



CLIENT RIGHTS

(Client Portal Copy Only)

This Notice describes your rights as a client. Please review it carefully.

EFFECTIVE NOVEMBER 2020

As a client, you have the following rights:

- **The Right to Request Where Stitched Therapy & Consulting LLC Contact you:** On the intake form, you will have a chance to identify where Stitched Therapy & Consulting LLC may contact you (i.e., work, home, cell) and provide that information. You have the right to ask Stitched Therapy & Consulting LLC to contact you in a specific way (for example, home or office phone) or send mail to a different address, and Stitched Therapy & Consulting LLC will agree to all reasonable requests.
- **The Right to Release your Medical Records:** You have the right to dictate (except for laws and other limitations as outlined in the Notice of Privacy Practice) where and to whom Stitched Therapy & Consulting LLC release your records and or information to. You also have the right to revoke (in writing) any previous authorization to release information. Please understand that Stitched Therapy & Consulting LLC cannot take back information that you had previously authorized. Stitched Therapy & Consulting LLC is not required to agree to your request. Stitched Therapy & Consulting LLC may say “no” if it is believed the request would affect your health care.
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full:** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- **The Right to Inspect and to Receive a Copy of your Medical Billing Records:** Other than "psychotherapy notes," you have a right to inspect and receive a copy of your medical

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billing records. Stitched Therapy & Consulting LLC may deny some requests; however, we will further discuss the matter before any agreements. If you make a written request for copies of medical billing records or a summary of your records, Stitched Therapy & Consulting LLC will complete the request within 30-days of receiving your written request. Stitched Therapy & Consulting LLC will charge you, the client, 20 cents for every page copied to cover the costs of paper, ink, and time used to make such copies. You will also be charged the postage fee plus \$25.00 for the time taken to go to the post office and mail the information. You are responsible for all associated costs of the record requests.

- **The Right to Accounting of the Disclosures:** You have the right to request a list of instances in which Stitched Therapy & Consulting LLC have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided StStitched Therapy & Consulting LLC with an Authorization. Stitched Therapy & Consulting LLC will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Stitched Therapy & Consulting LLC will give you will include disclosures made in the last six years unless you request a shorter time. Exceptions include: 1) disclosure for treatment, payment, or healthcare operations; 2) disclosures pursuant to a signed release; 3) disclosures made to a client; 4) disclosures for national security or law enforcement. Stitched Therapy & Consulting LLC will provide the list to you at no charge. Still, if you make more than one request in the same year, Stitched Therapy & Consulting LLC will charge you a reasonable cost-based fee for each additional request.
- **The Right to Add Information or Amend your Medical Records:** You may request to amend your records; however, not every request may be accommodated since Stitched Therapy & Consulting LLC may deny such requests. If the request is denied, you will be allowed to consult with us as to the reason for the denial and to explore alternative means to meet your needs. Any requests to amend your records must be made in writing.

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- **The Right to Get a Paper or Electronic Copy of this Notice:** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by email. Even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
- **The Right to Request Restrictions on Uses and Disclosures of your Healthcare Information:** 1) must be in writing; 2) you are not obligated to agree.
- **The Right to Complain:** If a complaint arises, please discuss it with the employee(s) of Stitched Therapy & Consulting LLC first to explore possible remedies. If you are not satisfied with the result of the possible remedies, you have the right to complain to the U.S. Department of Health and Human Services and/or to my licensing board (address provided on the inform consent form). Any rightful complaints that you file in regard to Stitched Therapy & Consulting LLC will not be retaliated against you by Stitched Therapy & Consulting LLC.
- **The Right to Receive Changes in Policy:** You may request any future changes to the Privacy Practices and or Client Rights policies of Stitched Therapy & Consulting LLC in writing. Please make requests available (in writing) to Stitched Therapy & Consulting LLC.

BY CLICKING (AND OR SIGNING) ON THE CHECKBOX BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. YOU ALSO ACKNOWLEDGE RECEIPT OF THIS NOTICE FOR YOUR PERSONAL RECORDS IN THE CLIENT PORTAL.

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