Copy of Privacy Practices
Client name

from Birgitta von Schlumperger, PhD and my questions have been answered to my satisfaction.

I want a copy _____ I decline a copy _____
Initials **Initials**

I give permission to be contacted by **NON-HIPAA** compliant email or text, I have been informed of the risks associated with using non-HIPAA compliant email and text and have been offered alternatives:

Yes _____ No _____
Initials **Initials**

Client Signature **Date**

Signature page of Notice of Privacy Practices, 24, Birgitta von Schlumperger, PhD, Corporate Consulting Group, Inc.

TELE HEALTH INFORMED CONSENT

Please Periodically Check with Your Insurance about Your Telehealth Coverage

What is Telemental Health?

“Telemental health” means, in short, the provision of mental health services with you (recipient of services) and me (provider of services) being in separate locations, and the services being delivered over electronic media.

Services delivered via telemental health rely on several electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others.

I provide telemental health services using the following tools depending on State, Federal and APA ethical and legal guidelines and your insurance’s rules and reimbursement policies and your set up.

<https://doxy.me/drvons> This is a HIPAA compliant video/audio platform.

A couple of minutes before our session, please copy <https://doxy.me/drvons> into your Chrome, Firefox or Safari 11+ browser and press “check in.”

You come to the welcome page. Type in your first name, or only initials for increased privacy.

As soon as I am available, I will connect with you. Please make sure that the microphone and camera are enabled. **If you have problems, text me or call my office at 503-226-0828/503-317-7160 and we can talk by phone to address how to connect.**

We will both need access to Internet service and technological tools needed to use the above-listed tools. We can continuously address any questions, concern, and issues you might have and discuss any risks, benefits, and specific application for you and your treatment.

Benefits and Risks of Telemental Health

Receiving services via telemental health allows you to:

Receive services at times or in places where the service may not otherwise be available.

Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.

Receive services when you are unable to travel to my office.

The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.

Receiving services via telemental health can have the following risks:

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

Internet connections and cloud services could cease working or become too unstable to use.

Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.

Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.

Other things to consider: Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools. I may also be unable to help you in-person. There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between us at the time of service, and the technological tools used to deliver services. We will continually assess these potential benefits and risks, as our relationship and work progress.

Assessing telemental health's fit for you

Although it is well validated by research, service delivery via telemental health is not a good fit for every person. We will continuously assess if working via telemental health is appropriate for you and your situation. If it is not appropriate, we will consider alternative treatment options that fit your needs better.

Please let me know if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. Bringing your concerns to me allows us to figure out the best solution for you. Of course, you always have the right to stop receiving services by telemental health at any time without prejudice. My commitment to you is to offer you the best quality of service and support.

Your telemental health environment

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

Our communication plan

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, I have the following policies regarding communications:

The best way to contact me between sessions and after hours is to call my office:
503-226-0828, my cell phone: 503-317-7160 and land line 1-971-324-0024 (only after hours in an emergency). Please leave a message at multiple places. If you are comfortable with text and email which are **non-HIPAA** compliant, please also send an email to **Birgitta@CorpConsultingGrp.com** I check my emails/texts frequently. If you do not want to use those options, we will communicate only via phone messages.

E-mail and texting are not secure or confidential types of communication and confidentiality of information communicated via e-mail and texting cannot be assured. A non-encrypted e-mail is vulnerable to unauthorized access. 2013 HIPAA Omnibus Final Rule provides the explicit expansion of patient/client rights and autonomy and the specification that you, as my client, have the right to consent to receive normal, unsecured emails from me, your provider, if I first inform you of the risks and you still give consent to use unsecured email/text. **By providing me with your email address you agree to communicate via non-secure email. By providing me with your phone number for texts, you agree to communicate via non-secure SMS messaging (texts).**

Please note that all textual messages, e.g. emails and text messages, will become a part of your health record. I may coordinate care with one or more of your other providers with your informed consent. I will always use reasonable care to ensure that those communications are secure and that they safeguard your privacy.

Our Safety and Emergency Plan

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and our sessions.

Let's talk about who you want to designate as an emergency contact. You will need to provide permission so I can communicate with this person about your care during emergencies. This is even more essential when receiving telemental services.

As needed, we will also develop a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that we create plans together and that you follow them when you need to.

If you are an existing client and **have a crisis and need to get a hold of me after 5 p.m. and on the weekends, please** call my office (503-226-0828) and leave your message and, **in addition, please call 1-971-324-0024**, as I turn my cell phone off at night. In a life-threatening emergency, please either call the police or go to the nearest emergency room and ask for the psychiatrist, psychiatric resident, or house officer on call. You may also call **Metro Crisis at 503-988-4888**. Washington County **(503) 291-9111**, Clackamas County **(503) 655-8401**, Clark County **(800) 626-8137**, Columbia County **(866) 866-1426** or the national number at **988**.

Your Security and Privacy

Except where otherwise noted, I try to employ software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when we communicate, use devices and service accounts that are protected by unique passwords that only you know. Also, please use the secure tools and platforms that meet the standards for confidential communications.

Recordings

Please do not record video or audio sessions without my written consent. Making recordings can quickly and easily compromise your privacy and should be done with great care. I will **NOT** record video or audio sessions.

I have read the above, have addressed my questions and understand that potential benefits and risks of telemental health. I request and consent to the use of telemental health from Birgitta von Schlumperger, PhD and agree to abide by the recommendations to assure my privacy, safety and security.

Date: _____

Name: _____

Client Signature _____

Signature page for telehealth informed consent form (24), Birgitta von Schlumperger, PhD, Corporate Consulting Group, Inc. (503) 226-0828,

JUST FOR YOUR INFORMATION: CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

E-mail and texting are not secure or confidential types of communication and confidentiality of information communicated via e-mail and texting cannot be assured. A non-encrypted e-mail is vulnerable to unauthorized access. 2013 HIPAA Omnibus Final Rule provides the explicit expansion of patient/client rights and autonomy and the specification that you, as my client, have the right to consent to receive normal, unsecured emails from me, your provider, if I first inform you of the risks and you still give consent to use unsecured email/text. **By providing me with your email address you agree to communicate via non-secure email. By providing me with your phone number for texts, you agree to communicate via non-secure SMS messaging (texts).**

Prior to starting call or video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of call/videoconferencing (e.g., limits to patient confidentiality) that differ from our in-person sessions. Body language and other non-verbal cues may be less apparent during telehealth sessions. My ability to respond to emergencies may be affected by the fact that we are not in the same room.
- Please inform me before any session (48-hour minimum cancellation policy would apply) if you will be or are located outside of Oregon at the time of the session. In most cases, I will need to reschedule our session, if you are outside of Oregon, as I am not licensed in any other state to offer psychotherapy.
- Please inform me if anyone else will be attending the session, either on or off screen.
- Confidentiality still applies to our call/ telepsychology services, and neither one of us will record the session without the written permission from the other person.
- We agree to use the call/video-conferencing platform selected for our virtual sessions, and we will discuss any needed instructions for how to use it. I use the HIPAA compliant <https://doxy.me/dr/vons> platform.
- You need to use a webcam or smartphone during the session if we agree to video conferencing. You can also opt for phone only, but video is preferred.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during our session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- If you need to cancel or change your call/tele-appointment, my usual cancellation policy applies.
- Like for an in-person therapy session, you might like to spend a few minutes preparing and getting into a reflective mood to get the most of our time together.
- Always feel free to give me feedback and input about how to serve you better.
- Let's discuss a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- As appropriate and depending on your situation, we might need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event that you experience a crisis situation.
- As your psychologist, I may determine that due to certain circumstances, calls or telepsychology is no longer appropriate and that you would be best served working with someone who offers in-person convenient for your location.

Thank you for the opportunity to work with you!

2024 telehealth information form, Birgitta von Schlumperger, PhD., CCG, Inc, 503-226-0828