



Welcome to the *ACT at Duke* Clinical Program

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Marissa Howard, LCSW

Christine Tew, LPC

Program Location

Duke Clinic (Duke South)

5th Floor, Red Zone

40 Duke Medicine Circle

Durham, NC 27710

New Patient Appointments

(919) 684-6718

*Request to be seen at ACT at Duke

Other Inquiries

(919) 681-7231

Website

www.ACTatDuke.org

You are receiving this welcome packet because you have made an appointment with the *ACT at Duke* Clinical Program at Duke University Medical Center. This welcome packet will provide you with important information about our clinical services and your initial and follow-up appointments. Please read over the attached materials and let your provider know if you have any questions.

Acceptance and Commitment therapy (ACT) (said as one word not letters) is an evidenced-based contemporary cognitive-behavioral therapy (CBT). ACT is recognized as an empirically supported treatment by the Division 12 of the American Psychological Association (APA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). ACT has been used to treat a variety of mental health problems, including anxiety and depression, as well as issues such as coping with chronic pain.

Individual ACT therapy is available at the Duke Clinic located at 40 Medicine Circle. Sometimes there are also ACT groups available, and when appropriate, parents and families are included in treatment. Treatment is provided by ACT at Duke faculty who have extensive training in ACT or professionals under their direct supervision. A description of the services that we offer and directions to the clinic, as well as logistics for scheduling and payment are provided in the attached welcome packet. You will also find release forms that may or may not be relevant to your treatment.

Included in this welcome packet:

- *ACT at Duke Outpatient Mental Health Practice Guidelines*
- *The DUMC Notice of Privacy Practices*
- *An Audio/Video Release*
- *A Release of Information for Medical Providers (and others)*
- *Directions to ACT at Duke*
- *Clinical Emergency Procedures*

ACT at Duke Outpatient Mental Health Practice Guidelines

The **ACT at Duke Clinical Program** offers individual, group, couples and family-based treatment for individuals with a wide range of presenting concerns. Clinicians broadly practice cognitive-behavioral treatment (CBT), but specialize in Acceptance and Commitment Therapy (ACT) and the use of acceptance, mindfulness and values in the alleviation of human suffering. This form contains information about our clinical services, policies and procedures.

Clinical Services

This program provides clinical services grounded in ACT. This model has been found to be helpful for a diverse array of issues and is listed as an empirically based treatment by the American Psychological Association (Div. 12) and the Substance Abuse and Mental Health Services Administration's National registry of Evidence Based Programs. Individuals who are interested in receiving services in our program complete an initial consultation. This consultation includes a clinical interview that reviews the difficulties you are experiencing and the current and historical context in which these difficulties developed. This is followed by a feedback session in which an initial treatment plan is discussed. After this initial consultation, individuals complete follow-up therapy appointments, typically weekly. In some cases, individuals who complete an initial consultation will not be appropriate for outpatient treatment or for our program in particular. Most typically, this is due to the need for a higher level of care (for example, inpatient or residential treatment), the appropriateness of another treatment approach or modality (such as dialectical behavior therapy; DBT) or concerns about travel or accessibility. In this case, we will discuss this and provide treatment referrals.

The ACT at Duke Clinical Program is directed by Dr. Rhonda Merwin, a Licensed Psychologist and Associate Professor in the Department of Psychiatry and Behavioral Sciences. Clinical care is provided by Dr. Merwin, other ACT at Duke Faculty, or trainees. Trainees are Psychiatry Residents, Clinical Psychology Interns or Fellows, or Clinical Psychology Doctoral Candidates. Trainees typically have an advanced degree, MA, PhD or MD, but are completing requirements for specialized training in psychotherapy or clinical hours for licensure. All trainees have an attending psychologist that oversees their work and is directly involved in care. Attending psychologists (supervisors) in the program are Dr. Rhonda Merwin and Dr. Ashley Moskovich. Attending case discussion and direction is facilitated by the trainee audio taping the session. This allows the attending to "be there" without being physically present and disrupting the treatment process. Audio tapes are solely for the purpose of providing consultation to the trainee and recordings are subsequently erased. Most trainees are with the clinic for 9-12 months. There are challenges to the trainee model, but there are also advantages. Often, there are shorter wait times for services, and clients receive the benefit of more hearts and minds working to improve their lives.

Clinic Practice Guidelines

Patient Rights

Your active participation in the treatment process is essential for treatment success. If at any time you do not feel that we are adequately meeting your needs, we encourage you to discuss this with your primary provider. You are also welcome to contact the program director, Rhonda M. Merwin, PhD (919-681-7231 or rhonda.merwin@duke.edu), with any concerns. You can end your treatment in our program at any time.

Confidentiality

- You will receive a copy of **the Notice of Privacy Practices**. Confidentiality of all contacts between a patient and a mental health professional is protected by law, and we can only release information to others

with your written consent, or as required by law or regulation. Exceptions occur in cases of suspected child abuse and/or neglect or if there is an imminent threat of harm to one's self or others. In such cases, confidentiality would be broken in order to protect an individual from significant harm or death.

- **Medical record keeping is used to keep track of information.** Basic information (demographics, diagnoses, medications, drug allergies) is accessible by other doctors or professionals within the Duke system involved in your care. Detailed information is only available to other Duke providers involved in your psychiatric care and can only be released to other providers with your permission. If a physician outside of psychiatry accesses a psychiatry note, this triggers an audit by the Compliance office to insure your information is protected and only released when appropriate. The storage of information in an electronic record is mandated by federal regulations, applies to all clinicians in the United States, and is intended to provide you with the most thorough and informed treatment.
- Individuals treated by trainees should be aware that their case **will be discussed** with the attending psychologist (Dr. Merwin or Dr. Moskovich) in the context of a treatment team that includes other mental health providers.

Research

Duke University Health System is a national leader in research. In the course of treatment, you may be invited to participate in an optional research study that will help us gather information and better understand new approaches to treatment. You are not required to participate in any research study and lack of participation will **not** impact the clinical care that you receive.

Financial Responsibility at the PDC Clinic at Duke South (Duke Clinic building)

- This is primarily an insurance-based clinic. Payment (of copays or for the full service) is due at the time of service. If you do not check-in and pay on the day of your visit, you may not be able to be seen.
- Your insurance **may be billed directly** depending on the benefits you are allowed and you may be asked to pay a co-payment.
- General guidelines about insurance (***This is not a guarantee that your insurance will be accepted or that your insurance will pay for services at the PDC.*):
 - The PDC takes most major insurance plans.
 - Duke employee insurance plans are accepted with a copay per visit.
 - Duke students with student insurance policies are only required to pay their co-payment fees at the time of service.
 - Medicare and Medicaid are accepted but only certain types of providers can bill these plans. *Please tell us if you are on Medicare or Medicaid so we can be sure that your provider can bill these plans.*
- What you should do **before your first appointment** (and whenever there are any changes to your insurance):
 - **You should contact your insurance company in advance** to verify that behavioral health services are part of your benefits plan, and specifically ask about coverage for a Duke outpatient facility for behavioral health to determine your copay. *Please note, not all insurances cover behavioral health care.*
 - **Consult with the Duke Financial Care Counselors for assistance** determining if Duke takes your insurance and what your copay will be. Typically, you will be contacted by a Duke Financial Care Counselor before your scheduled appointment, but this is not guaranteed. If you do not receive a

phone call, please call (919-681-1162) and ask to speak with a Financial Care Counselor (you may do so after your first appointment is scheduled due to high patient inquiries and volume).

- **Your clinician cannot provide information about copays or clinic fees.** Only a trained Financial Care Counselor is allowed to provide fee information. This policy exists to ensure that all of the information you receive is as accurate as possible.

For any billing concerns, please contact our dedicated Psychiatry Customer Service representative, William Ware, at (919-620-4597) for review and resolution.

Cancellations must be made at least 24 hours before the scheduled appointment. You can cancel your appointment by sending a Duke MyChart message to your provider or calling 919-684-0100. Multiple cancellations and/or no show appointments may indicate that a patient is not fully engaged in the therapeutic process. If this occurs, your provider will discuss the benefits of continuing, postponing, or discontinuing treatment.

Telephone calls under 15 minutes are not billed. Charges are applied for more extensive phone consultations, and are typically not covered by insurance. Unlike some therapy models, such as Dialectical Behavior Therapy (DBT), our program does not provide after hours skills coaching.

If you need to contact us after hours, you may call and leave a message to be returned within 48 business hours. *In the case of an emergency*, please refer to our Clinical Emergency Procedures (found on the last page of this welcome packet).

Acknowledgement of Receipt of ACT at Duke Outpatient Mental Health Practice Guidelines

Patient's Name _____ Medical Record # _____

By signing below, I (we) show my understanding and agreement with the practice and services of the ACT at Duke Clinical Program and consent to treatment. I have been given a copy of the *Outpatient Mental Health Practice Guidelines* and the *Notice of Privacy Practices*.

Date Patient

Date Parent or legal guardian for patients under age 18

Date Provider/Witness

Date Supervisor, if applicable

Duke Health Enterprise

Organized Health Care Arrangement

NOTICE OF PRIVACY PRACTICES

**WE ARE COMMITTED TO PROTECTING THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION. 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.**

This notice of our privacy practices explains:

1. How we may use and disclose your health information in the course of providing treatment and services to you.
2. What rights you have with respect to your health information. These include the right:
 - To inspect and obtain a copy of your health information.
 - To request that we amend health information in our records.
 - To receive an accounting of certain disclosures we have made of your health information.
 - To request that we restrict the use and disclosure of your health information to your health plan.
 - To request confidential communication about health information.
 - To receive a paper copy of this notice.
3. How to file a complaint if you believe your privacy rights have been violated.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call 1-800-688-1867.

Revised Effective Date: **September 23, 2013**

Si necesita una copia en español por favor pídasela a un empleado del hospital o de la clínica. Gracias.

The Duke Health Enterprise Organized Health Care Arrangement covers the following entities:

Duke University Health System, Inc.

Duke University Hospital

Duke Regional Hospital

Duke Raleigh Hospital

Duke University Affiliated Physicians, Inc. (dba Duke Primary Care)

Associated Health Services, Inc. (dba Davis Ambulatory Surgery Center)

Private Diagnostic Clinic, PLLC/Duke PRMO, LLC

Duke University School of Medicine

Duke University School of Nursing/Duke University Hospital Medical Staff

Duke Regional Hospital Medical Staff

Duke Raleigh Hospital Medical Staff

Davis Ambulatory Surgical Center Medical Staff

Duke University Student Health

Counseling and Psychological Services (CAPS)

Sexual Assault Support Services (SASS)

Duke University Police Department

Live for Life

OUR PLEDGE REGARDING HEALTH INFORMATION:

We are committed to protecting the privacy of protected health information about you and that can identify you, which we call "health information" in this Notice. Protected health information includes information about your past, present or future health, healthcare we provide you, and payment for your healthcare contained in the record of care and services provided by Duke University Health System and the entities and medical staffs listed in this brochure (collectively, the "Duke Health Enterprise" or "DHE"). This Notice will apply only to records of your care at facilities of Duke University, Duke University Health System, Duke University Hospital, Duke Regional Hospital, Duke Raleigh Hospital, Davis Ambulatory Surgical Center; and offices or services of Duke Primary Care, Private Diagnostic Clinic; CAPS, Duke University Student Health, SASS, and Live for Life; and records maintained by the PRMO (collectively, "DUHS Sites"). DUHS Sites may share health information with other DUHS Sites about treatment, payment and health care operations of DHE. Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of health information that we have created or received as required by law.
- We will explain how, when and why we use and/or disclose your health information.
- We will comply with the provisions of this Notice and only use and/or disclose your health information as described in this Notice.
- We will provide notice of a DHE breach of unsecured health information.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of the Duke Health Enterprise (DHE) at DUHS Sites and that of:

- Any health care professional authorized to enter information into your medical record at DHE.
- All departments and units of DHE.
- All employees, staff, volunteers and other DHE personnel.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within at least one of the categories.

For Treatment. We may use your health information to provide, coordinate or manage your healthcare treatment and related services. This may include communication with other health-care providers regarding your treatment and coordinating and managing your healthcare with others. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different DHE departments may also access your health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose your health information to people, such as home health providers, who may be involved in your medical care after you leave our care.

For Payment. We may use and disclose your health information to other providers so they may bill and collect payment for treatment and services they provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s) to obtain prior approval or to determine whether your insurance will cover the treatment. We may also share your health information with billing and collection departments or agencies, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care and to consumer reporting agencies (e.g., credit bureaus). For example, if you have a broken leg, we may need to give your health plan(s) information about your condition, supplies used (medications or crutches) and services you received (x-rays or surgery). This information is given to our billing agency and your health plan so we can be paid or you can be reimbursed.

For Health Care Operations. We may use and disclose your health information for healthcare operations. These uses and disclosures allow us to improve the quality of care we provide and reduce healthcare costs. Examples of uses and disclosures for healthcare operations include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients.
- Evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals (for example, billing clerks) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting bodies like the Joint Commission and the Accreditation Association of Ambulatory Healthcare, Inc.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty. For example, we may use or disclose health information so that one of our nurses may become certified in a specific field of nursing.
- Sharing information with the Duke University Police Department to maintain safety at our facilities.
- Assisting various people who review our activities. Health information may be seen by doctors reviewing services provided to you, and by accountants, lawyers and others who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to our organizations and services we provide.
- Resolving grievances within our organizations.
- Complying with this Notice and with applicable laws.

Appointment Reminders. We may use and disclose health information to provide a reminder to you about an appointment you have for treatment or medical care at DHE.

Treatment Alternatives. We may use and disclose your health information to manage and coordinate your healthcare and inform you of treatment alternatives and other health related benefits that may be of interest to you. This may include telling you about treatments, services, products and/or other healthcare providers. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

Business Associates. There are some services provided in our organization through contracts with business associates. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we

may disclose your health information to these companies so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

Fund-raising Activities. We may use your health information to contact you or your legal representative in an effort to raise money for DHE and its operations. We would only use contact information, such as your name, address and phone number, department of service, treating physician, outcome information, health insurance status, and the dates you received treatment or services. You have the right to opt out of receiving these communications. If you do not want us to contact you for fundraising efforts, please call 1-800-688-1867 or send your written request to:

Office of the Assistant Vice President
Development and Alumni Affairs
Box 3541 Durham, NC 27710
Or dukemed@duke.edu

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at one of our hospitals. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you do not want your information listed in the hospital directory, please notify Registration when you arrive or call the facility's Admitting Office.

Individuals Involved in Your Care or Payment for Your Care. We may share your health information with a family member or other person identified by you or who is involved in your care or payment for your care. We may tell your family or friends your condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location. If you do not want health information about you released to those involved in your care, please call 1-800-688-1867. We will comply with additional state law confidentiality protections if you are a minor and receive treatment for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbances.

SPECIAL SITUATIONS

We may use and/or disclose health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

As Required by Law. We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose your health information in response to an order of a court or administrative tribunal.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

Public Health Risks. We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To support public health surveillance and combat bioterrorism.

Health Oversight Activities. We may disclose your health information to a federal or state health oversight agency that is authorized by law to oversee our operations.

Law Enforcement. We may release health information if asked to do so by a law enforcement official and such release is required or permitted by law. For example, we may disclose your health information to report a gunshot wound. However, if you request treatment and rehabilitation for drug dependence from us, your request will be treated as confidential and we will not disclose your name to any law enforcement officer unless you consent.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

Organ and Tissue Donation. We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, use health information about you in preparing to conduct a research project, for example, to look for patients with specific needs, so long as the health information reviewed does not leave our entity.

Specialized Government Functions. We may disclose health information about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

Workers' Compensation. We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release is required: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, for example for the following purposes:

- Psychotherapy notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except certain purposes permitted under the regulations.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

North Carolina Law. In the event that North Carolina Law requires us to give more protection to your health information than stated in this notice or required by federal law, we will give that additional protection to your health information. We will comply with additional state law confidentiality protections relating to treatment for mental health and drug or alcohol abuse. Unless you object in writing, we may release health information related to your mental health to any health care provider involved in your care, to third party payers for payment or to others for quality improvement activities. Also, state law permits a hospice, home health, ambulatory surgery or outpatient cardiac rehabilitation patient to object in writing to having state licensing inspectors review their health information during a licensure survey, and we will comply with such written objection.

If you apply for and receive substance abuse services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient for substance abuse services. There are exceptions to this general requirement. For instance, we may disclose information to our workforce as needed to coordinate your care, to agencies or individuals who help us carry out our responsibilities in serving you, and to health care providers in an emergency.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, please call 1-800-688-1867 for instructions on how to submit your written request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- The information is not part of the health information used to make decisions about you.
- We believe the information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information. Please call 1-800-688-1867 to obtain the appropriate form to request amendment to your record.

Right to an Accounting of Disclosures. You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures except the following:

- For your treatment.
- For billing and collection of payment for your treatment.
- For our healthcare operations.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Allowed by law when the use and/or disclosure relate to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations.
- As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request on the appropriate DHE form which can be obtained by calling 1-800-688-1867.

Right to Request Restrictions. You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will honor your request to not disclose to your health plan health information or services for which you paid out of pocket prior to the performance of such services. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by submitting the appropriate DHE form, which can be obtained by calling 1-800-688-1867.

Right to Request Confidential Communication (Alternative Ways). You have the right to request confidential communication, i.e., how and where we contact you, about health information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative means of communications by submitting the appropriate DHE form, which can be obtained by calling 1-800-688-1867.

Right to a Paper Copy of This Notice. We will provide a paper copy of this notice to you no later than the date you first receive service from us except for emergency services, in which case we will provide the notice to you as soon as practicable. You may also obtain a copy of this notice at any time from our website, www.dukehealth.org or from any of the DHE treatment facilities listed in this brochure.

CONTACT FOR QUESTIONS OR COMPLAINTS

If you have any questions regarding this Notice, our privacy policies or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact:

Privacy OfficerDuke University Health System

DUMC Box 3162,

Durham, NC 277101-800-688-1867

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all health information that we maintain by:

- Posting the revised notice at our facilities.
- Making copies of the revised notice available upon request (either at our facilities or through the contact listed in this notice).
- Posting the revised notice on our website, www.dukehealth.org

To receive a copy of this Notice in an alternate format, please contact the Duke Disability Management System at 919-668-1499

Effective April 14, 2003

Revised 11/7/2003

Revised 05/2007

Revised 09/23/2013

MRN# _____

Memorandum of Understanding/Audio Release

I/We understand that our treatment provider is under the supervision of an attending psychologist who must review all clinical services and agree with treatment approach and plan, and review progress. As a result, my meetings with my clinician may be observed using a two-way mirror, or in the case of the unavailability of a two-way mirror or the supervisor at time of appointment, my sessions may be audio recorded for review using a secure device. I understand that any audio will be erased immediately after review.

Signature of Client

Date

Signature of Client

Date

Signature of Client

Date

Signature of Clinician

Date



Patient Name: _____

MRN: _____

Date of Birth: _____

Phone Number: _____

SSN: _____

I authorize and request Duke University*, Duke University Hospital* (a component of Duke University Health System), and the Private Diagnostic Clinic, PLC* to release the following noted protected health information from the medical records of the Patient listed above to **AND TO RECEIVE** the following noted protected health information from the medical records of the patient listed above from:

(Person/Physician/Entity to RECEIVE and DISCLOSE records – Please be specific)

☐ To be mailed to: _____

Address

☐ By electronic access to medical and claims information

☐ Through oral communication with healthcare providers regarding treatment, care, and payment.

The specific information for the following dates of service: _____

INFORMATION TO BE DISCLOSED (check the appropriate boxes and include other information where indicated):

☐ Summary of Health Information (includes discharge summary, history and physical, radiology, pathology, laboratory and dictated notes)

☐ History and Physical (e.g. Doctor Visits)

☐ Discharge Summary

☐ Operative Reports

☐ Immunization Records

☐ Comprehensive Records

☐ Other: _____

☐ Laboratory Reports

☐ Radiology Reports

☐ Emergency Department Reports

☐ Physical Therapy/Occupational Therapy notes

☐ Patient Discharge Instructions

☐ Information contained in the Patient's medical record related to psychiatric and/or psychological distress, status, symptoms, prognosis and treatment to date.

☐ Information contained in the Patient's medical record related to treatment for alcohol and/or drug abuse.

THE INFORMATION TO BE DISCLOSED WILL BE USED FOR THE FOLLOWING PURPOSE:

☐ Sharing with other health care providers as needed

☐ Insurance processing

☐ Legal reasons

☐ Personal use

☐ Other: _____

This Authorization shall cover actions by and for Duke University, Duke University Health System, and the Private Diagnostic Clinic, PLLC, and all of their respective employees, workforce, and business associates. This Authorization may be revoked at any time, provided the revocation is a properly executed written document and delivered to the Health Information Management Department. Such revocation shall not affect disclosures prior to the revocation to the extent that this Authorization was relied upon for such disclosures made prior to the revocation. I understand that once this information is disclosed, it may be re-disclosed by the recipient and federal and/or state privacy laws may not protect the re-disclosure. I understand authorizing the disclosure of information identified above is voluntary, and this Authorization is not intended to alter the patient's ability to receive medical care from any healthcare provider.

This authorization will expire on the following date or event: _____

If I fail to specify an expiration date or event, this authorization will expire one year from the date on which it was signed.

Date

Signature of Patient** or Legal Representative**

Signature of Witness

**If the patient is under 18 years of age, unless the Patient is an emancipated minor, this Authorization (or any Revocation) must be signed by a parent, guardian, or other person acting in loco parentis who has the authority to act on the patient's behalf. By signing this form for someone else, you as the parent guardian, a party acting in loco parentis, or legal representative warrant that you have the legal authority to act on the patient's behalf and that you are not prohibited by Court Order from having access to the requested medical records.

*Several components and sites of Duke University, the Duke University Health System, and the Private Diagnostic Clinic PLLC maintain separate medical records (e.g. student health records, primary care, community PDC practices, etc.) that are NOT electronically linked and therefore not covered by this Authorization.

ACT at Duke

Driving and Parking Directions for the Duke Clinics

GPS Location: 200 Trent Dr. (or 40 Duke Medicine Circle), Durham, NC 27710

To 200 Trent Dr:

From Greensboro and Points West

Via I-85 North: Exit onto N.C. 147 (Durham Freeway).

Take second exit (#15B) off Durham Freeway

Turn Right onto Fulton St. South.

Duke Clinics Parking:

Turn left at the second light onto Erwin Rd.

Turn right at first light onto Trent Dr.

Parking garage is about 1/10 mile up on the left.

From Richmond and Points North:

Via I-85 South: In Durham, take the "Hillandale Rd." exit (#174A)

Turn left onto Hillandale Rd.

At the 4th Light "Hillandale Rd." becomes "Fulton St".

Keep going straight under Rt 147.

Duke Clinics Parking:

Turn left at the second light onto Erwin Rd.

Turn right at first light onto Trent Dr.

Parking garage is about 1/10 mile up on the left.

From RDU Airport, Raleigh and Points East:

Via I-40 West: Exit onto the Durham Freeway (N.C. 147).

Take Durham Freeway to Fulton Street exit (#15B).

Turn left onto Fulton Street.

Duke Clinics Parking:

Turn left at the second light onto Erwin Rd.

Turn right at first light onto Trent Dr.

Parking garage is about 1/10 mile up on the left.

From Chapel Hill:

Via U.S. 15-501: North. Take 15-501 N. marked Duke Univ./Med Ctr.

Do not take 15-501 Business

Take N.C. 147 "Durham Freeway" exit (#108) South.

Take Durham Freeway to Fulton Street exit (#15B).

Turn right onto Fulton Street.

Duke Clinics Parking:

Turn left at the second light onto Erwin Rd.

Turn right at first light onto Trent Dr.

Parking garage is about 1/10 mile up on the left.

ACT at Duke

DUKE CLINICS

GPS Location: 200 Trent Dr. (or 40 Duke Medicine Circle), Durham, NC 27710

Things to remember:

- For your first appointment, you will need to present a photo ID.
- You must check-in and pay your copay for all appointments, even if you have arranged to meet your clinician at his/her office. You can also call the desk before your appointment to check-in (682-1162), or you can check-in for your appointment through MyChart, rather than presenting at the desk in person.

Parking

- The parking garage is on the left immediately before the Clinic Valet Parking.
- Parking deck fees are \$2 an hour
- Take the garage elevator to the 2nd floor to access the Clinics through a covered walkway.

Checking-in for your appointment:

- Psychiatry Check-In is located on the 5th Floor of the Red Zone.
- Follow the signs to the RED ELEVATOR and take the Elevator to the 5th floor. The doors will open at the Psychiatry Check-In Desk.
- If you are entering the Clinic from the parking garage, you will enter into the Clinic Lobby and see an Information desk to your right.
- Continue straight down the hallway, past the elevators on the left and through the double doors into a narrow hallway.
- Turn down the first hall on the left and you will see the RED ELEVATOR.
- Take the red elevator to the 5th floor.

Your clinician will meet you in the check-in area waiting room.

ACT at Duke

Clinical Emergency Procedures

Emergencies: For all psychiatric emergencies (if you are suicidal or if there are any other safety issues) call 911 and/or go to your nearest Emergency Room immediately.

If you need to talk to someone right now: Given your clinician's clinical responsibilities, they may not be able to speak with you over the phone.

- You may call 919-684-8111 and ask the paging operator to contact the psychiatrist on call.
- Or you may always call The National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
- Your county of residence will also have local crisis services.
 - For Durham & Wake: Alliance Behavioral Health at 800-510-9132
 - For Alamance, Chatham, Orange, Person & Five County (Franklin, Granville, Halifax, Vance & Warren): Cardinal Innovations Solutions at 800-939-5911
 - Psychiatric Urgent Care services are available with Carolina Outreach at 2670 Durham Chapel Hill Blvd in Durham. Contact number is (919) 251-9009.