

Welcome to the Comprehensive ADHD Center! To help you better understand our process, we have included some information about your upcoming appointments with us. Here is what you can expect:

MEDICAL ASSESSMENT

The medical assessment focuses on helping your child maintain healthy behaviors, prevention, screening and your child's overall health. Possible tests administered include a hearing and vision screening, vitals, and routine lab work. This is your opportunity to mention any complaints or concerns that you or your child has about their health. The medical assessment will be conducted with Dr. Lawrence Sher, Comprehensive ADHD Center's Medical Director and the owner and Medical Director of Palos Verdes Medical Group.

EDUCATIONAL HISTORY MEETING

After completing the medical assessment, you, along with your child, will meet with our Education & Life Coach, Beth Silver. The focus of this meeting is to discuss your child's educational history, which includes current and past grades in school, school performance and overall behavior.

TESTING

The Comprehensive ADHD employs a plethora of evaluations and tests in order to ensure that a proper diagnosis or diagnoses are identified. Our process includes state-of-the-art testing not only for ADHD, but for many of the co-morbid conditions of ADHD such as anxiety, depression, oppositional defiant disorder, obsessive compulsive disorder, behavioral issues and other learning disabilities. This in-depth level of testing improves the accuracy of the patients' evaluation and therefore the efficacy of the treatment plan. Completing our evaluation and testing process will help you understand why and how to best address the problem. Test results help to establish a baseline prior to beginning treatment and help to monitor changes over time.

Two of the tests will be emailed to you and are to be completed at home by both the child and the parent/s. The child's teachers will also need to take one of the tests on behalf of your son or daughter. Please be sure and follow up with any teachers or spouses completing tests to ensure they are done in a timely manner. Another series of tests are to be completed in-office over the course of two to three visits. You can schedule these in-office tests with our Program Director, Ronna Nelsen.

ACTION/TREATMENT PLAN MEETING

Once the medical assessment, educational history and testing are all completed, the Comprehensive ADHD Center team will compile the results to form an action plan individually tailored to your child. This action plan often encompasses specifics of his or her diagnosis and recommendations on how to manage ADHD and/or any of the co-morbid conditions of ADHD. Recommendations may include ADHD coaching, medication, counseling, and/or a 504 Plan. The Comprehensive ADHD Center staff can of course provide assistance with the execution of some or all of the recommendations made. We will meet with both you and your child to discuss this action plan and answer any questions you may have.

You can call our offices during our regular business hours to schedule all of these necessary appointments. Please let us know if you have any questions about what to expect in the coming weeks or if there is ever anything we can do to make your experience with us more enjoyable. We once again want to welcome you and thank you for choosing the Comprehensive ADHD Center! We look forward to going on this journey with you!

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information as a patient of this practice may be used and disclosed and how you can get access to this information.

Please review it carefully.

The privacy of your medical information is important to us. You may be aware the U.S. government regulators established a privacy rule, the Health Insurance Portability & Accountability Act (“HIPAA”) governing protected health information (“PHI”). PHI includes individually identifiable health information including demographic information and relates to your past, present or future physical and mental health or condition and related health care services. This notice tells you about how your PHI may be used, and about certain rights that you have.

Use and Disclosure of Protected Information

- Federal law provides that we may use your PHI **for your treatment**, without further specific notice to you, or written authorization by you. For example, we may provide laboratory or test data to that specialist.
- Federal law provides that we may use your medical information **to obtain payment** for our services without further specific notice to you, or written authorization by you. For example, under a health plan, we are required to provide the health insurance company with a diagnosis code for your visit and a description of the services rendered.
- Federal law provides that we may use your medical information **for health care operations** without further specific notice to you, or written authorization by you. For example, we may use the information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- We may use or disclose your medical information, without further notice to you, or specific authorization by you, where:
 1. required for public health purposes
 2. required by law to report child abuse
 3. required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct
 4. required by law in judicial or administrative proceedings
 5. required for law enforcement purposes by a law enforcement official
 6. required by a coroner or medical examiner
 7. permitted by law to a funeral director
 8. permitted by law for organ donation purposes
 9. permitted by law to avert a serious threat to health or safety

10. permitted by law and required by military authorities if you are a member of the armed forces of the U.S.
 11. required for national security, as authorized by law
 12. required by correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official
 13. otherwise required or permitted by law.
- Certain types of uses and disclosures of protected health information require authorization, these include:
 - uses and disclosures of psychotherapy notes
 - uses and disclosures of PHI for marketing purposes; and
 - disclosures that constitute the sale of PHI.
 - Other uses and disclosures not described in this Notice of Privacy Practices will be made only with an individual's authorization.

State Specific Laws

California State provides additional protection for information regarding HIV/AIDS. We will continue to follow CA State law with respect to such information. We will also continue to follow considerations of confidentiality under state law for minors when treated for certain conditions (for example, minors do not need parental permission to consent to treatment for pregnancy).

We may contact you by mail, email or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

Minors

- For divorced or separated parents: each parent has equal access to health information about their unemancipated child(ren), unless there is a court order to the contrary that is known to us or unless it is a type of treatment or service where parental rights are restricted.
- We can release your medical information to a friend or family member that is involved in your medical care. For example, a babysitter or relative who is asked by a parent or guardian to take their child to the pediatrician's office may have access to this child's medical information. We request to have written authorization from the parent or guardian for someone else to accompany the child, and may make reasonable attempts to obtain this authorization.
- You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner. A separate form is available for this purpose.
- Other uses or disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

Rights That You Have

- You have the right to request restrictions on certain uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.
- You have the right to request confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location e.g. at home and not at work. Such requests must be made in writing to your physician. Our practice will accommodate reasonable requests.
- You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged).
- You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.
- You have the right to request an accounting of any disclosures we make of your medical information. This is a list of certain non-routine disclosures our practice has made of your health information for non-treatment, payment or health care operations purposes. An accounting does not have to be made for disclosures we make to you, or to carry out treatment, payment or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law, or disclosures made before April 14, 2003.
- You have the right to restrict certain disclosures of Protected Health Information to a health plan, for carrying out payment or health care operations, where you pay out of pocket in full for the healthcare item or service (only healthcare providers are required to include such a statement; other covered entities may retain the existing language indicating that a Covered Entity is NOT required to agree to a requested restriction.)
 - You are required to notify a Business Associate and a downstream Health Information Exchange of the restriction
 - A family member or other third party may make the payment on your behalf and the restriction will still be triggered
- You have a right to, or will receive, notifications of breaches of your unsecured patient health information.
- All requests must state a time period, which may not be longer than six (6) years from the date of disclosure.
- You have a right to receive a paper copy of our notice of privacy policies.
- You have a right to receive electronic copies of health information.

Obligations That We Have

- We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently in effect.
- We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available there.
- We will inform you of our intentions to raise funds and your right to opt out of receiving such communications.
- If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights (OCR). We will provide the address of the OCR Regional Office upon your request. No retaliation will occur against you for filing a complaint.

Organization Contact Information

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Comprehensive ADHD Center

Address: 550 Deep Valley Drive, Suite 319, Rolling Hills Estates, California, 90274

Telephone Number: 310-357-6763

Contact Person: Michelle Smith



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RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of Comprehensive ADHD Center's Notice of Privacy Practices in the form attached hereto.

Patient Name

Date

Responsible Party Signature

Date

Responsible Party-Print Name

Date

OFFICE USE

I attempted to obtain the patient's signature in acknowledgement on this notice of the privacy practices acknowledgement, but was unable to do so as documented below:

Date:

Initials:

Reason:



PATIENT RESPONSIBILITIES

The Comprehensive ADHD Center is not contracted with insurance companies. You are responsible for submitting any reimbursements to your insurance company. If you do choose to submit charges incurred through the Comprehensive ADHD Center to your insurance company for reimbursement, please be aware that services rendered through the Comprehensive ADHD Center are considered out of network.

All health plans are different and do not cover the same services. Your insurance may or may not include out of network benefits. Please contact your insurance company directly for an explanation of your benefits and plan exclusions. Ultimately, all incurred charges for services rendered through the Comprehensive ADHD Center are the responsibility of the patient or responsible party.