



Demographics

1. General Information

First Name: **Vivian**

Middle Name: **Chi Hao**

Last Name: **Nguyen**

Chosen Name or Nickname (if different):

Gender Identity:

Personal Pronouns:

Transgender
Female/Transwoman/MTF

She/Her/Hers

Sex Assigned at Birth:

Additional identity comments (if applicable):

Date of Birth:

Male

5/12/1992 (age 33)

Street Address: **925 110th Ave NE**

Apt./Unit #: **PH-6**

City: **Bellevue**

State: **WA**

Zip Code: **98004**

Preferred Contact Method:

Okay to call, leave messages, or text you? **Yes**

Text Message

Phone Number: **(316) 925-1404**

Mobile Phone Carrier: **T-Mobile**

Email: **whtf0x@icloud.com**

Emergency Contact Name: **Lyra Choi**

Emergency Contact Phone: **(858) 449-1001**

Relationship to Client: **Wife**

2. Coordinating Your Care

Some of our clients prefer to have another individual assist with scheduling appointments, responding to phone calls or messages, or accompanying them to their appointments. This person could be a parent, a partner, or another designated representative. If you would like to allow our care team to coordinate aspects of your care with someone other than yourself, please select "Yes" and provide the requested information. This permission can be revoked or altered at any time.

Do we have your permission to coordinate aspects of your care with anyone else? **Yes**

3. I give Neeley Psychological Services permission to communicate details related to scheduling and/or billing with the following person:

Approved Contact Name: **Lyra Choi**

Relationship to Client: **Wife**

- Additional information (if applicable):

Evaluation and Referral Information

4. What evaluation(s) are you interested in pursuing?

Other Evaluation Comments (if applicable):

Attention-Deficit/Hyperactivity Disorder (ADHD)

Were you referred to Neeley Psychological Services by a mental health professional, doctor, or other specialist? If yes, who?

Yes,

Are there specific challenges or circumstances that have led you to seek an evaluation at this time?

Difficulty concentrating, focused, and gathering motivation for work.

Do you experience or identify with any of the following tendencies or traits?

- Fidgeting/stimming (e.g., pacing, rocking, biting nails, needing to move)
- Social anxiety (e.g., discomfort being perceived, fear of others' judgment)
- Distress with changes to plans and routines
- Scripting/practicing conversations
- Excessive energy required to socialize Panic attacks
- Difficulty engaging in small talk
- Distress in crowds, open spaces, or being away from home
- Impatience (e.g., while driving, waiting in lines) Forgetfulness
- Misplacing items Procrastination tendencies
- Difficulty focusing Intrusive and distressing thoughts
- Low motivation/task paralysis Difficulty prioritizing tasks
- Poor time management
- Mood swings or emotional dysregulation
- Rigid black-and-white thinking
- Interrupting others or finishing their sentences
- Rejection Sensitive Dysphoria (e.g., intense emotions with criticism or rejection)

Do you experience any of the following sensory sensitivities?

- Smells (e.g., avoiding intense smells, enjoying nontraditional smells like gasoline)

Other Traits / Sensory Sensitivities (if applicable):

Are you currently working with any mental health providers? Please include provider name, type, dates, and frequency of appointments. Please write "N/A" if you are not currently receiving any mental health services.

N/A

Do you have any previous mental health diagnoses? Please include details such as provider type and diagnosis year. Write "N/A" if you don't have any mental health diagnoses.

Gender Dysphoria evaluation for gender-affirming hormone therapy (GAHT) by Whitney Wilson, LCSW in 2021

Have you previously received any mental health-related services? (counseling or therapy, in-patient treatment, medication, etc.)

Medication for anxiety, and sleep issues

Have you ever been treated or hospitalized for psychiatric emergencies or concerns? If yes, please explain.

No

Do you know of or suspect any mental health or psychiatric diagnoses/conditions, such as Autism or ADHD, within your biological family? You can write "unknown" if you are unsure. You can also write "suspected" [e.g., ADHD: maternal grandfather - suspected])

Bipolar: Mother - suspected

Health History

5. Do you have any notable medical history, including chronic health conditions and significant medical events?

No

Have you ever sustained a head injury or concussion?

Yes - unknown changes to memory, attention, and/or cognition

- Head Injury Comments (if applicable):

~1995 (age ~3), injury to head by climbing upwards towards a bar on a jungle gym, rested and cleaned blood

Do you have any history of seizures or epilepsy?

No

- Seizure / Epilepsy Comments (if applicable):

6. Please list any medications or supplements you are currently taking, or write "NA" (e.g., Wellbutrin, 150mg, daily for anxiety/ADHD, etc.).

Medication name, dosage, and reason for taking (if applicable):

- **Cyclobenzaprine, 5 mg tabs, neck muscle pain**
- **Albuterol Sulfate Inhalation, 90 mcg/actuation HFA aerosol inhalers, exercise induced asthma**
- **Spirolactone, 100 mg tabs, hormone replacement therapy for gender dysphoria**
- **Estradiol, 2 mg tabs, hormone replacement therapy for gender dysphoria**
- **Progesterone Micronized, 100 mg caps, hormone replacement therapy for gender dysphoria**
- **Wellbutrin XL, 150 mg ER 24 hr tabs, anxiety**

7. Please list any substances that you currently use, including type, amount, and frequency, or write "N/A."

Caffeine (type, amount, frequency, any benefit or side effects): **2-3 can of energy drink per week, calms anxiety and often induces sleep**

Alcohol (type, amount, frequency, any benefit or side effects): **N/A**

Cannabis (type, amount, frequency, any benefit or side effects): **N/A**

Nicotine (type, amount, frequency): **N/A**

Other (if applicable):

8. Do you have concerns about your substance use?

No

Substance Use Comments (if applicable):

Developmental History

9. Are you aware of any complications or issues with pregnancy, labor, or delivery when you were born? (e.g., medical issues, substance use, NICU, etc.)

No Complications

Neonatal / Postnatal Complications Comments (if applicable):

When did you meet early developmental milestones? (please select any that apply)

Unknown timelines regarding all early developmental milestones

Early Development Milestone Comments (if applicable):

Did you receive early childhood support services, such as speech, occupational, or behavioral therapy?

No

As a child, did you ever experience loss or regression of a previously learned skill? (language, motor/physical, social skill, etc.)

No

Loss/regression of previously learned skill comments (if applicable):

Where did you grow up, and who did you live with?

Wichita, KS with both parents and a brother

Please briefly describe your social skills and/or friendships when you were a child:

Shy when it came to me, but brave when it came to other topics

Were you exposed to any significant life events growing up, such as parents' divorce or death, neglect, or other?

Academic and Professional Functioning

10. What is your highest level of education?

Bachelor's

Highest level of education comments (current student status, program, major, type of certification, etc.)

Computer Science at the University of Kansas

Did you attend public school, private school, or homeschool? How was your academic performance?:

Public school, great early on then averaged out during high school/college due to difficulty of time management

Other Education / Training Comments (if applicable):

Please briefly summarize your work / employment history (if applicable, include current position, duration in current position, a brief history of previous employment. Write "N/A" if you do not have any work experience.)

**~8 years of Software Engineering experience, currently at Capital One bank.
1-2 year gap in employment**

Do you have any professional or employment-related concerns about your current functioning?

Difficulty being able to communicate with coworkers or being able to come up with thoughts without writing it out. I have to prefer writing things out in text and script them out. Absorbing information is extremely difficult if I don't have a source of information to look back to. Time management issues.

Current Social and Relationship Functioning

11. Current relationships status (please select all that apply):

Married

Relationship Status Comments (if applicable):

Married since 2023

What is your current living situation?

Living with Lyra (my wife) in a condo we own in Bellevue, WA

Please briefly describe your current social life and functioning, quality of your relationships, etc.:

Mostly online friends and I can openly talk regularly. Talking with people I meet in person gives me a lot of anxiety and so I often am less trusting or open.

Do you have any concerns about your social life or social functioning?

I have difficulty trusting others to have the best intentions for me. I unexpectedly have phrases I often repeat aloud, but subconsciously tied to certain emotions or scenarios. I have a lot of difficulty understanding what people are saying to me verbally if they go past a certain speed limit.

Please list some of your most significant hobbies or interests. If nothing comes to mind, you can list ways that you generally spend your free time.

Playing video games, 3D printing and building random hardware projects. Motorcycling.

Billing Information

12. Are you planning on using health insurance to cover all or part of the services? Details related to insurance, payment plans, and out-of-pocket costs can be found here: <https://www.neeleypsych.com/fees-insurance>

Please bill my insurance

13. Primary Insurance

Primary Insurance Company: **Regence Blue Cross Blue Shield - Washington** Member ID / Policy #: **K4W230324774** Group Number: **77000273**

Insured's Employer/School: **Kooapps** Policy Holder's Name: **Lyra Choi** Policy Holder's Date of Birth: **08/13/1993**

Policy Holder's Address: **925 110th Ave NE PH-6** City: **Bellevue** State: **WA** Zip Code: **98004**

Policy Holder's Phone #: **(858) 449-1001** Client Relationship to Primary Insured Member: **Spouse** Insurance Company Phone Number (often on back of card): **1-888-849-3658**

14. Secondary Insurance (if applicable)

Secondary Insurance Company: Member ID / Policy #: Group Number:

Insured's Employer/School: Policy Holder's Name: Policy Holder's Date of Birth:

Policy Holder's Address: City: State: Zip Code:

Policy Holder's Phone #: Client Relationship to Primary Insured Member: Insurance Company Phone Number (often on back of card):

15. Billing Contact (if different from client)

Name: Relationship:

Mailing Address: Apt./Unit #:

City: State: Zip Code:

Phone: Email:

Authorization and Acknowledgement

I authorize Neeley Psychological Services, LLC to release information to insurance carrier(s) listed and be paid directly by the insurance carrier(s) for services billed. I acknowledge that I am responsible for all charges not paid by my insurance companies, including co-pays, co-insurance, deductibles, non-routine paperwork, and fees for late cancelations or missed appointments. If it becomes necessary to effect collections of any amount owed, the undersigned agrees to pay all costs and expenses, including reasonable attorney fees. The listed Billing/Scheduling Contact has agreed to pay for services on my behalf. I agree to the release of my information for billing and scheduling purposes only. By giving the listed contact information, I give permission to communicate with phone calls, voice messages, and/or emails. I understand that these may not be secure methods of communication. I understand I am ultimately responsible for the payment of services rendered.

Vivian Nguyen

Signed by Vivian Nguyen on Aug 19, 2025 at 03:38 PM from IP 172.56.108.***



NEELEY PSYCHOLOGICAL SERVICES, LLC

WA, OR, & PSYPACT Licensed: psypact.org

 (360) 583-4900

 (877) 289-1130

admin@neeleypsych.com

www.neeleypsych.com

Practice Information, Disclosures, and Agreement

Welcome to Neeley Psychological Services, LLC. Please review the following information:

Neeley Psychological Services, LLC

Neeley Psychological Services, LLC includes Benjamin Neeley, Ph.D. (owner and licensed psychologist), Katherine Stubblefield, Psy.D. (licensed psychologist), psychometrists who conduct intake appointments and administer assessments, administrative support staff, and BellMedEx (contracted medical billing company). Your psychological assessment services will likely include interactions with multiple staff members and contractors of Neeley Psychological Services, LLC.

Psychological Evaluation & Testing Services

The psychological evaluation process

The process starts with a 30-60 minute intake appointment where you will be asked questions about your or your child's background, mental health and medical history, and functioning (e.g., academic, social, work). The intake is also a time for you to ask any questions you may have about the evaluation process. The intake appointment determines the type and scope of psychological evaluation that is needed. For child evaluations, the intake appointment may be for parent(s)/guardian(s) only. At the end of your intake appointment, your clinician will work with you to schedule the evaluation session(s), which are generally 1-2 hours each (sometimes longer) and may involve multiple sessions. Between the intake and evaluation session(s), several assessment forms will be sent to you via e-mail. Sometimes, forms may also be sent to parents/guardians, spouses/partners, teachers, and others close to you. These forms must be completed at least 48 hours before your first evaluation session. Some insurances require a preauthorization for assessment services, which our billing department will initiate following your intake appointment. At the evaluation session, a combination of assessment techniques may be utilized, including computerized assessment, cognitive/IQ testing, and structured interviews. Following the evaluation session, a clinical report will be written and submitted directly to you within a few weeks. Feedback sessions are available to discuss your results and answer any questions.

Benefits and risks involved in psychological evaluations

Psychological evaluations can provide important information about the client's mental health, social, cognitive, and adaptive functioning. Evaluations for children may also include information on learning differences and academic functioning. Results from a psychological evaluation can be used to understand yourself better (or your child), inform treatment options, and provide pathways to other clinical, pharmaceutical, or academic interventions. In some circumstances, however, the evaluation results may not be conclusive enough to answer the referral question(s) or reach definitive diagnostic conclusions; the evaluation may even raise additional questions, which may be beyond the scope of your evaluation. Also, it is important to understand that the conclusions in a psychological evaluation may differ from the opinions of other persons or providers. Because the evaluation process requires a review of one's history, some people may experience psychological distress such as anxiety, sadness, anger, frustration, helplessness, and other emotional experiences. In rare circumstances of extreme psychological distress, your clinician

may need to work together with you to plan for your safety and clinical follow-up.

How are the results of the evaluation shared?

The final psychological evaluation report will be sent in compliance with HIPAA laws and regulations (usually via a secure messaging portal). A typical psychological evaluation report includes the following sections: background summary, observations, assessment instruments/results, diagnostic impressions, and recommendations. The report is usually finalized within a few weeks of your evaluation session, although it can take longer depending on work volume. Completion of a Release of Information (ROI) form will be required if you'd like the report sent to another provider or recipient.

Termination of Services

The professional relationship with Neeley Psychological Services, LLC, is terminated at the conclusion of the psychological assessment/evaluation/testing service. Neeley Psychological Services, LLC does not provide ongoing clinical services, including no therapy, counseling, or emergency services. VN ✓

Scope of Services

The clinicians of Neeley Psychological Services, LLC are trained in psychological and mental health practices – not psychiatry, medicine, pharmaceuticals, employment law, housing law, disability programs/services, FMLA, finance, or other professions. They cannot offer advice in these or other areas outside the scope of assessment psychology and mental health. Questions regarding the legal risks of receiving a diagnosis should be directed towards an attorney specializing in healthcare or disability law.

Disability Paperwork

Neeley Psychological Services, LLC does not complete paperwork/forms for disability or leave of absence requests, including medical disability or Family and Medical Leave Act (FMLA) forms. Neeley Psychological Services, LLC will promptly send your diagnostic evaluation report to any provider, agency, or recipient of your choosing following the completion of a standard Release of Information (ROI) form.

Telehealth Consent

Neeley Psychological Services, LLC sees clients in person and via telehealth technology. If any of my appointments are remote/virtual, I consent to engage with Neeley Psychological Services, LLC via audio or video conferencing. I understand that Neeley Psychological Services, LLC uses HIPAA-compliant technology to transmit and receive audio and video and stores all notes and information related to my appointments in a manner compliant with state and federal laws. I understand that it is my responsibility to ensure that the physical location during my visit is free of other people to ensure confidentiality. Furthermore, I understand that it is my responsibility to ensure the privacy and security of the technology (e.g., phone, computer, Internet) I utilize for telehealth appointments.

Legal and Court-Related Issues

Neeley Psychological Services, LLC does not complete court-ordered or mandated psychological evaluations. They do not administer psychological tests for issues related to parenting, child custody, employment, or relationship compatibility. If you ever become involved in a legal dispute, please understand and agree that Neeley Psychological Services, LLC will not provide evaluations or expert testimony in court.

About Confidentiality

In general, state and federal law protects the privacy of all communications between a client and a psychologist. The rules about the use and disclosure of your personal information are governed by the Health Insurance Portability and Accountability Act (HIPAA) and state law. Please read the *Notice of Privacy*

Practices for details about use and disclosure of Protected Health Information (PHI). In most cases, Neeley Psychological Services, LLC can only share your private information with others if you sign a written consent. There are a few cases in which confidentiality is **not** protected:

1. If you are involved in any legal proceeding and Neeley Psychological Services, LLC is ordered to disclose your clinical records or other Protected Health Information (PHI). Please consult your lawyer about these or related issues.
2. If you make a serious threat to harm yourself or another person, Neeley Psychological Services, LLC is ethically and legally obligated to take intentional steps to protect you or another person. This may involve notifying law enforcement, crisis services, family/friends, or the person you are threatening to harm.
3. If you disclose your belief that a child, dependent, elderly, or other vulnerable person has been or will be abused or neglected, Neeley Psychological Services, LLC must report this to the authorities to protect that person.
4. In the event that you suffer a medical emergency and cannot communicate with emergency responders/providers, Neeley Psychological Services, LLC may provide pertinent information to emergency care providers.
5. In some cases, clinicians at Neeley Psychological Services, LLC may consult with other psychologists or professional colleagues about your clinical case. If this were to happen, the consultation would be carried out with the utmost respect and consideration for your privacy.

Fees, Payments, and Billing

Please refer to the "Payment Agreement" form.

If You Need to Contact Us

Neeley Psychological Services, LLC is not a mental health therapy/treatment provider and does not provide 24-hour on-call services. Messages can be sent to Neeley Psychological Services, LLC, through the secure client messaging portal. You are also welcome to call the office with any questions or concerns: (360) 583-4900. If you are experiencing a mental health emergency, please call 911, your local county's crisis line (Southwest Washington Crisis Line: 800-626-8137), or your primary care provider. You may also go to the nearest hospital emergency room.

Statement of Principles and Complaint Procedures

Neeley Psychological Services, LLC intends to fully abide by all the rules of the American Psychological Association (APA), the Washington and Oregon State licensing agencies, and guidelines set forth by the PSYPACT Commission (interstate telehealth practice). If you have concerns or are not satisfied with any of the services you received, please notify the office of Neeley Psychological Services, LLC, immediately. Every effort will be made to hear your concerns and seek solutions. You can also contact your state's psychological association or governing/licensing agency to learn how to file an official complaint.

Neeley Psychological Services, LLC does not discriminate against clients due to any of the following: age, sex, relational/marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, gender identity, mental health, or factors related to neurodiversity. If you feel that you've been discriminated against, please notify Dr. Neeley immediately (ben@neeleypsych.com).

Psychological Services Agreement

I, the client (or parent/guardian), understand I have the right not to sign this form. My signature below indicates that I have read this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with Neeley Psychological Services, LLC, before I begin (or

the client begins) a psychological assessment or other services. I also understand that any of the points mentioned throughout this document and the intake paperwork can be discussed and may possibly be changed. As a client of Neeley Psychological Services, LLC, I understand that I can ask any questions about any of the subjects discussed in this intake paperwork, and staff will do their best to answer them.

I understand that assessments work only when I participate actively and follow the direction of staff at Neeley Psychological Services, LLC; therefore, I will make every effort to participate fully and keep scheduled appointments for my own benefit and out of respect for myself, my clinician(s), and the psychological evaluation process. This also means that I will complete all assessment forms I am asked to complete in a timely manner.

I understand that after a psychological evaluation/assessment begins, I have the right to withdraw my consent at any time for any reason. However, I will make every effort to discuss my concerns with Neeley Psychological Services, LLC before terminating an assessment.

I understand that no specific promises have been made (or will be made) to me by Neeley Psychological Services, LLC regarding the results of my (or the client's) psychological assessment, the accuracy of any clinical findings, or the number of hours or sessions necessary to complete the evaluation.

I request that Neeley Psychological Services, LLC provide psychological services to me (or to _____, for whom I am a parent or legal guardian). I have read, or have had read to me, the content of this document and have received a copy of the *Notice of Privacy Practices* document. I have asked questions and sought clarification when needed and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to complete a psychological evaluation/assessment with Neeley Psychological Services, LLC (or to have the client complete an assessment) and to cooperate fully and to the best of my ability, as shown by my signature below. I have reviewed and agree to the contents of this document. My electronic signature is the legal equivalent of my manual/handwritten signature on this document.

Client Signature	Aug 19, 2025
	
<small>Signed by Vivian Nguyen on Aug 19, 2025 at 03:02 PM from IP 172.56.108.***</small>	



Payment Agreement

Table with 2 columns: Service Description and Price. Rows include Psychological Intake Appointment (\$250), Psychological Assessment/Testing - Administration and Scoring (\$150 per unit), Psychological Assessment/Testing - Interpretation and Writing (\$250 per unit), Post-Evaluation Feedback Session (\$150), Other services (\$90-\$300 per hour), and Non-routine paperwork (\$250).

Insurance and Financial Responsibility

If you are using insurance to pay for services, it is your responsibility to be aware of your policy benefits, financial obligations, and insurance limitations, as well as to verify that we are in-network with your insurance plan.

Neeley Psychological Services, LLC strives to provide a good-faith estimate of the total costs associated with your testing/evaluation services. We provide this estimate to the best of our ability knowing that there may be variable factors regarding a client/patient's insurance that we cannot initially account for.

If we do not accept your insurance, you will be responsible for paying our full fees as listed above on the fee schedule. Upon request, you will be provided with a statement for any services rendered, which you may submit to your plan for reimbursement if your policy has "out of network" benefits.

Please note that some insurance companies require pre-certification/pre-authorization of services and may require personal information related to your assessment/testing and diagnosis. Please refer to the "Notice of Privacy Practices" document for more specific information. You are entitled to receive a paper copy upon request.

Payment

Payment is due at the beginning of each session unless other arrangements have been made. Payment options

include cash, check, Visa, MasterCard, Discover, and American Express. Please note that you will be responsible for any bank fees for returned checks. **Please make checks payable to: "Neeley Psychological Services, LLC."** ✓

Cancellation Policy

If you need to cancel an appointment, please do so at least **24 hours before your scheduled appointment** so we can offer your timeslot to another client. If less than 24 hours' notice is given, you will be charged a **\$50** cancellation fee for intake and feedback appointments and a **\$150** cancellation fee for evaluation appointments. ✓

No-Show/Missed Appointment Policy

A "no-show" or missed appointment occurs when a client does not call ahead of time to cancel an appointment and does not attend a scheduled session. There is a **\$150** no-show/missed appointment fee. ✓

Late Arrival Policy

If you are more than 10 minutes late for an appointment, your appointment may be considered missed and may need to be rescheduled. There is a **\$150** no-show/missed appointment fee. ✓

Termination Policy

After a total of two (2) or more cancellations and/or no-shows/missed appointments, Neeley Psychological Services, LLC reserves the right to terminate all services. ✓

Financial Hardship and Non-Payment

We expect that you will maintain our payment agreement. You agree to contact us to establish a payment plan if you are experiencing financial problems that make it difficult to pay your bill. While we make every effort to avoid it, we reserve the right to utilize collection agencies when necessary. ✓

Authorization for Insurance Billing/Assignment of Benefits

I authorize the release of information necessary to process insurance claims and assign my benefits directly to Neeley Psychological Services, LLC ✓

Acknowledgement & Agreement

I have carefully read, understand, and agree with all the terms of this agreement and agree to abide by its guidelines. I have had an opportunity to ask questions, and I acknowledge that I may receive a copy of this agreement upon request.

I agree to compensate Neeley Psychological Services, LLC for services rendered. I agree to pay for services provided to me (or the client) until paid in full. I agree that I am responsible for the charges for services provided to me (or the client). Although other persons or insurance companies may make payments to me or on my (or the client's) account, I am solely responsible for all charges. My electronic signature is the legal equivalent of my manual/handwritten signature on this document.

Client Signature	Aug 19, 2025
<i>Vivian Nguyen</i>	
Signed by Vivian Nguyen on Aug 19, 2025 at 03:03 PM from IP 172.56.108.***	



NEELEY PSYCHOLOGICAL SERVICES, LLC

WA, OR, & PSYPACT Licensed: psypact.org

(360) 583-4900

(877) 289-1130

admin@neeleypsych.com

www.neeleypsych.com

Payment Card / ACH Pre-Authorization Form

Valid Payment Card or ACH Required

Neeley Psychological Services utilizes an automatic payment card and ACH system for your convenience and to relieve administrative burden. A valid payment card (credit, debit, HSA/FSA) or ACH registration is required to pursue services with Neeley Psychological Services. Based on your insurance (if applicable) and the type of service provided, Neeley Psychological Services will charge your card or bank account the associated co-pay, co-insurance, deductible, or other quoted fees at the time of service or shortly thereafter.

By providing my payment card or ACH information, I, the client or parent/guardian of the client, authorize Neeley Psychological Services to keep my payment card or ACH registration and signature on file and to charge the card or bank account for the balance that I owe, as stated by my insurance or out-of-pocket fee arrangement. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Neeley Psychological Services in writing of any changes in my account information or termination of this authorization at least 15 days prior to a scheduled bill date. If the scheduled bill/payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I agree that no prior notification is needed to process payments that are due. If the card or bank account is declined, I authorize the card or account to be charged the specified amount until payment is received, up to 4 times within 16 calendar days of the original transaction, at the discretion of Neeley Psychological Services.

The system will initiate a 1-cent pre-authorization transaction to ensure the payment account is valid and immediately void the transaction. No funds will be withdrawn from your account, although you may see the pre-authorization transaction on your statement.

PAYMENT METHOD INFORMATION

 CAPTURED

Number: **** 6189

Brand: visa

Expires: 6 / 2028

I agree to the contents of this document and that the payment information provided is accurate. My electronic signature is the legal equivalent of my manual/handwritten signature on this document.

Client Signature

Aug 19, 2025

Vivian Nguyen

*Signed by Vivian Nguyen on Aug 19, 2025 at 03:03 PM from IP 172.56.108.****



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Please not that some of the issues and scenarios presented in this document may not apply to Neeley Psychological Services, Inc. For example, Neeley Psychological Services is not involved in organ and tissue donation requests and do not create or manage a hospital directory.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

03/13/2023

This Notice of Privacy Practices applies to the following organizations.

Neeley Psychological Services, LLC

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