

Name _____ Male ___ Female ___
 First Middle Last

Address _____
 City State Zip

Birth Date _____ Social Security Number _____ Age _____

Relationship Status (Single, Married, Divorced, Widowed): _____

Home Phone _____ May we leave a message? _____

Cell Phone _____ May we leave a message? _____ Text? _____

Work Phone _____ May we leave a message? _____

Email address: _____ May we communicate via email? _____

Employer _____ Occupation _____

How did you hear about us? _____

Parent/Guardian names (children only): _____

Primary Insurance

Name of Insured Policy Number Group Number Phone Number

Insurance Company Address Zip Code

Tricare only: Sponsor Name and SSN: _____

Statement of Agreement

Because appointment times are reserved for you, you may be charged for your missed appointment (which is not covered by insurance) unless 24-hour notice is given. The patient is responsible for supplying correct insurance information, any necessary insurance forms, and for payment of any personal portion within 15 days of receiving a monthly bill. An interest of 1.5% per month will be charged for balance of 90 days. Patient agrees to pay all costs of collection, including attorney's fee of 33 1/3 percent. My signature below constitutes my agreement to comply with these terms. I hereby authorize my insurance company to make payments directly to Fly Family Therapy and for Fly Family Therapy to release information to my insurance company in order to process insurance claims.

Patient/Guarantor Signature

Printed Name

Date

Relationship to patient

Fly Family Therapy
718 J. Clyde Morris Blvd, Ste. D
Newport News, VA 23601

Tel: 757.873-8566
Fax: 757.595.1885
www.flytherapy.com

Consent to Treatment

I have read and understand the limits of confidentiality: _____
Initial here

I have read and understand the fee schedule: _____
Initial here

I have read and agree to the notice of privacy practices: _____
Initial here

I have read and received a copy of the therapy procedures and fee schedule.
I consent to therapeutic services for myself (or for my child).

Signature Date

Printed Name Name of child (if applicable)

Provider Signature Date

CLIENT NAME:

Please rate on a scale of 1-10 with 1 being slight problem, 10 extreme, and leave 0s blank

1 CATEGORY SLEEP

Bruxism (teeth grinding)		Difficulty falling asleep	
Difficulty maintaining sleep		Difficulty waking	
Disregulated sleep cycle		Narcolepsy	
Night sweats		Night terrors	
Nightmares or vivid dreams		Nocturnal enuresis	
Periodic leg movements		Restless leg	
Restless sleep		Sleep apnea	
Sleep walking		Snoring	
Talking during sleep			

2 CATEGORY ATTENTION AND LEARNING

Difficulty completing tasks		Difficulty following directions	
Difficulty making decisions		Difficulty organizing personal time or space	
Difficulty remembering names		Difficulty shifting attention	
Difficulty shifting tasks		Difficulty thinking clearly	
Difficulty understanding conversations		Distractibility	
Lack of alertness		Lacking common sense	
Messy handwriting		Not listening	
Poor concentration		Poor drawing ability	
Poor math		Poor short-term memory	
Poor sustained attention		Poor verbal expression	
Poor vocabulary		Poor word finding	
Reading difficulty		Slow thinking	
Unmotivated			

3 CATEGORY SENSORY

Auditory hypersensitivity		Chemical sensitivities	
Motion sickness		Poor body awareness	
Somatosensory deficits		Tactile hypersensitivity	
Tinnitus		Vertigo	
Visual deficits		Visual hypersensitivity	

4 CATEGORY BEHAVIORAL

Addictive behaviors		Aggressive behavior	
Anorexia		Autistic stemming	
Binging and purging		Class clown	
Compulsive behaviors		Compulsive eating	
Crying		Excessive talking	
Hyperactivity		Impulsivity	
Inflexibility		Lack of appetite awareness	
Lack of sense of humor		Lack of social interest	
Manipulative behavior		Motor or vocal tics	
Nail biting		Oppositional or defiant behavior	
Poor eye contact		Poor grooming	
Poor social or emotional reciprocity		Poor Speech articulation	
Rages		Self-injurious behavior	

CLIENT NAME:**5 CATEGORY EMOTIONAL**

Agitation		Anger	
Anxiety		Depression	
Difficult to soothe		Dissociative episodes	
Easily embarrassed		Emotional reactivity	
Fears		Feelings of unreality	
Flashbacks of trauma		Impatience	
Irritability		Lack of emotional awareness	
Lack of pleasure		Lack of social awareness	
Low self-esteem		Mania	
Mood swings		Obsessive negative thoughts	
Obsessive worries		Panic attacks	
Paranoia		Suicidal thoughts	

6 CATEGORY PHYSICAL

Allergies		Asthma	
Chronic constipation		Clumsiness	
Difficulty walking or moving		Difficulty working	
Effort fatigue		Encopresis	
Fatigue		Heart palpitations	
High blood pressure		Hot flashes	
Immune deficiency		Irritable bowel	
Low muscle tone		Muscle tension	
Muscle twitches		Muscle weakness	
Nausea		PMS symptoms	
Poor balance		Poor fine motor coordination	
Poor gross motor coordination		Reflux	
Rigidity		Seizures	
Skin rashes		Spasticity	
Stress incontinence		Sugar craving and reactivity	
Sweating		Tachycardia	
Tremor		Urge incontinence	

7 CATEGORY PAIN

Abdominal pain		Chronic aching pain	
Chronic nerve pain		Fibromyalgia pain	
Jaw pain		Joint pain	
Migraine headaches		Muscle pain	
Muscle tension headaches		Sciatica	
Sinus headaches		Stomach aches	
Trigeminal neuralgia		Migraines	

Medication Checklist

Client:	D.O.B.
Prescribing Physician:	Date:

Medication	Dosage	Frequency	Length of Time on Medication



Fly Family Therapy Informed Consent

F. Lanier Fly LMFT, AAMFT Approved Supervisor & Clinical Director
Kristen Fly, MSMFT, LMFT
Hillary Boone, MA, LPC

Beginning therapy can be anxiety provoking because people are often unaware of what to expect. Please read the following information, which was prepared in order to shed light on some of the questions you may have regarding therapy. We hope you will keep this information in a safe place for future reference. You must sign and return the Consent to Treatment before beginning treatment.

Clinical Qualifications

Dr. Lanier Fly possesses a doctoral degree in ministry and is a licensed marriage and family therapist (lic# 0717000127) with experience treating a range of mental health disorders including PTSD, depression, anxiety, schizophrenia, ADHD, and marital and parenting issues. He has specialized training utilizing neurofeedback, or EEG biofeedback, as a complimentary part of treatment. For more information about what neurofeedback entails, you can also visit our website, flytherapy.com

Kristen is a licensed marriage and family therapist (lic# 0717001230) who has been working in a range of clinical settings with parents, children, families, and individual adults since 2004. She has particular experience in supporting parents whose children experience emotional or behavioral symptoms, including Autism Spectrum Disorder, ADHD, and attachment-related difficulties. She has also worked with adults desiring support for challenges including anxiety, depression, trauma, anger management, and addiction.

Hillary is a licensed professional counselor (lic. #0701005807) who has worked with families, couples, groups, children, adolescents and adults since 2010. She has a special interest in helping clients with mood disorders, those healing from trauma and military families. Hillary utilizes an integrative approach to include neurofeedback in therapy. She has been providing Neurofeedback since being trained by the EEG Institute in 2012.

As a practice we are also involved in training new therapist interns and residents. Interns completing their master's degree in therapy and post-graduate residents are supervised by Dr. Fly. If you have questions about the license status or general questions or concerns about the practice of marriage and family therapy, you may contact the Virginia Board of Counseling by calling (804) 367-4610. For license status or other information regarding marriage and family therapists, you may visit the VA Board of Counseling's website at <http://www.dhp.state.va.us/counseling/> and click on "license lookup."

Therapy Process

The therapeutic process is a journey with hopes of growth and restoration. The process is unique for each family and each person. Factors that impact the depth of change include the connection between yourself and the therapist, the therapist's skill and commitment to supervision and training, the skill of the supervisor in training therapists, and your commitment to the process. We hope to create an environment of safety and trust so that you and your family can work on the issues that concern you the most.

Benefits and Risks: Consumer Rights

As the benefits of therapy are many and profound we hope that you and your family experience growth and restoration. The risks of the therapeutic process may include discomfort resulting from experiencing painful feelings or from decisions to make life changes. For children and adults, confronting and resolving unpleasant feelings in therapy can bring on strong emotions such as anger, frustration, sadness or fear. Even so, most adults and children feel that therapy is worth the discomfort they feel. During the course of neurofeedback, it is possible that you may feel tired or experience a mild headache after treatment. It is important to communicate with your therapist about the effects of the neurofeedback treatment, as adjustments may need to be made to tailor treatment to you. You have the right to ask questions about any aspect of therapy at any time. You have the right to withdraw treatment at any time and ask for appropriate referrals. You have the right to make written requests to release information to other professionals involved in helping you.

Emergencies

If you have a therapeutic emergency, please call Dr. Fly at 757-291-5808, Kristen Fly at 757-912-5359 or your respective therapist and leave a detailed voice message. If you need immediate help, please dial 911 or go to the emergency room of the closest hospital.

Confidentiality

Confidentiality refers to the privacy of information shared in the course of therapy. Information will not be disclosed unless you request it. The law recognizes that information shared between a therapist and a client is privileged. However, the law requires that your therapist must release information in the following situations:

1. if there is any reason to suspect child or elder abuse,
2. if I become aware that you are a danger to yourself or others,
3. if a judge orders me to release your records to the court,
4. if you have chosen to make your mental state an issue in a legal proceeding,
5. or if you bring legal action against your therapist, you will not be able to keep records private in court.

In addition to these required limits to confidentiality, there is one other potential limitation to confidentiality. Therapists are encouraged to seek professional consultation when doing so would provide the client with the best treatment. Only information necessary for the consultation is

revealed during such sessions and confidentiality applies to any professional that provides consultation.

Length of Therapy and Termination

Different kinds of problems may require longer or shorter spans of therapy. After the assessment period, we will talk about the possible length of therapy. If you decide to end therapy, we strongly encourage you to talk about it with your therapist first. The ending of therapy is a time of separation and loss. As such, the termination process should be given adequate time relative to the time spent in therapy.

Neurofeedback

What is Neurofeedback used for?

Neurofeedback addresses problems of brain dysregulation. These happen to be numerous. They include the anxiety-depression spectrum, post-traumatic stress disorder, attention deficits, behavior disorders, various sleep disorders, headaches and migraines, PMS and emotional disturbances. It is also useful for organic brain conditions such as seizures, autism spectrum disorders, and cerebral palsy.

How does Neurofeedback work?

We apply electrodes to the scalp to listen in on brainwave activity. We process the signal by computer, and we extract information about certain key brainwave frequencies. We show the ebb and flow of this activity back to the person, who attempts to change the activity level. Some frequencies we wish to promote. Others we wish to diminish. We present this information to the person in the form of a video game or movie. The person is effectively playing the video game or watching the movie with his or her brain. Eventually the brainwave activity is "shaped" toward more desirable, more regulated performance. The frequencies we target, and the specific locations on the scalp where we listen in on the brain, are specific to the conditions we are trying to address, and specific to the individual.

How is Neurofeedback used to train an individual's unique brain?

Over the years, certain Neurofeedback (EEG Biofeedback) training protocols have been developed that are helpful with certain classes of problems such as attention, anxiety and depression, seizures and migraines, sleep disturbances, as well as cognitive function. There are a number of assessment tools we use to help us decide which protocols to use. These are simple neurodiagnostic and neuropsychological tests.

Is Neurofeedback considered a cure for any condition?

In the case of organic brain conditions, it can only be a matter of getting the brain to function better rather than of curing the condition. When it comes to problems of dysregulation, we would say that there is not a disease to be cured. Where dysregulation is the problem, self-regulation may very well be the remedy. But again the word cure would **not** apply.

Do the effects of Neurofeedback / EEG Biofeedback training really last?

If the problem being addressed is one of brain dysregulation, then the answer is yes, and that covers a lot of ground. Neurofeedback involves learning by the brain and if that brings order out of disorder, the brain will continue to use its new capabilities, and thus reinforce them. Generally, we expect to need at least 20 sessions for the training to generalize.

Matters are different when we are dealing with degenerative conditions like Parkinson's or dementia, or when we are working with major differences in brain organization and/or structure, as may be the case with autism spectrum disorders. In such cases the training needs to be continued at some level over time. Allergic susceptibilities and food intolerances make it more difficult to hold the gains. Poor digestive function will pose a problem, as does poor nutrition. A child living in a toxic environment (either physically or psychologically) will have more difficulty retaining good function.

What is the success rate of Neurofeedback / EEG Biofeedback?

Through our twenty years of experience with Neurofeedback / EEG Biofeedback, we have reached the point of having very high expectations for success in training. When such success is not forthcoming, or if the gains cannot hold, then there is usually a reason for that which needs to be pursued. In the normal course of events, Neurofeedback ought to work with nearly everybody. That is to say, most people should make gains that they themselves would judge to be worthwhile. Our brains are made for learning and skill-acquisition. On the other hand, we are working with many families whose expectations have been lowered by their past experience. And they need to see progress before they will share our optimism. We understand that.

While we expect results for every client, results may not be as fast as clients hope, and understandably, they may choose to stop therapy before those results have been realized. Somewhere around 10 percent of our clients choose to stop therapy for lack of noticeable effect.

For more information on Neurofeedback, you may also visit the websites www.flytherapy.com or www.eeginfo.com.

Pulsed Electromagnetic Field Therapy (pEMF)

In contrast to neurofeedback (which introduces no new electrical activity to the brain, just feeding back), pEMF introduces small magnetic pulses to targeted areas of the brain to induce particular brainwaves. The effect is thought to potentiate the simultaneous neurofeedback, making the neurofeedback work more quickly. While not common, possible negative effects can include nausea and headache. If either occurs, please let your therapist know as soon as possible. Additionally, if you have a history of seizures, pulsed electromagnetic therapy (while not known to induce seizures) is inadvisable.

QEEG

What is the process for doing a qEEG Brain Map?

A quantitative electroencephalogram, or qEEG, is an electrical recording of all 19 standard EEG placements on the scalp, which is then compared to a normative database to see how the various

areas of the brain are over or under active (amplitude), communicating with one another (coherence), and the timing of those communications (phase).

EEG acquisition is a safe, non-invasive process. You will sit in a chair while a cap measured to your head size will be placed on your head. The nineteen sensor sites on the cap will be filled with a gel by use of a blunt needle. The quality of connection will be measured using an impedance meter. You will sit in a comfortable chair with the cap on while the clinician records your EEG on a computer. This will be done with your eyes closed and with your eyes open, for a total of about 15 minutes. The total appointment time will be about an hour.

Analysis of the results is completed at our center and reviewed by Dr. Fly. Based on the results, a treatment plan is initiated along with an explanation of the findings as well as an explanation of what to expect from treatment.

How are qEEG Brainmaps used?

The most important use of the qEEG is to provide a guide for improving abnormal brain functioning via Neurofeedback.

The patterns created by measuring your brainwaves are compared to databases of brain map recordings from hundreds of healthy individuals of the same age. Any differences are displayed as z-scores or standard deviations, representing how much your brain map differs from the sample population in a given region of the brain.

Using the z-scores and information obtained from the color-coded maps, we can determine a course of treatment for improvement in areas such as learning, behavior, and performance by re-training brainwave activity.

When the qEEG is performed, you will be provided with the printout as well as our treatment recommendations. If you would like a written report to accompany this, it requires a one hour report writing fee, the cost of which is in the attached fee schedule.

EEG basics

Frequencies (low to high)

Delta (0-3 Hz)- frequencies corresponding to deep sleep, although some delta is expected during a waking state

Theta (4-7 Hz)- frequencies corresponding to drowsiness

Alpha (8-11 Hz)- frequencies corresponding to a relaxed wakeful state

Beta (12- 18 Hz)- frequencies corresponding to an alert, working state

High Beta (18-30 Hz)- frequencies corresponding to an anxious state

Regions (generally from anterior to posterior)

Prefrontal (Fp1, Fp2, from left to right side)- The prefrontal regions of the brain are responsible for attention and executive functioning. They allow us to make judgments, plan, and adjust those plans and judgments as we go along.

Frontal (F7, F3, Fz, F4, F8, from left to right side)- The frontal regions are responsible for verbal and non-verbal expression, as well as motor planning of the right and left hands (including fine motor coordination).

Temporal (T3, T4, left to right, and behind them T5, T6)- The temporal regions are responsible for verbal and non-verbal memory formation, auditory processing and verbal and non-verbal understanding.

Central motor (C3, Cz, C4, from left to right)- The central motor regions are responsible for sensorimotor integration, which includes waking, writing, and gross motor coordination. Additionally, the right central motor region seems to be involved in self-calming.

Parietal (P3, Pz, P4, from left to right) – The parietal regions are responsible for perception and cognitive processing of the observed world, including spatial relations and multimodal sensations. Additionally, this area is responsible for non-verbal and verbal reasoning.

Occipital (O1, O2 from left to right)- The occipital regions are responsible for visual processing, which includes movement perception, black/white/color perception, and pattern recognition.

Fly Family Therapy and Neurotherapy
NOTICE OF PRIVACY PRACTICES

**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.**

**If you have any questions about this Notice please contact
David R. Fly at (757) 598-1359.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your therapist, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your therapy office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. We might disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose

or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who becomes involved in your care by providing assistance with your diagnosis or treatment.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your therapist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of therapy students, licensing, and conducting or arranging for other business activities.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: 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. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency

authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report product defects or problems, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

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

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we 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. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your therapist is not required to agree to a restriction that you may request. If your therapist does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by discussing this with a therapist.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your therapist amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, **David Fly** at (757) 598-1359 or david@flytherapy.com for further information about the complaint process.

This notice was published and becomes effective on **March 11, 2014** .



Fly Family Therapy Fee Schedule

F. Lanier Fly LMFT, AAMFT Approved Supervisor & Clinical Director
 Kristen Fly, MSMFT, LMFT

Service	Licensed Clinician	Resident	Intern
19 Channel/DMN	\$80	\$60	\$40
1-4 channel NF training	\$65	\$45	\$25
Talk Therapy per hour	\$80	\$60	\$40
qEEG/Brainmap	\$300	Not available	Not available
qEEG w/ 19 Ch Training	\$350	Not available	Not available
QIK Test	\$30	\$30	\$30
Personality Assessment (MBTI)	\$25	\$25	\$25
Prepare Enrich Assessment (Per Person)	\$35	\$35	\$35
Report writing per hour	\$100	\$75	\$50