

GAIANA GERMANI, PH.D.

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PROFESSIONAL AGREEMENT BETWEEN PATIENT AND GAIANA GERMANI, PH.D.

I, Gaiana Germani, Ph.D., am aware of the Federal Guidelines enacted under the health Insurance Portability and Accountability Act (HIPAA) that became effective on April 4, 2003. The law protects patient's privacy. Confidentiality will be protected as best as possible both in office sessions and in any communication between patient, supervisee, or control analysand and myself via written, spoken, and electronic means. My professional license is in the jurisdiction of the Commonwealth of Massachusetts in Clinical Psychology.

I, _____, am aware of HIPAA laws and the right to privacy regarding any treatment I receive from Gaiana Germani, Ph.D. I am choosing to have sessions in the office and out of the office, via telephone, text, or internet, knowing fully that neither Gaiana Germani, Ph.D. or myself cannot fully guarantee complete privacy, but will do our best to protect it. There will be times, I seek treatment when I am out of state or out of the United States, and will take full responsibility for payment of services. In case of an emergency, I will go directly to a medical facility where I am located, for immediate treatment intervention.

I, _____, will be responsible for payment of any session that is not cancelled prior to 48 hours of the scheduled appointment.

Date: _____

Clinician: Gaiana Germani, Ph.D. Signature: _____

Patient: _____ Signature: _____
(print name)