

Ray L. Levy, Ph.D. & Associates

17110 Dallas Parkway Suite 290 Dallas, TX 75248

Phone: 972-407-1191 Fax: 972-407-1305

www.DrRayLevy.com

INFORMED CONSENT

CONSENT FOR TREATMENT OF SERVICES

We are glad that you are here and committed to providing you with quality care. The following information will explain our office policies and procedures. We ask that you initial each page acknowledging that you have read and fully understand the information and please sign where indicated. If you have any questions, please ask and we will be happy to clarify any of this information in this packet. All Patients must complete our information forms before seeing their therapist.

QUALIFICATIONS AND SERVICES: Dr. Levy and Dr. Parr are Licensed Professional Psychologists and are answerable to the Texas Board of Psychologists and their Professional Code of Ethics.

We will be working toward developing an understanding of your needs for you and/or your family during the first few sessions. Therapy is a commitment of your time, energy and finances, you should be sure that you are comfortable working with your therapist. If you decide at any time that this is not a good fit or that other services are needed, appropriate referrals will be provided. For therapy to be successful, it calls for a very active effort on your part and will require you or your family to work on issues and tasks discussed during the session and outside the session.

CONFIDENTIALITY: We follow the ethical standards prescribed by state and federal law, and our professional governing organizations. Discussions between us are confidential and you have the right to a confidential relationship with your therapist. We are required by practice guidelines to keep records of your therapy. These records are confidential pursuant to certain legal and ethical limits and clinical parameters, along with the HIPPA Notice of Privacy Practices provided to you. No information will be released without your written consent and authorization unless mandated by law. Possible legal exceptions to confidentiality include, but are not limited to, the following situations:

1. If you revealed information that indicates, you/or your child is a danger to oneself or someone else necessitating a duty to protect or duty to warn.

Duty to Warn/Duty to Protect Law: If my therapist believes that I (or my child) are in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact any person who is in a position to prevent harm to me or another including, but not limited to, the person in danger.

2. If you or your child reveals information about child abuse, neglect or elder abuse or sexual exploitation.
3. If you or your child are in therapy as a result of a court order, unless otherwise stated in the court order.
4. If we receive a subpoena or a court order to disclose information.
5. If you or a legal guardian provides written permission to release your record.

By signing the Informed Consent form, you are giving consent for your therapist to share confidential information with all persons mandated by law or for whom you have provided written permission and you are releasing and holding harmless your therapist and Ray L. Levy, Ph.D., P.C. & Associates from your right to confidentiality that may result.

If you have any questions or concerns regarding confidentiality, please discuss them with your therapist before signing this form.

Minors and Parents: Clients under 18 years need to know that the law may allow parents to examine their treatment records. A child's privacy in psychotherapy is often crucial to successful progress, particularly with teenagers. Therefore, it is our office policy to request that parents relinquish their right to their child's records. We will provide parents with only general information about the progress of their child's treatment and his/her attendance at the scheduled sessions. Any other communication will be required consent from your child.

COURT ORDER THERAPY: If you or your family have been ordered to therapy by a court, there are further limitations imposed on your rights. These may include the number of sessions available to you, or specific frequency of your participation. Under these circumstances, a report of your attendance and your progress in therapy may be required for the court. We do not have control over any aspects of the rules or stipulation made by the court but will take steps to protect your privacy to the furthest extent possible.

In cases of active litigation or post-divorce, anything released from our office in writing goes to both parents/attorneys. Parent consults/feedback sessions will include both parents unless deemed clinically necessary to have separate sessions, your court order or decree requires separate sessions or a finding of family violence. All reasonable efforts need to be made so both parents have information. It is not our responsibility to ask both parents/guardians raising children in two homes to actively participate. However, it is your responsibility to be communicating about your child/children's therapy if one parent or guardian chooses not to attend.

TERMINATION OF THERAPY: Therapy is not mandatory unless court ordered. We do not work with people who are forced to seek treatment by others. You may choose to leave therapy at any time, but this is best accomplished in consultation with your therapist. If you are dissatisfied with the course of treatment, we encourage you to speak with your therapist.

CONTACTING THE OFFICE: The telephone is answered by the office manager or voice mail, so messages may be left 24 hours a day 7 days a week. The office manager works Monday through Thursday. All calls and emails received late in the day, after hours, on Friday or the weekend are returned on the following business day. It may take several hours before your therapist can reach you as they are in session most of the day. If you are difficult to reach, please leave the best time to reach you when leaving a message. Please set your phone to accept private calls, otherwise Dr. Levy's office staff may be unreachable to you.

If you are unable to reach your therapist or feel that you cannot wait for them to return your call, follow the emergency instructions on the voice mail. Please be advised that there is a charge for this service, Emergency calls are billed at a minimum rate of \$200. Or you can go to your nearest emergency room and ask for assistance regarding a mental health emergency or call 911.

USUAL AND CUSTOMARY RATES: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's determination of usual and customary rates.

Ray Levy, Ph.D. Therapy Cases: Diagnostic Interview is \$235.00/50 minutes. Daytime therapy sessions (9 a.m. to 3 p.m.) are \$200.00/50 minutes. Evening therapy sessions (4:00 p.m. or later) are \$220.00/50 minutes Court Order or Court Related Therapy/Counseling \$250.00 per session.

Trevor Parr, Ph.D. Diagnostic Interview is \$190.00/50 minutes and subsequent therapy sessions are \$185.00/50 minutes. Consultations are \$200.00/50 minutes.

COURT/DEPOSITION fees incurred include time for travel, wait time to testify and actual appearance time is billed at ½ day minimum (4 hours) \$1300.00 and full day (8 hours) is \$2600.00. Payment is due 24 business hours after subpoena is served to hold the date. If your case gets canceled or postpone, there is a 72-business hour cancellation policy. If it is less than 72 business hours the fee is nonrefundable. Any additional time spent on the day of the court/deposition appearance will be billed at the hourly rate of \$325.00 and is expected to be paid in full within 48 hours of the bill being sent. Out of pocket expenses associated with travel will also be billed with the same expectations of payment.

COLLECTION of Unpaid Accounts: Non-payment of an account can result in the use of a collection agency. The law allows an exception of confidentiality when there has been a breach of duty to pay. We reserve the right to suspend services if there is an unpaid balance in your account.

Full Payment is due at the time of the service. We accept cash, checks, Mastercard, Visa, Discover. Returned checks will be assessed a \$35.00 service fee for each occurrence. We do not accept third party insurance reimbursement. Our office policy is in person sessions are paid at the time of the service. Virtual sessions must be prepaid. If you are not the responsible party, then the responsible party must provide a retainer or credit card on file. If the credit card on file is denied, all future sessions must be prepaid.

Standard policy on statements: one statement is provided to the patient after services are rendered. These are mailed via US Post Office. If a duplicate statement is needed, one will be provided at no charge; however, there will be a \$5.00 charge for any subsequent statement requests.

APPOINTMENTS: Appointments are scheduled on a first come, first service basis. We do not guarantee that your sessions will be afterschool or in the evening. There are no standing appointments. One appointment at a time is allowed on the calendar. This allows everyone a chance at the different session times. All appointments are generally 50 minutes and are billed on a per session basis. If you are late for your appointment, Dr. Levy or Dr. Parr cannot extend the session time without prior arrangement. Sessions may be scheduled or extended longer periods of time at your therapists' discretion and in such instances are billed on a prorated basis.

Your therapist will meet with you on a regular basis, usually every week or two weeks. If you cancel or miss a scheduled appointment, it is your responsibility to call the office to reschedule another appointment if you wish to continue your counseling effort. After a missed appointment, if you do not call our office within 10 business days to reschedule, your therapist will accept that as your notice that you have terminated counseling with our office and that you wish to have no further services from our office.

Please help our office serve you better by being responsible for keeping your scheduled appointments and being on time.

There will be NO audio or visual recording of sessions. If you carry a cell phone, or any other device that will beep, buzz, or ring, please **turn it off** during the appointment so that your session is not disturbed.

Unauthorized recording of any kind will be a sufficient basis for Dr. Levy or Dr. Parr to terminate treatment and provide the Court, if necessary with a report regarding the termination of treatment.

CANCELED AND MISSED APPOINTMENTS:

If you call (emails not accepted) to cancel your scheduled appointment at least 48 hours in advance (3 p.m. Thursday for Monday Appointments) you will not be charged for the session. If you provide less than 48-hours' notice, there will be a full session fee charge. If you "no show" your session, you will be charged for the full session and moving forward all future sessions need to be prepaid. Clients will not be billed for brief, miscellaneous emails. However, we reserve the right to bill for excessive "out of session" communications (more than 10 minutes) and will discuss it with you at the time should this become necessary. We do bill for any

telephone conferences with you or other professionals, which requires formal scheduling on the calendar.

SICK CHILDREN:

Please do not bring sick children to therapy, if they have a fever or have vomited within the last 24 hours. Please also use your best judgement on other illnesses as well. Please notify our office as soon as possible so that the session may be offered to those on our cancellation list.

REMINDER FOR APPOINTMENTS:

It is **not** the general office policy to call and remind patients of their scheduled appointments. Email reminders to out the day of the appointment is booked and a few days before the appointment via our electronic appointment system. It is the patient's responsibility to keep track of their appointments. We do not call to remind you of your sessions. If a session is scheduled at the time of check-out or on the telephone, the parent scheduling the session is responsible for notifying their co-parents or other legal guardians.

USE OF ELECTRONIC COMMUNICATIONS:

You may use emails to communicate with our office. Our office does not accept text messages. Emails should be limited to administrative and logistical matters with the office manager, (Jo@DrRayLevy.com). Remember that email communications are not private and become part of your permanent record. Dr. Levy and Dr. Parr will NOT use email to discuss important personal and counseling matters. If necessary, parents' sessions can be booked with your Therapist.

Neither Dr. Levy nor Dr. Parr exchange text messages with patients. If a text is sent to Dr. Levy's or Dr. Parr's telephone number, it will be deleted without being read. All clients should contact Dr. Levy's office by telephone (972) 407-1191.

Dr. Levy and Dr. Parr do not engage in communication or relationships via social media with patients. This is for the protection of your privacy as well as the therapy relationship. If you happen to encounter your therapist through social media or internet, please feel free to discuss this matter in session. The therapy relationship is of a professional nature rather than social. Neither Dr. Levy nor Dr. Parr respond to messages or accept "friend" requests from current or former clients on social networking sites due to the fact that these sites can compromise client's confidentiality and privacy.

Dr. Levy or Dr. Parr never post information about a client on a public website. We ask that you respect their privacy and refrain from posting any "reviews" or other information regarding your therapist or his practice on any website; such as, Healthgrades, Angie's List or other form for posting public reviews of health care providers. By your signature below, you agree that you will not post any "review" or any other information on any website without prior written permission. If your therapist believes that you have violated this agreement, they reserve the right to terminate their professional relationship immediately and refer you to other mental health professionals.

INTERACTION OUTSIDE THE OFFICE:

If you and your therapist happen to encounter each other outside of the professional setting, he will not address you unless you speak first to him. This is also for the protection of your privacy from those persons who may be with you. Your therapist will happily return a friendly greeting but will allow you to take the initiative if you would prefer to do so.

RECORDS REQUEST:

Our office policy is that we do not release confidential records to client/parents. There are serious concerns about releasing clinical notes, which are written by and for the clinician. We believe it will be potentially damaging to the child, the therapeutic relationship and can often have far-reaching consequences to the client. We prefer to release a clinical summary, after we receive HIPAA releases from both legal guardians. There is a charge for this service. We follow the obligations outlined in the Texas Health and Safety Code for psychologists regarding the release of records.

SUMMARY REPORTS:

If you/your child needs a written report for school ARD's, school placement, custody evaluations, reports for other professionals, etc. these are billed at the counseling rate that applies to you/your child in 15-minute increments.

SUBPOENA FOR RECORDS:

If our office receives a subpoena for your/your child's records, we do not release records without releases from both parents. Records are released to both attorneys and there is a charge of \$.25 per page plus delivery (postage, courier etc.) for each attorney. These fees must be prepaid before we release records.

Incapacity or Death: We understand that, in the event of your therapist is incapacitated, it will be necessary to assign your case to another therapist including your treatment records. By signing this form, I hereby consent to Honey Sheff, Ph.D. or Jennifer Leister, LPC to take possession of my records and/or deliver those records to another therapist of my choosing.

Please be aware that we share office space, expenses and office staff with Honey Sheff, Ph.D. and Jennifer Leister, LPC. We are all three independent professional practices and are not in any form of business partnership with one another.

Consent to Treatment: by signing this Client Information and Consent Form as the Client or Guardian of the client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to the financial arrangements and to receive mental health treatment and services for me (or my child) from Ray L. Levy, Ph.D. & Associates. I understand that I may stop such treatment or services, not under court order, at any time.

Thank you for understanding our Office & Financial Policy (including your obligation to pay for missed appointments). Please let us know if you have any questions or concerns

Signature-Client/Parent

Date

Relation to patient

Signature-Client/Parent

Date

Relation to Patient

Revy, Ph.D. & Associates

17110 Dallas Parkway Suite 90

Dallas, Tx 75248

Phone: 972-407-1191 Website: DrRayLevy.com Fax: 972-407-1191

Consent for Treatment

As a legal adult and/or legal guardian of _____,
I/we give Ray Levy, Ph.D. & Associates full and unconditional authority to proceed with a clinical evaluation and treatment as their judgement indicates. This consent is given by me/us as adult (s) for myself/parent (s) or legal guardian (s). I/we have the legal power to consent to psychological and mental health assessment and treatment of myself or minor child/children. It is clearly understood that Ray Levy, Ph.D. & Associates are hereby fully released from any claims and demands that might arise or be incident to the evaluation and/or treatment, provided that their duties are performed with standard care and responsibility to the best of their professional ability.

If you are Separation/Divorce you have provided legal documentation (divorce decree or current court orders) regarding conservatorship and my legal right to consent to treatment for myself/child/children.

Name (Please Print) _____

Signature: _____

Relation to Patient/Patients _____

Date: _____

Name (Please Print) _____

Signature: _____

Relation to Patient/Patients _____

Date: _____

Ray Levy, Ph.D. & Associates

Patient Information

Please print and complete these forms.

Client Information

Name: _____ Nickname: _____

Male: _____ Female: _____ Date of Birth: _____

Address: Street: _____

City _____ State _____ Zip Code _____

Telephone : _____ Email Address: _____

Responsible Party Information

Name: _____

Address: _____

City, State, Zip: _____

Email _____

Cell Phone: _____

How Did You Hear About Us: _____

May we send a thank you note to referral source? _____

Other Responsible Party Information Please include other parent or co-parent

Name: _____

Address: _____

City, State, Zip: _____

Email _____

Cell Phone: _____

Ray Levy, Ph.D. & Associates

17110 Dallas Parkway Suite 290

Dallas, TX 75248

Phone: 972-407-1191 Website: DrRayLevy.com Fax: 972407-1305

Waiver

The following business practices, though not all inclusive may constitute a potential risk to your confidentiality, in spite of the security measures that I have in place to protect your privacy. By signing below, you understand and acknowledge the possible risk and your consent for such practices to be utilized.

- Use of an electronic calendar
- Use of paper calendar
- Use of cell phone for communication with you or other professionals
- Use of a computer
- Use of unencrypted email
- Use of computerized billing
- Use of shared office space with the independent practices of other mental health professionals with potential access to, among other things, common storage and fil space, mailboxes, voicemail, messages, fax machine and faxes.
- Use of shared administrative staff

Print Name

Signature of client/parent/guardian

Date

Ray Levy, Ph.D. & Associates

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: September 23, 2013

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.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
 - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - is not part of your medical or billing records;
 - is not available for inspection as set forth above; or
 - is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
 - to carry out treatment, payment and health care operations as provided above;
 - to persons involved in your care or for other notification purposes as provided by law;
 - to correctional institutions or law enforcement officials as provided by law;
 - for national security or intelligence purposes;
 - that occurred prior to the date of compliance with privacy standards (April 14, 2003);
 - incidental to other permissible uses or disclosures;

- that are part of a limited data set (does not contain protected health information that directly identifies individuals);
 - made to patient or their personal representatives;
 - for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
 8. **Receive notification if affected by a breach of unsecured PHI**

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.

Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends, or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all your health information to our

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example, in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a 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.

Fund raising: Unless you notify us you object, we may contact you as part of a fundraising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fundraising material you receive.

Coroners, Medical Examiners, and Funeral Directors: We may release protected 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 protected health information about patients to funeral directors as necessary to carry out their duties.

Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical 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.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) most uses and disclosures of psychotherapy notes (ii) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of your health information; and (iv) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Ray Levy, Ph.D., at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Ray Levy, Ph.D. & Associates or with the Secretary of the Department of Health and Human Services or Texas Attorney General's office. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 http://www.hhs.gov/contacts	Office of the Texas Attorney General Consumer Protection Division PO Box 12548 Austin, TX 78711-2548 Tel: (512) 463-2100 Toll Free: (800) 252-8011 https://www.oag.state.tx.us/forms/cpd/form.php	Ray Levy, Ph.D. & Associates Privacy Officer 17480 Dallas Parkway, Suite 230, Dallas Texas 75287 (972)407-1191 (972) 407-1305
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NOTICE OF PRIVACY PRACTICES AVAILABILITY

You will be provided a hard copy at the time we first deliver services to you. Thereafter, you may obtain a copy upon request

