

Blanco Behavioral Health

WHERE WE'RE HAPPY TO HELP

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WELCOME

At Blanco Behavioral Health Consulting we treat everyone like family because we know that each person is more than just what is at the forefront. We believe that everyone has strengths to uncover and strengths to enhance. We think of therapy as a practice. We practice our skills and tools every day to experience a better quality of life much like exercise.

Healing happens in a healthy environment within a healthy relationship. We create that here at Blanco Behavioral Health because we believe that when you find the best version of yourself the world benefits.

We believe in duality. Our challenges have the potential to teach us about ourselves and what we can handle. Our defense mechanisms protect us but can also hurt us when we no longer need them to keep us safe in the same ways as we once did. We use interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Community Resiliency Model (CRM) to:

1. Identify where the core injuries happened in the past
2. The triggers that are associated with our past Trauma
3. The duality in our responses (what serves us, what doesn't)
4. Grieving our losses
5. Celebrating our strengths
6. Maintaining our wins!

We specialize in Resiliency informed care and believe that with the right environment and support from a healthy community of peers we can see radical change in our self-efficacy and how we view ourselves in the context of our environment.

Welcome to BBHC!

Wendy Blanco

Wendy Blanco, LCSW
CEO/Founder

LIMITS OF CONFIDENTIALITY/CONSENT TO RECEIVE MENTAL HEALTH SERVICES

Mental Health treatment consists of a verbal exchange between you and your mental health clinician with the goal of addressing emotional and relationship issues that you identify. Treatment may include individual therapy, Eye Movement Desensitization and Reprocessing (EMDR), and group therapy. (Should the use of EMDR be recommended, you will be required to give specific written consent separate from this agreement.)

During the course of treatment, all information will remain confidential, **except** in instances where the clinician is mandated by law to disclose information. Following are three reasons why a clinician may be required to breach confidentiality:

1. If you reveal that you or someone you know has engaged in abusive behavior toward a child, an elderly or disabled person. Abusive behavior can include physical harm, emotional abuse, sexual abuse and neglect or abandonment. (In the case of a caretaker of the elderly or disabled, any exploitation of their finances.)
2. If you intend to harm yourself and are unwilling to agree to any protective interventions.
3. If you express specific intent to harm someone else.

California law requires that the clinician take necessary and appropriate action under the specific circumstances to ensure your safety and the safety of others. Such action may require the clinician to reveal any of the above information to protective or law enforcement agencies.

Should you request that the clinician exchange information with other professionals or persons, you will be required to complete and sign a Consent to Exchange Mental Health Information form prior to the exchange of any information.

By signing below, you agree to accept mental health services from Blanco Behavioral Health Consulting. Your signature also signifies that you have read and understand the limits of confidentiality as outlined above.

Client 1: Print Name: _____

Signature: _____ Date: _____

Client 2: Print Name: _____

Signature: _____ Date: _____

CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES

1. The purpose of this form is to obtain your consent for telehealth services by a Blanco Behavioral Health Consulting (BBHC) Therapist/Counselor and/or Case Manager.
2. Telehealth services involve the use of audio, video, or other electronic communication to interact with you, consult with other service providers, and review your case information for the purpose of providing mental health or case management services.
3. The benefits of telehealth services include having access to mental health support through BBHC without having to travel to physical locations for services.
4. Some risk factors when using telehealth services may include interruptions, unauthorized access, and technical difficulties. All BBHC clients and/or staff members may discontinue telehealth services if it is felt that videoconferencing connections are inadequate for the situation.
5. All laws concerning client access to client records or files apply to telehealth services. Dissemination of any client identifiable information from telehealth services to other entities shall not occur without your consent.
6. Confidentiality: all existing confidentiality protections under federal and California state law apply to information used or disclosed during BBHC telehealth services.
7. You may withhold or withdraw consent to telehealth services at any time, before and/or during any services provided by BBHC, without affecting your right to future services.

Consent to Use Zoom Pro for Telehealth Services

Zoom Pro are the HIPAA-compliant technology platform we will use to conduct telehealth services.

By signing this document, I acknowledge and certify that:

- Telehealth services are NOT intended for emergency services and in the event of an emergency, I will use a phone to contact 911 and/or local law enforcement or psychiatric emergency response team(s).
- Though my therapist/counselor/case manager and I may be in direct virtual contact through Zoom Pro, my therapist/counselor/case manager will not provide any medical or healthcare services or advice, including, but not limited to, emergency or urgent services.
- Zoom Pro facilitate videoconferencing and are not responsible for the delivery of any health care or medical advice.
- To maintain confidentiality, I will not share my telehealth appointment link(s) with anyone unauthorized to attend the appointment.
- I currently reside in the state of California.
- I have read or had this form read and/or explained to me.

Blanco Behavioral Health Consulting, LLC

- I fully understand this form's content including the risks and benefits of the procedure(s).
- I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client 1: Print Name: _____

Signature: _____ Date: _____

Client 2: Print Name: _____

Signature: _____ Date: _____

PAYMENT POLICY

Thank you for choosing BBHC. Please review this Payment Policy, sign it (if you agree with its terms), and return it to your therapist.

We offer counseling and therapeutic services at a rate considered as *moderate* in the mental health field. We also offer a sliding scale based on extraordinary/temporary circumstances.

We accept Modern Healthcare and honor victims of crime who are registered with [CalVCB](#) – in both cases, will take care of the paperwork for you. Ask your therapist about out-of-network coverage for non-HMO plans. Some therapists work with a third party called [Advokit](#), which will take care of all the out-of-network paperwork at no cost to you. This third party will also collect the part of your therapy fee you are responsible for, according to your healthcare provider.

Payment for our services is expected in full before each session. Check our [website](#) for the accepted methods of payment.

Missed appointments or late cancellations (fewer than 24 hours prior to appointment) are subjected to a 25% additional fee added to the next session. The sliding scale additional fee for late cancellations or missed appointments is \$35.

Please consider that once your appointment is scheduled, that time is reserved specifically for you.

Initials: _____ (1) _____ (2)

Date: _____

HIPAA NOTICE OF PRIVACY PRACTICES

Please review this information carefully to fully understand how health information about you may be used and disclosed and your own personal access to this information.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

BLANCO BEHAVIORAL HEALTH CONSULTING, LLC (BBHC) PLEDGE REGARDING HEALTH INFORMATION.

BBHC, its providers, staff, and contractors understand that the medical and mental health information of individual clients is personal. We are committed to protecting our clients' health information. We create a record of the care and services provided through BBHC. This record helps us to provide clients with quality care and to comply with certain legal requirements. This notice applies to all clients records of care generated by BBHC. This notice provides information regarding ways in which we may use and disclose health information about our clients, as well as describing clients' rights to the health information documented through BBHC. Additional obligations regarding the use and disclosure of clients' health information by BBHC is also explained.

BLANCO BEHAVIORAL HEALTH CONSULTING, LLC (BBHC) IS REQUIRED BY LAW TO:

- Make sure that protected health information (PHI) that identifies individual clients is kept private.
- Provide this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

The terms of this notice are subject to change, and such changes will apply to all past and future documentation/records. New information will be updated (for current clients) and available on our website for clients not actively participating in treatment through BBHC.

BLANCO BEHAVIORAL HEALTH CONSULTING, LLC (BBHC) USE AND DISCLOSE OF HEALTH INFORMATION.

BBHC may use and disclose health information under the following circumstances:

- For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the consumer to use or disclose the consumer's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. PHI may also be disclosed without written authorization for the purpose of accurately diagnosing and treating individual consumers.
- Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other

health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” may include the coordination and management of health care providers with a third party, and consultations between health care providers and referrals of a consumer for health care from one health care provider to another.

- Lawsuits and Disputes: BBHC may disclose health information in response to a court or administrative order. We may also disclose health information of a minor child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, provided efforts have been made to inform the client about the request or to obtain an order protecting the information requested.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION.

- BBHC’s staff, providers, and contractors keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization.
- BBHC will not use or disclose your PHI for marketing purposes. Likewise, it is against BBHC policy to sell or reveal your PHI under any circumstances.
- BBHC will require a signed authorization for clients over the age of 18 in order for family members to have access to your records, treatment, scheduling, billing, and phone or other type of communication regarding your care and treatment. Communication with family members will be in your presence unless determined that there is a threat to yours or another person’s well-being, or unless you are physically unable to communicate.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, BBHC can use and disclose your PHI without your authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order. (It is BBHC preference to obtain prior authorization from individual clients.)
- For law enforcement purposes, including reporting crimes occurring on BBHC property.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of clients who received one form of therapy versus

those who received another form of therapy for the same condition.

- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes in order to comply with worker's compensation laws. (It is BBHC preference to obtain prior authorization from individual clients.)
- BBHC may use and disclose your PHI to contact you to remind you of upcoming appointments, or for the purposes of billing and receiving payment from third party payors for services.

CONSUMER OPPORTUNITY TO OBJECT.

BBHC clients may object in whole or in part to disclosure of PHI to a family member, friend, or other person identified as being involved in the client's care or payment for care. In emergency situations, the opportunity to object may be limited based on provider's clinical judgement. Under emergency situations, the opportunity to consent may be obtained retroactively.

CONSUMER RIGHTS REGARDING PHI.

- Clients have the right to request limits on uses and disclosures of their PHI for treatment, payment or health care operations purposes. BBHC, its providers, staff, and contractors retain the right to make an individual determination if it is believed that limiting the release of information as requested by the consumer may affect health care.
- Clients have the right to request restrictions on disclosure of their PHI by BBHC to health/insurance plans for out-of-pocket expenses paid for in full by the consumer.
- Clients have the right to limit the means used to send their PHI to a consumer or third party identified by the client. Requests by clients to be contacted in a specific way (for example, home or office phone) or requesting mail be sent to a different address will be accommodated unless otherwise noted or agreed on in communication with the client.
- Clients have the right to see and obtain copies of their PHI, provided necessary acknowledgement/release forms are signed. It may take up to 30 days for BBHC to provide requested information and/or summary. Fees for retrieval, printing, and sending records may apply.
- Clients have the right to obtain a list of the Disclosures/Authorizations in which BBHC, its providers, staff, or contractors have disclosed consumer PHI for purposes other than treatment, payment, or health care operations. It may take 30-60 days following receipt of a request for an accounting of disclosures for BBHC to respond. This will include all disclosures made by the client within the past six years unless otherwise specified. BBHC fees for review of disclosures and providing an accounting of disclosures may apply.
- Clients have the right to correct or update their PHI. In the event that a client believes that there is a mistake in their PHI, or that a

piece of important information is missing from their PHI, they have the right to request a correction or addition of existing information. If the request is declined by BBHC, its providers, staff, or contractors, written documentation declining the correction or update will be provided in writing within 60 days.

- Consumers have the right to obtain either 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 e-mail, or both.

EFFECTIVE DATE OF THIS NOTICE:

This notice is effective February 1, 2021

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), clients have certain rights regarding the use and disclosure of your protected health information, as described above. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

I (we) acknowledge that I (we) have received a copy of HIPAA Notice of Privacy Practices.

Initials: _____ (1) _____ (2)

Date: _____