

Eloise Stiglitz, Ph.D.
1121 Webster Ave.
Orlando, FL 32804
510-468-4633

www.therapistorlando.com
Email: Eloise.stiglitz@gmail.com

Eloise Stiglitz, Ph.D. LLC

Privacy and Confidentiality

This notice describes how psychological and medical information may be used and disclosed and how you can get access to this information. With your consent, Eloise Stiglitz, Ph.D. may use and share your information for the purpose of providing or coordinating treatment, case consultation, to obtain payment for services provided, and to complete business operations related to the performance of the practice.

Psychological and medical information may be disclosed without your consent or authorization in the following circumstances:

- To report known or suspected child abuse or neglect to the Florida Department of Children and Families as required by law.
- To report known or suspected abuse or neglect of an elderly or disabled person to the Central Abuse Hotline as required by law.
- When there is a serious threat to the health or safety of you or others.
- In certain judicial or administrative proceedings such as Health Oversight Activities, unopposed subpoenas or court orders, certain law enforcement activities and Workers Compensation claims.

Other than the uses and disclosures listed above, Eloise Stiglitz, Ph.D. will share and disclose your psychological and medical information only when appropriate written permission is obtained. Written permission will be needed before releasing psychotherapy notes. The therapist's general consent form permits specific disclosures, generally to other service provider agencies for the purpose of coordinating services.

You have rights regarding your psychological and medical information, which includes the following:

- Right to limit or restrict the use and sharing of your information.
- Right to request contact at different locations or by different methods.
- Right to confidential communication.
- Right to see and have a copy of your mental health information that has been generated by this practice.
- Right to request that the therapist amend your information.
- Right to request a list to whom I have shared your information.
- Right to obtain a paper copy of the "Privacy and Confidentiality Policy".
- Right to request someone to act for you
- Right to let us know in writing if you change your mind about disclosure.

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

If you are concerned that there has been a violation of your privacy rights, you may file a complaint.

Scheduling and Financial Arrangements

Please contact me to schedule an appointment.

Fees are reasonable and customary for the services provided. I am an insurance provider for most plans and a receipt will be provided for your insurance filing.

Payment for services is due at the time services are rendered unless arrangements have been approved in advance. We accept cash, check, MasterCard and Visa.

The expectation is that cancellations and rescheduled appointments will be made at least 24 hours in advance of the scheduled appointment. If later than 24 hours, a \$100 fee will be assessed.

Insurance

Insurance today can be very confusing. It is virtually impossible for an individual provider, such as myself, to keep up with all of the individual provider specifications, changes and requirements. As such, it is your responsibility to determine your coverage. I will provide receipts on a weekly or monthly basis, whichever you prefer, for you to submit to our insurance company. You remain financially responsible for all charges.

I am considered in- network for the following companies: