



STK-WEST LANE
7373 WEST LANE
STOCKTON, CA 95210-3377
Encounter Record

ANDERSON, TIFFANY K
MRN: 110007897964
DOB: 8/22/1970, Sex: F
Enc. Date: 12/20/10

Progress Notes (continued)

PSYCHOTHERAPY NOTE
ADULT THERAPIST INTAKE EVALUATION

***ID/REFERRING INFORMATION:**

Tiffany K Anderson is a 40 Y partnered, Caucasian female, referred by self for evaluation and treatment.

Patient's Rights, confidentiality and exceptions to confidentiality, use of automated medical record, Primary Care Provider and Behavioral Health Services staff access to medical record, and consent to treatment were reviewed.

***CHIEF COMPLAINT:**

Tiffany is seeking services to address anxiety

***HISTORY OF PRESENT ILLNESS:**

Symptoms Present: Tiffany complains of anxiety including excessive worry, restlessness, muscle tension and hypervigilance. life problems including interpersonal problems at work and financial problems.

Patient was given a PHQ9 and/or ACORN form: yes

PHQ9 Total: 2

PHQ9 severity: 0-4 none

History of the Chief Complaint:

Tiffany states that she needs "a safe place to talk about things". Pt feels that she has suppressed a lot of emotion relate

was. Pt states that her

Pt states that no one handled the molest issue well as father didn't want to deal with it, closed up and didn't talk about it, and she was coping with the molest and divorce.

Pt also reports that she initiated a grand jury investigation of her place of employment which began with her being sexually harrassed by a supervisor. Pt states that no action was taken to hold this person accountable for his behaviors. Pt also reports that there were some retaliatory actions by her employer, which resulted in her being seriously injured on-the-job. Pt states that the purpose of initiating the investigation was to hold people accountable for their actions.

Pt is seeking coping skills to help her deal with the anxieties related to the aforementioned issues. Pt also reports issues with self-doubt and a lack of confidence that she would like to explore. Will continue to meet with pt in individual therapy.

***PAST PSYCHIATRIC HISTORY:**

Outpatient therapy: hx of individual therapy through Kaiser and church

Psychiatric hospitalization: none

Family Psychiatric History: negative

History of suicide attempts: none

***CONSULTATION / TEST RESULTS:**

Reviewed pertinent consultation reports / psychological tests results: none

If Yes, reports / results reviewed:

17.4.5



Location: _____

MR #: _____

Name: _____

Anderson, Tiffany K
7897964
12/20/2010
Dr. Ohata, Mitsuki Kayne (PHD)
stk psy

CONFIDENTIALITY DISCLOSURE

IMPRINT AREA

KPNC's Mental Health and Chemical Dependency Services: Your Right to Privacy

Kaiser Permanente's Mental Health and Chemical Dependency (MH/CD) Program is strongly committed to protecting your privacy. The Northern California Notice of Privacy provides general information about how your medical information is used and protected. Federal and state law protects the confidentiality of chemical dependency records. Violation of federal confidentiality laws related to chemical dependency programs is a crime. Suspected violations may be reported to the appropriate authorities.

Except under limited circumstances (see examples below), Kaiser Permanente's MH/CD program may not, without your written permission, disclose information about your care to anyone outside of Kaiser Permanente. For your privacy, psychotherapy records of your MH/CD visits are kept separate from your outpatient medical record. Regardless of the type of visit, however, for your personal safety, your medication visits, the list of medications, laboratory results, a description of medication results, and prognosis are included in your medical record, either on paper or electronically.

Coordination of Care

At Kaiser Permanente MH/CD services staff are considered one department, the Department of Psychiatry. Therefore, any MH/CD information can be shared between Mental Health staff and Chemical Dependency staff within the department without your written permission. However, the regulations pertaining to disclosing information outside the Department of Psychiatry are different for mental health patient information than for chemical dependency patient information.

Patients Receiving Only Mental Health Care: For mental health care, your permission is not required to coordinate your care with other providers within Kaiser Permanente, such as your primary care physician. Mental Health diagnoses and appointment dates are available to your other Kaiser Permanente treating providers on a need-to-know basis. However, ordinarily we will discuss with you any necessary sharing of other mental health information. When we share information we only share that information which, in our professional judgment, we believe is needed for appropriate medical care by that provider.

Patients Receiving Chemical Dependency Care: For chemical dependency care (which would include mental health care that is part of your chemical dependency care), your written authorization is normally required before any information about chemical dependency treatment can be disclosed to anyone outside the Department of Psychiatry. For your safety and effective coordination of your health care, we strongly believe it is important for us to share information about your chemical dependency treatment with your other Kaiser Permanente treating providers. In order for us to do that, you must sign a written authorization to allow us to share your chemical dependency patient information with them.

Exceptions to Confidentiality Rules

Sometimes the law authorizes us to disclose information about you without your permission, such as disclosures:

- in medical and psychiatric emergencies in which the information is essential to an individual's safety
- to warn potential victims of violent acts
- to qualified personnel for audit, program evaluation, or research; for example, patient surveys
- for reporting of suspected child abuse or neglect
- to report the commission of crimes on our premises or against our program personnel
- in response to court orders that comply with the standards for the type of record covered by the order
- in reports to the Department of Motor Vehicles due to lapses of consciousness as required by law

If at any time you have concerns about your privacy, you are encouraged to request clarification from your therapist or a staff member.

Acknowledgment:

By signing your name in the space below, you acknowledge that you have read and understood this document. (Note: If the person receiving care is a minor, then a parent or legal guardian acknowledges having read and understood this document. Under certain circumstances, minors may consent to treatment themselves without parental permission.)

SIGNED: PATIENT'S OR REPRESENTATIVE'S DATED SIGNATURE

DATE

PRINT NAME AND RELATIONSHIP TO PATIENT (IF SIGNED BY AUTHORIZED REPRESENTATIVE OF THE PATIENT)

DATE