

## Judith Mazza, Ph.D., PA

8504 Meadowlark Lane Bethesda, Maryland 20817-2921  
Licensed Psychologist

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### **Treatment Agreement & Notice of Policies and Procedures to Protect the Privacy of Patient's Health Information**

#### *Appointments*

Appointments are scheduled by Dr. Mazza between Monday and Thursday. If you are calling regarding therapy for a couple or family, an initial two-hour session is recommended. Appointments for adult individuals are generally one hour in length.

#### *Emergencies and Availability*

You can leave telephone message for Dr. Mazza at either 301-469-7200 or 301-365-0922 at any time. Messages are checked regularly and attempts are made to return calls promptly. However, an answering machine will take all messages while Dr. Mazza is conducting therapy sessions. Unless a specific agreement has been made, Dr. Mazza may not be available for emergencies. If you are a client with an emergency, you may need to contact your closest emergency facility for immediate care.

#### *Cancellation Policy*

Twenty-four hour notice is required to cancel a session without charge. You may leave this message on the message machines at any time. Giving adequate advance notice for cancellations will allow Dr. Mazza to give your appointment time to someone else. If she is able to fill your appointment time with another client, you will not be charged for the missed appointment; however, we cannot guarantee that this will be possible.

#### *Your Rights*

1. You have the right to decide not to enter therapy with Dr. Mazza. If you wish, she will provide you with the names of other good therapists.
2. You have the right to end therapy at any time. The only thing you will have to do is to pay for any sessions you have already had.
3. You have the right ask any questions, at any time, about what we do during therapy, and to receive answers that satisfy you.
4. You have the right not to allow the use of any therapy technique. If Dr. Mazza plans to use any unusual techniques, she will tell you and discuss its benefits and risks.
5. If Dr. Mazza wishes to record a session, she will get your consent in writing. You have the right to prevent any such recording.
6. You have the right to keep what you tell Dr. Mazza private. The specifics and limitations to confidentiality in therapy are identified in the confidentiality agreement that you will be asked to sign.
7. You have the right to receive an accounting of disclosures of your Protected Health Information. On your request, Dr. Mazza will discuss with you the details of the accounting process.
8. You have the right to request restrictions on certain uses and disclosures of protected health information. However, Dr. Mazza is not required to agree to a restriction you request.
9. You have a right to request and receive confidential communication of Protected Health Information (PHI) by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in treatment. On your request, Protected Health Information will be sent to another address). You must make that request in writing

by completing the "Request for Confidential Handling of Health Information" form. That form is posted on the website (<http://familytherapy.com>) and can also be obtained directly from Dr. Mazza.

10. You have the right to inspect or obtain a copy (or both) of Protected Health Information. This includes your mental health and billing records for as long as the Protected Health Information is maintained in the record. Dr. Mazza may deny your access to Protected Health Information under certain circumstances, and in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy (or both) of Psychotherapy Notes unless Dr. Mazza believes the disclosure of the record will be injurious to your health. On your request, Dr. Mazza will discuss with you the details of the request and denial process for both Protected Health Information and Psychotherapy notes.

11. You have the right to request an amendment of Protected Health Information for as long as the Protected Health Information is maintained in the record. I may deny your request. On your request, Dr. Mazza will discuss with you the details of the amendment process.

12. You have the right to obtain a paper copy of this notice from Dr. Mazza upon request, even if you have agreed to receive the notice electronically.

#### *Dr. Mazza's Duties to Protect the Privacy of Your Health Information:*

1. Dr. Mazza is required by law to maintain the privacy of Protected Health Information and to provide you with a notice of her legal duties and privacy practices with respect to Protected Health Information.
2. Dr. Mazza reserves the right to change the privacy policies and practices described in this treatment agreement/notice. Unless Dr. Mazza notifies you of such changes, she is required to abide by the terms currently in effect.
3. If Dr. Mazza revises her policies and procedures they will be posted on her website at <http://familytherapy.com>. In addition, the revised notice will be made available in the reception area and patients currently in treatment will be offered paper copies of the revised policy.

#### *Complaints:*

If you are concerned that Dr. Mazza has violated your privacy rights, or you disagree with a decision she has made about access to your records, please put that complaint in writing and send it to Dr. Mazza. If your concern is not addressed, please contact the Maryland Psychological Association located at One Columbia Center, Suite 102, 10025 Governor Warfield Parkway, Columbia, Maryland 21044. Their telephone number is: 301-953-1371.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The staff of the Maryland Psychological Association can provide you with the appropriate address upon request.

#### *Effective Date:*

This notice will go into effect on 4/1/2003. Dr. Mazza reserves the right to change the terms of this agreement at any time, and to make the new notice provisions effective for all Protected Health Information that she maintains. Dr. Mazza will provide you with a copy of the new notice by posting on her website, making a copy available in the reception area and by offering a paper copy to all patients currently in treatment.

#### **Your Agreement**

I have read and agree to abide by the above policies. I am over 18 years of age and hereby give my informed consent for treatment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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Judith Mazza, Ph.D.