

Nina Serman Counseling, LLC

Nina Serman, LPC-MHSP

5587 Murray Avenue Suite 203

Memphis, Tennessee 38119

(901) 820-6514

Welcome to my office!

Office Hours and Sessions:

My regular working hours are 9:00 am to 5:00 pm, Monday through Thursday, with early morning and late evening, available by appointment. A session is 50 minutes in length, and begins and ends promptly as scheduled.

Financial Agreement:

You are financially responsible for all charges, to be paid upon arrival for the session. If I am not on your insurance panel, you will receive a statement once per month, listing all pertinent information, should you choose to submit receipts to insurance for reimbursement. Nina Serman Counseling, LLC will not file insurance claims for you (unless I am in your insurance network). Further, **missed appointments or cancellations within 24 hours of appointment time will be subject to a missed appointment fee.**

Benefits and Risks of Psychotherapy:

Individuals contemplating therapy should realize that clients frequently make significant changes in their lives. If you have questions about the benefits and risks of therapy, please do not hesitate to discuss with your therapist.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during the course of our professional relationship.

Patient Signature:

Date:

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Patient Notification of Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) encompasses patient protections involving the use of protected health information, specifically related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including mental health care workers, and providers throughout the country are required to provide patients with a notification of their privacy rights as it relates to health care records. If you wish to receive a copy of your record, please submit a formal written request. Your request will be reviewed and you will receive a response within 5 business days. You will be charged for all copies made at your request.

The Patient Notification of Privacy Rights serves to inform you of your rights in a comprehensive manner. Please read this document as it is important for you to be aware of the patient protections provided by HIPAA. If you have any questions, please feel free to ask for clarification.

Your signature below indicates that you have received this Patient Notification of Privacy Rights which provides a detailed description of the potential disclosures of your protected health information.

Patient Signature:

Date:
