

Parenting Facilitation Policies and Procedures

1. The program is not therapy or counseling.
2. For scheduling questions or concerns, clients need to contact Gretchen Rose, Office manager for Jennifer Leister, LPC-S. Gretchen's contact information is as follows:

Phone: 469-828-4603

Email: admin@jennifercounseling.com

3. Time commitment: To be in compliance with the Parent Facilitation program the co-parents need to be in joint appointments at least twice a month. As the Parent Facilitator recommends, appointments will be scheduled for longer intervals of time as progress is made.
4. Cancellation policy: All appointments are scheduled at the joint meeting times. If either co-parent needs to ask for a reschedule, notice must be given to the Parent Facilitator, Office Manager and co-parent at least 24 hours in advance. Please note: If a client does not give 24 hour notice and it is not an emergency that client will pay the entire meeting fee.

The parent who requests the reschedule is in charge of coordinating the rescheduled meeting within 48 hours of canceling an appointment. If the Parent Facilitator has to step in to get the appointment rescheduled then the co-parent who is not in compliance will be charged the administrative rate of \$40 per quarter hour.

5. It is important to be on time. Our meetings are scheduled for 50 minutes. If a co-parent is more than 15 minutes late, the co-parent will pay for the entire meeting.
6. Snow/Ice Days-Emergencies: If the Dallas, Plano, Richardson, Allen or Frisco Independent School Districts closes school due to weather conditions, my office will also be closed that day. However, if there is snow or an icy condition, I want you to feel safe. You may call to cancel your appointment and the 24-hour notification policy will be waived.
7. Email contacts: The parents may email the Parent Facilitator for scheduling or informational purposes. However, the Parent Facilitator does not use email to discuss case business. If your email requires a lengthy response then the Facilitator will suggest an individual appointment or a phone consultation.

Additionally, clients are not to cc the Parent Facilitator on daily correspondence with their co-parent.

8. Email to the Parent Facilitator's account may include the following at no charge:
 - a. 24-48 hours before an appointment clients may email the Parent Facilitator an update reflecting current concerns in the case and agenda items. Update may not be longer than one page.
 - b. scheduling of appointments

c. documentation of trades of parenting time or agreed gifts of parenting time
d. if a co-parent receives an email from the other co-parent that is not business like and professional in communication the email in question may be forwarded without comment.

9. Reminder, the following policies will be strictly enforced:

a. Brief phone calls of under 5 minutes or calls regarding the scheduling of appointments will not be charged. Other phone calls will be charged at the rate of \$50 per quarter hour.

b. Administrative paperwork, including the reading of documents, that has been requested by the co-parent will be charged at the rate of \$40 per quarter hour.

c. All email communication not defined in #8, will be charged at the rate of \$50 per quarter hour.

10. The Parent Facilitator will attempt to return emails that are in line with this policy within 48 hours of receipt Monday-Thursday. Friday-Sunday emails will be returned by Tuesday at noon. If you need a more immediate response then you will need to call the office. When the Parent Facilitator is not available due to travel then the client will receive an automatic response indicating when the Parent Facilitator will return to the office, emails will be returned 24 hours upon return.

11. If you are frustrated with a meeting, then you may contact the Parent Facilitator to discuss your concerns. However, except in the case of an emergency, the co-parent needs to wait 48 hours after a meeting to contact the Parent Facilitator.

12. No taping is allowed in the meetings, or in phone calls during the Parent Facilitation process.

13. Clients are only to call the office number of 469-828-4603. If you have received a phone call on the Parent Facilitator's cell, you are not to call the number as it is generally off during business hours. If you need to reach the Parent Facilitator after business hours then you can call the office number and the Parent Facilitator will be paged and will decide when or if to call you back. For emergencies, the co-parents need to call 911, their attorney or go to the nearest emergency room. Parent Facilitation is not an emergency service. Additionally, the Parent Facilitator does not provide in-home case management.

14. It is up to the Parent Facilitator to determine if and when the calling of other professionals on the case is warranted. Co-Parents will be charged \$50 per quarter hour for the calls.

15. The focus of Parent Facilitation is the joint meetings. It is up to the discretion of the Parent Facilitator when to intervene on an issue between the meeting times.

16. Additionally, all administrative requests are up to the discretion of the Parent Facilitator and will be charged at the costs of \$50 per quarter hour.

17. Clients are expected to keep up with all paperwork, billing statements etc.

If the clients need duplicate copies then a time must be scheduled with the Parent Facilitator for the administrative task and fees paid of \$50 per quarter hour plus .25 a copy for the production of duplicate copies. Additionally, all administrative requests must be received 15 days before the paperwork is needed and payment must be received at the time of the request.

18. Clients and attorneys are responsible for communicating to the Parent Facilitator court dates and checking with the Parent Facilitator regarding availability if the Parent Facilitator needs to appear.

19. If OFW is utilized, the Parent Facilitator will check content in the PF meeting or at the request of a client will check specific content before a meeting. However, if a request is received then Administrative time will be charged for the review of the content.

21. Should the Parent Facilitator die, become incapacitated or terminate her practice, the custody and control of the records maintained by Jennifer Leister, MA, LPC-S, will be turned over to Dr. Honey Sheff. In the event, Dr. Sheff, incapacitation or termination of her practice, other successors will be appointed as selected by Jennifer Leister.

22. Emails and Scheduling:

- 1) All scheduling emails from either Jennifer Leister or Gretchen Rose must be answered within 48 hours. Clients book all during the day so dates and times sent in one email are not guaranteed to be available until the booking confirmation is received.
- 2) When answering a scheduling email, clients only need to reply with dates and times pertinent and relevant to scheduling an appointment. Do not include personal case business in scheduling emails. Case business is only to be discussed during the meeting times. Additionally, clients need to indicate all of the available times that will work with their schedule. Please note: it is not helpful to choose different times.
- 3) The Parent Facilitator does not discuss any case business via email. If clients email the Parent Facilitator details and updates regarding their case, she will include that in the file to be put on the agenda for the next joint appointment. If a brief conversation is needed between appointments, a client may request a phone consultation with the Parent Facilitator. Requests need to be sent to Gretchen Rose.
- 4) Phone calls can be made to the Office Manager, Gretcehn Rose from 9am-1pm Monday through Thursdays. My office is closed on Friday's.
- 5) Email is the preferred communication of Parenting Facilitation in dealing with scheduling.
- 6) When scheduling appointments, clients will receive joint emails from the Office Manager indicating the Parent Facilitator's availability. If there is no appointment scheduled after two different rounds of emails and dates from Gretchen, the Parent Facilitator will intervene. If the Parent Facilitator has to intervene to get

an appointment scheduled, then an administrative fee of \$50 will be charged to the party not in compliance. If no joint appointment date can be reached after the Parent Facilitator has intervened then a memo to the court will be sent regarding the scheduling impasse.

- 7) Once an appointment is confirmed, it is expected that clients make every effort to keep the scheduled appointment. If a client needs to reschedule an appointment, 24 hours notice is required or the client will be charged for the appointment. The only exceptions are emergency situations, and illness of a client or child. Should there be a pattern of more than 2 cancellations due to illness, a doctor's excuse will be required.

23) Process Servers: The office of the Parent Facilitator is a place where co-parents are to learn new skills of effective co-parenting and resolve their differences. A process server is not to serve either co-parent court papers before, during or after a Parent Facilitation meeting in the office or parking lot of the Parent Facilitator.

Client Signature: _____

Date: _____

INTAKE FORM

Name _____ Preferred Phone Number (____) _____

Present Address _____ City _____ State _____ Zip Code _____

Age ____ Preferred Contact Email Address _____

Occupation _____ Education _____ Current Marital Status _____

Other adults living in the home _____

Children/step children:

Name	Age	Grade/school	Natural	Step
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Length of Marriage ____ Length of Separation ____ Who referred you to this program? _____

Legal Agreement (attach copy) Court Order Rule 11 Agreement Other (Explain)

Your Attorney _____ Firm _____

Address _____ Zip Code _____ Phone (____) _____ Fax (____) _____

Is there an Ad Litem or Amicus Attorney Assigned? ____ yes ____ no If yes, who? _____

Your Attorney's Legal Assistant _____ Phone (____) _____

Current Conservator Arrangements _____ Temporary Permanent

Visitation Schedule _____

Since your initial court appearances, have you been back to court? How many times? _____

Date of Next Scheduled Court Appearance (If Any) _____

Have you had a Social Study and/or Psychological Evaluation ? ____ yes ____ no (If yes, please provide a copy)

List current psychotropic medications for yourself and/or child/ren _____

Drug/Alcohol Usage (frequency, amount) _____

Have you been convicted of a crime other than a minor traffic violation? (Explain)_____

Has there been a history of domestic violence in this case ? If yes, please explain _____

Has there been allegations of physical, emotional or sexual abuse and have Child Protective Services been involved with your family at any point in the past?

Are you or the co-parent subject to a protective order? ____ yes ____ no (If yes, please provide a copy)

Concerns regarding your co-parent as it pertains to your child/ren _____

What are your goals in participating in the program? _____

What challenges do you foresee in co-parenting ? _____

Please provide copies of any pertinent court orders or other reports. These may include the divorce decree, social study reports, affidavits, records regarding the children, correspondence, prior assessments or other relevant information. Please note: the fees for review of case materials will be charged.

Jennifer Leister, LPC-S
Parent Facilitation Advisement Form

Parenting Facilitator Responsibilities:

Parent Facilitation is short-term solution-based coaching process that finds solutions to the practical problems of co-parenting.

1. The Parent Facilitator works as a neutral and objective party to assist both parents in resolving conflict in the best interest of their child(ren).
2. The Parent Facilitator Coaches, Mediates, and Educates as needed.
3. The Parent Facilitator may be called upon as necessary to assist the family with any new conflicts until the child(ren) is(are) 18 years old.
4. A Parent Facilitator may also recommend resources and evaluations as he/she finds that action in the best interests of the child(ren).
5. The Parent Facilitator may communicate with any professional including both of the parents' attorneys.
6. Parent Facilitation is not an emergency service. If an emergency occurs during the time families are in Parent Facilitation, the parents are to call 911 or other crisis intervention services.

Intake:

In order to begin services with families, the following must be on file:

1. A completed intake form
2. A completed release of information form and attached releases
3. A signed advisement form
4. A signed program costs form
5. A signed Code of Conduct form
6. A signed Policy and Procedures form
7. A signed HIPPA form
8. A copy of the court order, Rule 11 agreement or signed letter of intent.
9. \$500 retainer

Parenting Facilitation Meetings:

1. The Parent Facilitation process begins with a minimum of one individual intake meeting for each adult. When age appropriate a meeting will be scheduled for the child(ren) after the first joint appointment.
2. After the individual meetings are completed, the parents will begin to meet jointly. These joint meetings are usually held until the parents and the Parent Facilitator agree that the process is complete.
3. In order to be in compliance with the court, a minimum of two appointments must be attended in a month. As progress is made a step down process will be initiated to lengthen the time between appointments.
4. While the child(ren) is(are) under the age of 18, parents may return for appointments as they encounter further conflict as the child grows up.
5. The Parent Facilitator will schedule joint and individual meetings based on the unique needs of the families.
6. Extended family may be asked by the Facilitator to attend any joint meetings if their attendance in the opinion of the Facilitator will help to resolve conflict in the case.

Confidentiality:

Parent Facilitation is NOT therapy and it is NOT a confidential process.

The taping of meetings is not allowed unless specifically agreed to by all parties.

Communication:

Communication is first and foremost face-to-face. Telephone consultations and individual meetings will be scheduled at the discretion of the Parent Facilitator. Email is only used for short responses, scheduling purposes, or as otherwise indicated in the agreement documents.

Reports:

If requested by the court, periodic status reports may be submitted to the court. In addition, the Parent Facilitator may choose to send a status report when significant events have occurred in the case, or in the case of non-compliance. Copies of all reports will be sent to the court and each of the parents' attorneys unless court documents direct otherwise. Parents are required to pay for all fees for written memos including the fees for the final report prior to the conclusion of the program. The Parent Facilitator must have a minimum of two weeks notice to schedule the writing of the report.

Complaints:

Any concerns or complaints regarding the Parent Facilitator or the parent facilitation process should be addressed to the Parent Facilitator in writing and then an individual appointment scheduled to discuss the concerns. If after the individual appointment, the concerns are not resolved then the parent may request that the court terminate services or appoint another Parent Facilitator.

Conclusion:

The Parent Facilitation process may be concluded in the following ways:

1. The process is successful and the participants and the Parent Facilitator agree that further meetings are not needed.
2. In the opinion of the Facilitator, the process is not working due to non-compliance by one or both of the parents. The Facilitator will inform the court of the reasons that prohibit the process being successful.
3. The Parent Facilitator reserves the right to withdraw should she feel that effective change is no longer occurring. The parents and their respective attorneys will be given notice of the decision to withdraw and names of trained professionals available to assume the role of Parent Facilitator will be provided to both parents.

I will abide by the process as outlined.

Client Signature_____

Date_____

Program Costs

A retainer of \$500 is required from each participant to initiate the process of Parent Facilitation. A minimum of \$100 of the retainer is required to be kept on balance at all times. At the conclusion of the joint sessions and after all paper work has been submitted, the remainder of the retainer will be reimbursed to the parties.

Subsequent payments are made with either cash or check and are due at the beginning of each session. Checks are made out to Jennifer Leister. If payment is not made, the session will be rescheduled. Payment for the canceled visit will be paid by the parent or parents in non-compliance and will be for the entire session fee. Parents will be provided with an itemized copy of their bill anytime it is requested. If a \$100 balance is not maintained, the party will be suspended from joint sessions until the balance is paid and the judge will be notified by memo of non-compliance and Jennifer Leister, LPC-S, will seek payment enforcement by the court. Please note: any legal fees incurred by the Parent Facilitator due to notifying the court and payment enforcement issues will be added to the unpaid balance of the party.

Except in the case of emergency, appointments must be cancelled a minimum of 24 hours in advance of the scheduled meeting. It is the canceling party's responsibility to reschedule meetings that have been cancelled. If an appointment is cancelled within 24 hours of the scheduled visit, the entire appointment fee will be charged to the canceling party. Arriving after 15 minutes of the scheduled meeting will be considered to be a cancellation and the party that is late will be charged for the entire cost of the meeting.

Each Parent's Fee Schedule Includes:

- \$200 Individual Parent Facilitation Meeting (50 minutes)
- \$100 Per parent for each Joint Parent Facilitation Meeting (50 minutes)
- \$100 Per parent for a 50 minute appointment with the child.
- \$100 Per parent for each hour of participation in Settlement Conference
- \$50 Per quarter hour: Telephone Consultations with parent or professionals during business hours. Scheduling calls will not be charged.
- \$60 Per quarter hour for phone consults after business hours. These are discouraged as discussed previously. Business hours are defined as M-TR 9:00-5:00.
- \$50 Per quarter hour: Review of case materials and preparation of written memos and reports.
- \$50 Per quarter hour: Preparation of records in response to a records request or subpoena. Also .25 a page for copying.
- \$25 Returned check fee. Doubles with each additional item.

Litigation:

If the Parent Facilitator is to receive a subpoena then the lawyer or office staff will need to call the office and set up a time for the subpoena to be served during office hours. We request a minimum of 72 hours notice of any Court appearance so that schedule changes for our clients can be made with a reasonable time frame. If records are subpoenaed, a minimum of 15 working days notice is required to

produce the records. The client is responsible for the Administrative fee based on time to produce and all copying costs.

Please note: if a subpoena is received without a minimum of 72 hour notice there will be an additional \$250 express charge.

When it comes to court action, the following fees are in effect and shall be paid by the parent making the request. Example: A parent has a subpoena issued for the testimony of the Parent Facilitator.

1. Preparation Time: \$200 per hour (billable in 15 minute increments)
2. Phone Calls: \$200 per hour (billable in 15 minute increments)
3. Depositions: 1/2 day (less than four hours) \$1,000,
Full day (more than 4 hours) \$2,000
4. Court: 1/2 Day (less than 4 hours) \$1,000
Full Day (more than 4 hours) \$2,000
5. All attorney fees and costs that are incurred by the Parent Facilitator as a result of the legal action.
6. Filing document with the court: \$50
7. The minimum charge for a court appearance is \$1,000

A retainer of \$1,000 for a 1/2 day and \$1800 for a full day court appearance is due at least 72 business hours before each scheduled appearance.

If the Parent Facilitator is subpoenaed and the case is reset with less than 72 hour notice prior to the beginning of the day of the scheduled subpoena and or testimony is not given then the client will be charged \$1,000 for a half day and \$2,000 for a full day.

I understand I am responsible for any and all fees incurred by the Parent Facilitator in relation to this case, and any and all work done by the Parent Facilitator in relation to this case.

If a parent subpoenas the Parent Facilitator the sessions will continue with the parents as planned with the assigned Parent Facilitator.

The Parent Facilitator schedules to write reports that are determined necessary by the Parent Facilitator or defined by the court order once a month. Clients/Attorneys need to schedule with the Parent Facilitator the time and pay all fees for the production of the report before the report is published to the court and the attorneys or record.

I will abide by the process as outlined and agree to pay the fees as outlined.

Client Signature: _____

Date: _____

Code of Conduct
Jennifer Leister, LPC-S

To provide the most effective atmosphere for developing new styles of behavior and communication patterns for the best interest of our child/dren, we commit to the following guidelines in our meetings with the Parent Facilitator.

1. No disrespectful behavior including yelling, threats or name calling.
2. No dishonesty.
3. I will deal with the issues presented in the session. I will make every effort to utilize the tools learned in Parent Facilitation to work with my co-parent to resolve conflicts outside of the appointment time. However, any unresolved conflicts may be tabled until the next meeting.
4. I will not involve my child in any of our conflict or issues discussed in the meetings.
5. I will be on time for the meetings.
6. I will not attempt to triangulate the Parent Facilitator.
7. I will stay in the room when confronted and will work through my feelings. If a time out is needed one may be requested from the Parent Facilitator.
8. I understand that this is a process. I will do my part to carry through on assignments and commit to follow up on the things the Parent Facilitator asks me to.
9. I will promptly return all emails, phone calls and voice mails.

In any meeting, the Parent Facilitator will give one warning during the meeting that behavior needs to be changed so that a meeting can continue to be helpful. If a participant continues to act out and break the Code of Conduct, the appointment will be terminated and the parent who is acting out will have to pay for the entire meeting time.

Parent _____

Date _____

Notice of Privacy Practices- Parent Facilitation

This notice describes how your medical information may be used and/or disclosed and how you can get access to this information. Please review this notice carefully before signing.

As outlined in the Parent Facilitation Advisement Form, the process of Parent Facilitation is not confidential, and the information acquired during the course of the Parent Facilitation process, which can include your Protected Health Information (PHI), can be produced to the court and to the attorneys of record or subpoenaed as a part of the court process.

As a mental health professional, I am required to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices related to your PHI. I am required to abide by the terms of this Notice of Privacy Practices at all times, and while I reserve the right to change the terms of my Notice of Privacy Practices at any time, any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. Should I change this policy at any time during the course of your case, you will be provided with a copy of the revised Notice of Privacy Practices and asked to sign that new document. Should your case be completed before such a revision occurs, you will not be provided such a copy since my services with your family at that time will no longer be in process.

Your health record contains personal information about you and your health, and while the process of Parent Facilitation does not involve the creation of a health record, the process does entail the possibility of the Parent Facilitator acquiring PHI related to you and/or your children. This information about you may identify you and relate to past, present, and future physical or mental health or condition and related health care services and is thus referred to as your PHI. This Notice of Privacy Practices describes how I may use or disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the Facilitator's code of ethics. It also describes your rights regarding how you may gain access to and control your PHI.

How The Parent Facilitator May Use And Disclose Health Information

For Parent Facilitation: During the course of Parent Facilitation, your PHI and/or your child/ren's PHI may be acquired as part of the Parent Facilitation process. This information, once acquired, may be reproduced to the court, the attorneys of record, and/or to the clients who represent themselves, and this is clearly outlined in the Releases of Information that you will be required to sign during the course of the Parent Facilitation process. I may disclose your actual PHI or your child/ren's PHI to another mental health professional or consultant with your appropriate authorization only.

Required by law: Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Without authorization: Following is a list of the categories of uses and disclosures permitted by HIPAA without authorization. Applicable law and ethical standards permit me to disclose information about you without your authorizations in a limited number of situations.

1. Child abuse or neglect: I may disclose your or your child/ren's PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
2. Judicial and administrative proceedings: I may disclose your or your child/ren's PHI pursuant to a subpoena.
3. Law enforcement: I may disclose your PHI or your child/ren's PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), a court order, an administrative order, or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, and in connection with a crime on the premises.
4. Public safety: I may disclose your PHI or your child/ren's PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If the information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

With authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time, except to the extent that I have already made a use or disclosure based upon your authorization or an applicable court order related to your family law matter.

How your PHI may be used and disclosed, which do not apply to Parent Facilitation

NOTE: The laws related to the maintenance policies of your PHI changed in 2013, and these laws require that I disclose this information to you, though this information does not apply to the Parent Facilitation process. The reasons that each item do not apply will be outlined in bold below each item identified:

For treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. **(The process of Parent Facilitation is not treatment oriented.)**

For payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection. **(Payment for Parent Facilitation is payable directly to the Parent Facilitator by check or cash. The Parent Facilitator does not bill insurance, and her services are not covered by insurance.)**

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities,

employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization. **(The Parent Facilitation services do not entail health care operations, and this aspect of the required privacy policy does not apply outside of what has been outlined within this policy. The Parent Facilitator does have a written contract with her Administrative Coordinator, and they have signed a copy of this Privacy Policy in addition to that contract.)**

Without authorization: Following is a list of the categories of uses and disclosures permitted by HIPAA without authorization. Applicable law and ethical standards permit us to disclose information about you without your authorizations in a limited number of situations.

1. Deceased patients: We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next of kin. PHI of persons that have been deceased for more than fifty years is not protected under HIPAA. (Any and all records related to a deceased client may be acquired via the attorney of record or by court order. All of the Facilitator's records are retained for seven years upon the completion of the evaluation or litigation, and they are then destroyed as allowed per her licensure requirements.)
2. Medical emergencies: We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency. (Since the Facilitator's court-ordered process does not generate PHI, this factor does not apply to her process.)
3. Family involvement in care: We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm. (During the Parent Facilitation process, your information will only be available to the court, the attorneys, and/or to clients who present themselves aside from what has already been outlined previously in this policy.)
4. Health oversight: If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control. This situation only applies as outlined previously in this policy.
5. Specialized government functions: We may review requests from US military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm. Any contact that the Parent Facilitator has with the military will be authorized previously by you via an informed consent.
6. Public health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or

disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. Since the Parent Facilitator does not generate PHI related to you, this aspect does not apply

Research: PHI may only be disclosed after a special approval process or with your authorization. **The Parent Facilitator does not conduct research within her practice.**

Fundraising: We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive. **You will never receive fundraising communications from the Parent Facilitator.**

Verbal permission: We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission. **The Parent Facilitator will not speak to your family members unless you have completed a release of information form.**

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI that is maintained about you. To exercise any of these rights, please submit your request in writing via your attorney to the Parent Facilitator's privacy officer located at the Facilitator's address and contact information.

1. Right of access to inspect and copy: You have the right, which may be restricted only in exceptional circumstances or via court order, to inspect and copy any PHI information related to you or your child/ren. The Parent Facilitator may charge a reasonable, cost-based fee for the copies, and if the records are maintained electronically, you may also request an electronic copy of your PHI. You may not request that this information be provided to another person aside from your attorney of record.
2. Right to amend: You have the right to ask that the PHI be amended if you feel that the PHI that I have about you is incorrect or incomplete. I am not required to agree with your amendment, and if your amendment is directly related to information that was produced to me, it would be most appropriate for you to seek amendment of this information from the provider who produced the PHI to the Parent Facilitator. If I deny your request for an amendment, you have the right to file a statement of disagreement with the Parent Facilitator that will be forwarded to the court and the attorneys of record or to clients who represent themselves.
3. Right to an accounting of disclosures: You have the right to request an accounting of certain of the disclosures that I make of your PHI or your child/ren's PHI. The Parent Facilitator may charge a reasonable fee for this request and your PHI or your child/ren's PHI will only be disclosed to the court, the attorneys, to clients who represent themselves, and to the individuals for whom releases were signed and have not been revoked.
4. Right to request restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI.
5. Breach of notification: If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
6. Right to a copy of this notice: You have a right to a copy of this notice.

NOTE: The current law requires that I also notify you as to your Right to Request Confidential Communication. This notice states that you have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request. **During Parent Facilitation, you are asked to provide a preferred telephone number and email address to the Parent Facilitator and Administrative Coordinator for communication purposes.**

ADDITIONAL NOTIFICATIONS

The following additional notifications are required in order to ensure that you have a thorough understanding of how your information may or may not be used or transmitted during the Parent Facilitation Process:

1. As outlined in the Parent Facilitator's Advisement Form, should the Parent Facilitator die, become incapacitated, or terminate her practice, the custody and control of the records maintained by Jennifer Leister, MA, LPC-S, LCDC, will be turned over to Dr. Honey Sheff. In the event of Dr. Sheff's death, incapacitation, or termination of her practice, other successors will be appointed as selected by Ms Jennifer Leister.
2. The Parent Facilitator will maintain your record under lock and key until seven years have passed from the time Parent Facilitation has concluded; at which time, those records will be destroyed in the Parent Facilitator's presence.
3. The Parent Facilitator and Administrative Coordinator utilizes virus protection software and firewall protection on all of the computers (laptop, desk top, and iPad) that are utilized during the course of working with your family.
4. The Parent Facilitator does not release your PHI or your child/ren's PHI without a signed consent from you or in direct response to an order or subpoena.
5. Information related to your case may be kept during the course of your evaluation in a number of different places including but not limited to: the Parent Facilitator's locked office, locked storage location, the Facilitator's car when in transport to the courthouse, the Parent Facilitator's cellular phone, email account and the Facilitator's paper files and/or electronic files.
6. If you choose to communicate with the evaluator by email, by text, by facsimile, or via her mailing address, you understand the limitations of confidentiality that may exist specifically in relation to each of these forms of communication despite all efforts that have been made to protect your confidentiality in this regard, i.e. the Parent Facilitator's computers, email accounts, etc., are all password and/or firewall protected. Most reports and drafts of reports are stored within a cloud-based management system; however, these reports and related drafts do not specifically contain your PHI.
7. The Parent Facilitator has attended and will attend the required HIPAA training every two years. In addition, the Administrative Coordinator has attended HIPPA training.
8. The process of Parent Facilitation does not entail the creation or generation of PHI. The process of Parent Facilitation only entails the acquirement of such information, and due to the court-ordered nature of that process, the information that is acquired

is not confidential and can be produced to the court, the attorneys of record, and to parties who represent themselves in response to a subpoena or court appearance.

COMPLAINTS

If you believe that the Parent Facilitator has violated your privacy rights, you have the right to file a complaint in writing with the privacy officer via the address outlined above or with the Secretary of Health and Human Services at 200 Independence Avenue,

SW Washington DC 20201 or by calling 202-619-0257.

The effective date of this Notice is September 2013.

Signed this _____ day of _____, 2015.

Signature: _____