

Thuy D. Rotunda, M.D.  
1100 Quail Street • Suite 100A • Newport Beach, CA 92660  
Tel/Fax: 949-608-9659 • www.newportpsych.com  
Email: dr.rotunda@newportpsych.com

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### Child/Adolescent Patient Information (< 18 years old)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Can a message be left at this number?  yes  no

Child's current school \_\_\_\_\_ Grade \_\_\_\_\_

Ages that child: Walked \_\_\_\_\_ Talked \_\_\_\_\_ Potty Trained \_\_\_\_\_

Legal Guardian #1

Legal Guardian #2

Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Who currently has legal custody of this child \_\_\_\_\_

Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Referral Source \_\_\_\_\_

In case of Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

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**Mother's Information:**

Name\_\_\_\_\_SS#\_\_\_\_\_  
Address\_\_\_\_\_  
City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Phone (home)\_\_\_\_\_ Can a message be left at this number?  yes  no  
Phone (work)\_\_\_\_\_ Can a message be left at this number?  yes  no  
Phone (cell)\_\_\_\_\_ Can a message be left at this number?  yes  no  
Email\_\_\_\_\_ How do  
you prefer to be contacted?\_\_\_\_\_  
DOB\_\_\_\_\_Age\_\_\_\_\_Race\_\_\_\_\_Religion\_\_\_\_\_  
Marital Status\_\_\_\_\_Spouse (if married)\_\_\_\_\_  
Educational background\_\_\_\_\_  
Occupation\_\_\_\_\_  
Employer\_\_\_\_\_  
Address\_\_\_\_\_

**Father's Information:**

Name\_\_\_\_\_SS#\_\_\_\_\_  
Address\_\_\_\_\_  
City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Phone (home)\_\_\_\_\_ Can a message be left at this number?  yes  no  
Phone (work)\_\_\_\_\_ Can a message be left at this number?  yes  no  
Phone (cell)\_\_\_\_\_ Can a message be left at this number?  yes  no  
Email\_\_\_\_\_ How do  
you prefer to be contacted?\_\_\_\_\_  
DOB\_\_\_\_\_Age\_\_\_\_\_Race\_\_\_\_\_Religion\_\_\_\_\_  
Marital Status\_\_\_\_\_Spouse (if married)\_\_\_\_\_  
Educational background\_\_\_\_\_  
Occupation\_\_\_\_\_  
Employer\_\_\_\_\_  
Address\_\_\_\_\_

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## Health Questionnaire

Pediatrician/Family Physician:  Address:   Phone: Last labs: Last physical:	Current Medications:  <hr/> <hr/> <hr/> <hr/>																		
Allergies to Medications:  <hr/> <hr/> Have child ever been hospitalized in a psychiatric/rehab facility? Yes    No  If yes, how many times _____ Hospital: year:  <hr/> <hr/> <hr/>	Has child ever had:  <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Diabetes</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> <tr> <td>High Blood Pressure</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>High Cholesterol</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Heart Disease</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Thyroid disease</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Seizures</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> Other major illnesses/accidents/surgeries?  <hr/> <hr/> <hr/>	Diabetes	Yes	No	High Blood Pressure	Yes	No	High Cholesterol	Yes	No	Heart Disease	Yes	No	Thyroid disease	Yes	No	Seizures	Yes	No
Diabetes	Yes	No																	
High Blood Pressure	Yes	No																	
High Cholesterol	Yes	No																	
Heart Disease	Yes	No																	
Thyroid disease	Yes	No																	
Seizures	Yes	No																	
Pharmacy information:																			

<p>Current and past therapy treatment:</p> <p>Name and treatment dates:</p> <hr/> <hr/> <hr/> <hr/>	<p>Past psychiatric outpatient treatment:</p> <p>Name and treatment dates:</p> <hr/> <hr/> <hr/> <hr/>														
<p>Cigarettes, Alcohol, MJ, other Drugs?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Has any relative on either side of the child's family had:</p> <table border="0"> <tr> <td>Depression</td> <td>diabete</td> </tr> <tr> <td>Anxiety</td> <td>high blood pressure</td> </tr> <tr> <td>Psychosis</td> <td>high cholesterol</td> </tr> <tr> <td>Bipolar</td> <td>heart disease</td> </tr> <tr> <td>ADD/ADHD</td> <td>thyroid problems</td> </tr> <tr> <td>attempt/completed</td> <td>Cancer</td> </tr> <tr> <td>suicide</td> <td>Seizures</td> </tr> </table>	Depression	diabete	Anxiety	high blood pressure	Psychosis	high cholesterol	Bipolar	heart disease	ADD/ADHD	thyroid problems	attempt/completed	Cancer	suicide	Seizures
Depression	diabete														
Anxiety	high blood pressure														
Psychosis	high cholesterol														
Bipolar	heart disease														
ADD/ADHD	thyroid problems														
attempt/completed	Cancer														
suicide	Seizures														
<p>Any problems during or shortly after pregnancy?</p> <hr/> <hr/> <hr/>															

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## Office Policies

### MEDICATION REFILLS

I do not refill medications without seeing a patient in session. **Please do NOT contact your pharmacy to request refills. Please contact me directly with questions or concerns about medication supply and I will call the pharmacy if needed.** If you missed an appointment, you will be given enough medication to last until our next rescheduled session, usually within 2 weeks.

### FEES

My fee is **\$600** for an initial 1.5 to 2 hour consultation. This includes time for reading reports, speaking with therapists and other doctors. **\$350** for a 50 minute session and **\$200** for a 25 minute session. The assessment for children, adolescents, and some complex adult cases need additional sessions to complete. For durations outside of the typical session time, the fee will be prorated based on the 50 mins rate.

**I typically do not spend more than 10 minutes speaking on the phone;** any matter taking longer than that often needs to be discussed during a session. If I do spend more than 10 minutes talking on the phone, or doing other services such as report writing, preparation of documents, or any other services you may request, the entire time will be charged prorated based on \$350 per 50 minutes. Fees may be subject to change, in which case you will be notified in advance.

### CANCELLATIONS AND NO-SHOW POLICY

If you do not provide at least 24 business hours notice, or fail to show for a scheduled appointment, you will be responsible for the full cost of the session.

### INSURANCE REIMBURSEMENT

I am not on any insurance plans, and am considered an "out of network provider" for PPO plans. All charges are your responsibility, whether or not you have insurance. I will provide you with a superbill statement that can be submitted to your insurance company.

### PAYMENTS

Forms of payment accepted - I mainly use Quickbooks platform for payment, preferably bank transfer, but credit cards can also be accepted; checks, and Zelle (associated with my email address). Payment for services provided is due at the end of each session.

Initial \_\_\_\_\_

If your account has payment overdue for over 60 days, legal means will be considered to secure payment, including collection agencies. There will be a \$25.00 service charge for all returned checks.

## **CONTACTING ME**

You can reach me by phone, email, or text. All calls to my office number are answered by voice mail and will be returned by the next business day. For urgent psychiatric issues you can press "1" during the voicemail to be directed to my cell phone. I will make every effort to answer my cell phone on these occasions; if I am unable to, I will return your call as soon as possible. If I do not call back soon enough, please call my cell phone directly (the number is on the 1 extension). Please reserve calling my emergency line only for truly emergency cases. On weekends, I do not check my messages as routinely as on weekdays, and if you have an urgent issue or time sensitive matter (ie medication supply), please try to contact me with these issues during the week so I can promptly address your concerns. Please be aware that email is not a secure medium.

## **PATIENT RECORDS**

Both the law and the standards of my profession require that I keep appropriate treatment records. You are entitled to review a copy of the records, unless I believe seeing them would be emotionally damaging, in which case, I will be happy to provide them to an appropriate mental health professional of your choice. I can also prepare an appropriate summary.

## **CONFIDENTIALITY**

Confidentiality is of utmost importance in mental health treatment and is protected by the law. There are exceptions to confidentiality where disclosure is required by law. These are:

- Threat of harm to self
- Threat of harm to others
- Inability to care for your basic needs (food, clothing, shelter) -
- Indication of possible abuse to a child, elderly person, to disabled person

In the event of any of the above, I may have to contact other parties (ie. family members, state agency, police, or hospital) in order to protect you or someone else.

## **PRACTICE STATUS**

I may share an office suite with other mental health professionals. With regard to your clinical care, I am completely independent and solely responsible. My clinical records are separately and securely maintained.

*I have read and understand all the information above. I agree to evaluation and/or treatment by Dr. Thuy Rotunda, that regardless of my insurance status I am ultimately responsible for the balance of my account for any professional services rendered.*

Patient name: \_\_\_\_\_

Name of responsible party (if other than patient): \_\_\_\_\_

Signature of patient/responsible party: \_\_\_\_\_ Date \_\_\_\_\_

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### Authorization of Use/Disclosure of Health Information

Please use this form to provide consent to allow Dr. Rotunda to contact people who may be helpful in your care – your therapist, pediatrician or primary care doctor, family or friends.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Authorization is given to Thuy Rotunda, M.D. to exchange information with:

Name	Address	Phone/Fax

#### Information to be disclosed:

The information that is disclosed may include any/all of your health information that Dr. Rotunda has in her possession, including information relating to any medical history, mental or physical condition and any treatment received, including drug, alcohol or other controlled substance, billing information, correspondence, and records obtained from other health care providers.

You may limit the information to be disclosed. In this case, indicate the following records or types of health information that may be disclosed (insert dates of treatment, types of treatment or other designation:

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Name of responsible person \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical  
Board of California  
(800) 633-2322 [www.mbc.ca.gov](http://www.mbc.ca.gov)

I have received a copy of the notice of HIPAA privacy  
practices.

Name of patient or responsible party\_\_\_\_\_

Signature\_\_\_\_\_

Relationship to patient\_\_\_\_\_

Date\_\_\_\_\_



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## **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI (Protected Health Information)**

**Please see the additional information regarding HIPAA from the US Department of Health and Human Services (attached).**

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. You will receive a response from me within 30 days of my receiving your written request. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

C. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.

D. Right to an Accounting: You generally have the right to receive a list of disclosures of PHI for which you have neither authorization nor consent (see above for this section). This accounting will begin on 4/15/03 and disclosure records will be held for six years. On your request, I will discuss with you the details of the accounting process.

E. The Right to Amend Your PHI. If you believe that your PHI is incorrect or incomplete, you may ask me to amend the information. This request must be made in writing, and it must explain why the information should be amended. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

F. The Right to Get This Notice by Email You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

### **Questions and Complaints**

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with me. You may also send a written complaint to the **Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201**. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

Contact Information:

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Phone (949) 608-9659

Email [dr.rotunda@newportpsych.com](mailto:dr.rotunda@newportpsych.com)



## **When Your Child, Teenager, or Adult Son or Daughter has a Mental Illness or Substance Use Disorder, Including Opioid Addiction: What Parents Need to Know about HIPAA**

If you are the parent of a child who is affected by a mental health condition or substance use disorder, you want to be informed so you can help your child and keep them safe. As children develop from childhood through adolescence and into adulthood, both your rights and their rights over their health information change. HIPAA balances protecting privacy, assuring safety, respecting professional judgment, and including family, friends, and caregivers in your child’s treatment or care coordination, as appropriate to the situation.

1. In most cases, you are your minor child’s “personal representative,” and can exercise all of your child’s HIPAA rights, including the right to access their complete medical record<sup>1</sup> and to authorize or direct the disclosure of their health information to third parties of your choosing. A health care provider may ask you to show proof of your status as a health care decision-maker for your child. A provider can decide not to treat you as a personal representative if, for example, they have concerns that doing so might put your child’s safety at risk. There are some additional exceptions that may prevent you from being your child’s personal representative or from accessing their medical record, including:
  - a) Your child independently consented to a health care service, no other consent is required by law, and your child has not requested that you be treated as his or her personal representative;
  - b) Your state allows minors to obtain a health care service without the consent of a parent, guardian, or other person acting *in loco parentis*, and your child, a court, or another authorized person has consented to that treatment; or
  - c) You voluntarily agreed that your child’s information would be kept confidential from you.
  
2. HIPAA generally follows state law about parents’ authority over their minor children’s treatment. Therefore, where state law gives your minor child the ability to consent to their own treatment and your child has consented, HIPAA does not give you the right to access information about that treatment. In other words, if your child is able to consent to treatment, he or she also has the ability to exercise his or her own rights under HIPAA regarding information about that treatment. You need to know the law in your state about minors’ ability to consent independently to mental health or substance use disorder treatment. For example, in many states, a minor may consent to receive certain types of treatment but

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<sup>1</sup> Neither you nor your child has a right under HIPAA to access notes of psychotherapy sessions that are kept separate from the medical record.

not others, or for limited amounts of time, without informing parents. Here are six things you may want to find out about your state's laws:

- 1) The age of majority<sup>2</sup> (the age at which an individual is considered an adult);
  - 2) What types of health care services a minor child can consent to without parental consent<sup>3</sup>;
  - 3) What types of health care services someone other than a parent can consent to for a minor child (e.g., a court or another authorized adult);
  - 4) Whether your state allows or requires health care providers to give parents access to certain health information about their minor children;
  - 5) Whether your state prohibits health care providers from sharing with, or giving parents access to, certain information about their minor children; and
  - 6) Who has legal authority to make health care decisions for an emancipated minor or adult child who is unable to make health care decisions, if the child has not identified a personal representative in writing.
3. Once your son or daughter attains the age of majority based on your state's law, they are considered adults and capable of exercising all of the health privacy rights under HIPAA, unless they lack decision making capacity. Even if you think your adult son or daughter lacks maturity, if they are legal adults, they get to make their own health privacy decisions. An adult son or daughter who has attained the age of majority has the right to control the privacy of their health information, including making decisions about who can receive health information about them which was created when they were minor children.
4. HIPAA helps you stay connected with your adult son or daughter for whom you are caring by permitting health professionals to contact you with information related to them that is necessary and relevant to your involvement with their health care or payment for care. If your adult son or daughter becomes disoriented, delirious, or unaware of their surroundings due to, for example, opioid abuse or a mental health crisis, and arrives at a hospital emergency room for treatment, the doctors, nurses, and social workers may notify you of their location and general condition. First, the staff will determine whether your child agrees to share this information with you, or if you are the patient's personal representative. If your child is not able to make decisions (for example, if he/she is unconscious, sedated, severely intoxicated, or disoriented), then the doctors, nurses, and social workers may contact you without your child's permission when a health professional determines that doing so is in your son or daughter's best interests. The health professionals may share the information that is needed for notification (such as your child's location and general condition) or that is directly related to your involvement in their care.

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<sup>2</sup> In most states the age of majority is 18. Even when under the age of majority, a child may be considered an adult ("emancipated") if they: are married, have a child, have joined the military, or have a court order declaring them to be emancipated.

<sup>3</sup> For example, in many states a minor may consent to receive health care services related to substance use disorder treatment or outpatient counseling, or under certain circumstances.

5. If your adult son or daughter has the capacity to make decisions, doctors need their permission to share their information with you in order to help coordinate mental health or substance use disorder treatment, including treatment for opioid abuse. Your adult son or daughter's doctor, however, can infer that permission if you are involved in their health care or payment for that care, and they have not objected. Additionally, if they are incapacitated or are unavailable to give consent because of some emergency situation, HIPAA allows health and mental health providers to make decisions about sharing medical information with family, friends, and caregivers based on the providers' professional judgment about what is best for the patient, factoring in their prior expressed wishes, if any.

For example, if a patient who is addicted to opioids misses important medical appointments without any explanation, a primary health care provider at a general practice may believe that there is an emergency related to the opioid addiction and under the circumstances, may use professional judgment to determine that it is in the patient's best interests to reach out to emergency contacts, such as parents or family, and inform them of the situation. It can be helpful to establish yourself with your son or daughter's providers as a helper or caregiver involved in their care, before an emergency occurs, so the providers know not only who to notify in an emergency situation, but also who to call about their care. In cases involving significant impairment to your son or daughter's functioning, you may need to gain legal recognition as the guardian or obtain a medical power of attorney to establish your status as their personal representative under HIPAA.

6. Anytime there is a threat of serious and imminent harm to your son or daughter's health or safety (or to others, including you), HIPAA allows their health and mental health providers to share information with you, if you are in a position to prevent or lessen the threat. Your son or daughter's age or legal relationship to you is not a barrier when such a threat to health and safety exists. For example, if your adult son or daughter threatens to commit suicide by cutting, and you are in a position to remove knives and sharp objects from the home, the provider may notify you to enlist your assistance with removing dangerous objects and to discuss a plan for obtaining a higher level of care for him or her.
7. If your adult son or daughter is struggling with some of these issues, it may be useful, in advance of an emergency, to help them identify friends or other caregivers whom they would like to be notified in the event of a hospitalization or emergency, and to encourage or assist them to give the names of those individuals to their health care providers.
8. If your son or daughter receives treatment for a substance use disorder in a federally-funded treatment program, more stringent privacy-protective laws may apply under 42 CFR Part 2.

For more information with specific questions, please visit the OCR website:

- "Am I my child's personal representative under HIPAA?" Fact Sheet <https://www.hhs.gov/sites/default/files/am-i-my-childs.pdf>
- "When can parents access information about their minor child's\* mental health treatment?" Decision Tree <https://www.hhs.gov/sites/default/files/minors-hipaa-decision-tool.pdf>

- “When may a mental health professional use professional judgment to decide whether to share a minor patient’s treatment information with a parent?” Infographic <https://www.hhs.gov/sites/default/files/minor-professional-judgment-infographic.pdf>
- OCR’s Guidance on Sharing Mental Health Information: <https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf>
- OCR’s FAQs on Personal Representatives and Minors: <https://www.hhs.gov/hipaa/for-professionals/faq/personal-representatives-and-minors>
- OCR’s FAQs on Mental Health: <https://www.hhs.gov/hipaa/for-professionals/faq/mental-health>

For more information about confidentiality of substance use disorder treatment information, see <https://www.samhsa.gov/laws-regulations-guidelines/medical-records-privacy-confidentiality>