



PROFESSIONAL DISCLOSURE STATEMENT

MANIJEH BOUSTANI, PhD
LICENSED PSYCHOLOGIST – NC #1456
www.PsychologicalMobile.com

EDUCATION

Doctorate of Philosophy: Duke University, Durham, NC. – Counseling Psychology – 1987
Bachelor of Arts: Shiraz University, Iran – Psychology - 1972

SPECIALTY AREAS OF INTEREST

Dr. Manijeh Boustani, PhD, Licensed Psychologist, is a generalist who works with individuals, couples, and groups with a variety of common concerns, such as depression, anxiety, stress, trauma, aging, relational problems, educational challenges (ADHD and learning disorders), cultural and minority issues, and major life events, issues, or decisions. She is committed to facilitating clarity on one's unique gifts, creating one's vision, and taking action toward manifesting that vision.

CONFIDENTIALITY

The client has the right to privacy. Information disclosed by the client will be deemed confidential. Exceptions to this include: disclosure by the client (or knowledge of) harm to self or others, indications of child or elder abuse, or courts order. HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; and having any complaints you make about my policies and procedures recorded in your records. I am happy to discuss any of these rights with you. You should be aware that, pursuant to HIPAA, I may keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$.25 per page (and for certain other expenses). If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request. In addition, I may also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record and [information revealed to me confidentially by others]. These Psychotherapy Notes are kept separate from your Clinical Record. The Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

MINORS & PARENTS

While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment and this requires that some private information be shared with parents. It is my policy not to provide treatment to a child under 14 unless he/she agrees that I can share whatever information I consider necessary with his/her parents. For children 14 and over, I request an agreement between my patient and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. While I am usually working between 10:00am and 7:00pm and will not answer the phone when I am with a client/member. The telephone is answered by an office staff, assistant or by voicemail. If the message is urgent, however not an emergency, I will make every effort to have your call returned within 48 hours, with the exception of weekends and holidays. I will generally return calls if there is a client/member cancellation between 10:00am and 7:00pm. You should know that there are times I am not available for emergencies. In agreeing to see me you are accepting this limitation in emergency coverage. If you are unable to reach me and feel that you can't wait for your call to be returned, contact your medical doctor, family physician or the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. In the event of an emergency contact your local emergency services or call 911 (depending on the severity level). Please check our website contact page for updated crisis protocol: www.psychologicalmobile.com/contact

NORTH CAROLINA PSYCHOLOGY BOARD

The practice of psychology is licensed and regulated by the North Carolina Psychology Board. All questions, concerns, and complaints regarding clinical practice may be addressed with this agency at www.ncpsychologyboard.org or 1-(828)-262-2258.

MEMBER AGREEMENT

Signing this disclosure certifies that I have read the preceding information and understand my rights and responsibilities as a client. Legal guardians or parent must sign for clients under age 18. Special circumstances notice: Approved services may be delivered through technology-assisted media (e.g., TeleMental Health via internet web-cam) when deemed necessary due to special circumstance (e.g., service delivery to distance location, time restraints and/or availability). In addition, if psychological testing is requested or deemed necessary for treatment purposes I agree and understand that Manijeh Boustani, Ph.D., and/or the trained/supervised testing technician(s) may administer and/or score testing (as permitted).

Member's Name

Age

X

Member or Parent / Guardian's Signature

Date