



Child Therapy Registration Form, HIPAA Notice, and Contract for Services

Child's Name _____ DOB _____

Street _____ City _____ State _____ Zip Code _____

How were you referred to this practice? _____

School _____ Grade _____ Main teacher _____

Parent/Guardian One:

Name _____

Address: _____

Home number _____ Work number _____ Cell number _____

Email address, if you agree to electronic communication _____

Employer _____ Position _____

Parent/Guardian Two:

Name _____

Home number _____ Work number _____ Cell number _____

Address, if different: _____

Email address, you agree to electronic communication _____

Employer _____ Position _____

Welcome! Please take some time to read and fill out this Agreement and the child history form. The last few pages contain a copy of the Agreement and are for you to keep.

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this

Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures at any time. When you sign this document, it will also represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation, which may or may not include formal psychological testing, that will last from two to four sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week or every other week at a time we agree on, although some sessions may be longer or more frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless I can fill the open slot with another patient.** It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

PROFESSIONAL FEES

My hourly fee is \$177.00. In addition to appointments, I charge this amount for other professional services you may need, although I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than five minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and liability of legal involvement, I charge \$225 per hour for preparation for and participation in any legal proceeding.

CONTACTING ME

Because I spend most of my day in session with patients, I am not often immediately available by telephone. While I am usually in my office between 10 AM and 7:30 PM, Monday through Thursday and on some Fridays, I do not answer the phone when I am with a patient. The best time to reach me is often between noon and 2 PM or between 7 and 7:30 PM. You are welcome to leave a message on my confidential voicemail. Please include your telephone number every time you call so that I can return your call promptly. I will make every effort to return your call within 24 hours, with the exception of Fridays, weekends and holidays. If you are also difficult to reach, please inform me of some times when you will be available. If your call is a mental health emergency, and you and feel that you cannot wait for me to return your call, contact your family physician or Highlands Behavioral Health at 720-348-2800. If your emergency is life threatening, call 911 or go to the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as, billing, filing, and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without either your written authorization or a court order. If you are involved

in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- If a government agency is requesting the information for health oversight activities, I am required to provide it for them.
- If a patient files a complaint or lawsuit against me, I will disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I am required to submit a report to the Workers' Compensation Division.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect or if I have observed a child being subjected to circumstances or conditions which would reasonably result in abuse or neglect, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that an at-risk adult has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information
- If a patient communicates a serious threat of imminent physical violence against a specific person or persons, I must make an effort to notify such person; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the patient.

Please note that email and text communications cannot be guaranteed confidentiality. The safest way to contact me is via landline telephone, mail, or fax. If you choose to email and accept email, you do so with the understanding that it is beyond the capacity of this office to guarantee confidentiality. You may send encrypted messages if you choose to do so; please speak to me about information regarding how to do this.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Colorado has a psychotherapist-patient privilege which means mental health professionals

cannot be asked about any knowledge gained during the course of therapy without the consent of the person to whom the testimony relates (C.R.S. 13-90-107 (g)). This privilege extends to treatment records including psychotherapy notes.

Juvenile patients in particular require the privacy protection provided by the psychotherapist-patient privilege due to the sensitive nature of children's mental health care (Dill v. People, 927 P.2d 1315, 1321 Colo. 1996.)

While patients have the right to submit in writing a request to examine and/or receive a copy of the Clinical Record, these are professional records and can be misinterpreted and/or upsetting to untrained readers. If I believe disclosure of records may cause psychological harm to the patient, I may instead provide you with a written summary of the records (C.R. S. 25-1-802 (1) (a)). If I refuse your request for access to records, you have a right of review, which I will discuss with you upon request.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

You also have a right to inquire about my professional training and credentials and you are always welcome to do so. In summary, I am a psychologist, licensed in the state of Colorado since 1997. I completed a master's degree in counseling and general psychology at the University of West Florida in 1991 and a doctorate in professional psychology at the University of Denver in 1995. I hold a bachelors degree in Social Work and English Literature. My training at the University of Denver was approved by the American Psychological Association as was my pre-doctoral internship site at Indiana University Counseling and Psychological Services. I specialize in family systems, child, couple, and family therapy, trauma recovery, and psychological testing. I am have been trained in Eye Movement Desensitization Reprocessing (EMDR) since 2000 and continue to study and implement this therapy technique. I also pursue continuing education in variety of areas, particularly trauma recovery, divorce-related matters, and clinical applications of neurobiology.

You are entitled to request information about the methods of therapy, techniques used, probable duration of therapy if known, and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist

must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

MINORS & PARENTS

Patients under 15 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records, unless I decide that such access is likely to injure the child. Because privacy in psychotherapy is often crucial to successful progress, it is my policy to request an agreement from parents that they consent to give up access to their child's records. During treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions, except in the case of very young children. Upon written request, I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization to release records, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents and/or appropriate authorities of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. *By signing this Agreement herein, you agree to give up access to your child's full records.*

BILLING AND PAYMENTS

You will be expected to pay for each session at the beginning of each appointment, with a check, cash, or the credit card you put on file with Ivy Pay at the beginning of treatment. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim. See below for more information about Ivy Pay security:

Ivy Pay Security Guide

How Ivy Pay protects your health information

Ivy Pay is HIPAA-secure, using technical, administrative and physical safeguards to protect your patient health information.

We go a step further and protect the confidentiality of the therapeutic relationship so it is not revealed.

How Ivy Pay protects your financial information

Ivy Pay uses advanced security systems and data encryption to protect you and guard against unauthorized transactions and access to your personal or financial information.

Encryption and SSL: Your financial information is encrypted, stored and protected on secure servers. On the web, SSL is active. We work hard to ensure that our system meets and exceeds security industry standards and best practices.

PCI data security: Anyone involved with processing, transmission, or storage of credit card data must comply with the Payment Card Industry Data Security (PCI DSS). Card processing adheres to PCI Data Security Standard (PCI DSS).

Please let Dr. Camden know if you have any questions about this method of accepting payment.

Your signature below indicates that you have read this agreement and agree to abide by all of its terms, including waiver of access to a child patient's records, and also serves as an acknowledgement that you have received the HIPAA notice form described above.

Signature

Date

Printed Name

Child History

Please feel free to write on the back of these pages or add additional pages of your own as needed.

I. Child's Physical Health History:

Please describe any problems during prenatal period or during labor and delivery:

Any remaining problems related to the above:

Please describe your child's health as a baby and toddler, noting any serious illnesses, injuries, and any hospitalizations:

Please describe your child's health from preschool to the present, noting any serious illnesses, injuries, and any hospitalizations:

Any current health problems:

Any medications or treatments your child is currently taking:

II. Mental, Emotional, and Social Development

Please describe any learning problems or disabilities your child has now or in the past. Include any treatment or services and the name and telephone number of the professional involved:

Please describe any emotional problems your child has now or in the past. Include any treatment or services for them and the name of the professional involved:

Has your child experienced abuse, any significant changes, moves, or anything you would consider traumatic? Please describe, including child's age at each event.

What are your child's worries or fears?

Has your child ever talked about hurting self or others? Ever made an attempt?

Do you have concerns about your child's eating habits?

How does your child interact with adults (teachers, daycare providers, coaches, activity leaders, neighbors, friends of the family)?

How does your child interact with same-aged children?

With younger children?

With older children?

Is your child aggressive? If so, please describe:

Is your child shy or easily taken advantage of or bullied? If so, please describe:

Does your child prefer to join right in with groups or observe for a while first?

How does your child respond to transitions and changes?

How does your child respond to frustration or disappointment?

How would you describe your child's problem-solving abilities?

Please list names and ages of child's immediate family members, including stepparents and stepsiblings. Note length and quality of these relationships:

If child's parents are separated or divorced, please list your child's current parenting time schedule with each parent:

Do parents share legal decision-making or custody?

If not, who is the legal decision maker or custodian?

How old was your child at the time of separation?

What did or does your child experience related to the separation or divorce (e.g., parental fear, anger, sadness, or depression, threats, domestic violence, loud fights, tension in the home)?

III. Day Care and Preschool Experiences

Please list any preschool or day care settings your child has been in and child's age at the time:

Any concerns about child's experiences in any of these settings?

IV. Formal Academic History:

Child's current school:

Teacher/Grade:

General progress and adjustment at school:

Any concerns about child's school experience at present:

Please list other schools your child has attended and ages of attendance

Any concerns about child's experiences in any of these settings:

V. Comments

Please add anything that you think will help the therapist understand your child better and how you are hoping counseling will help:

CHILD PROBLEM CHECKLIST

Circle each item as **1, somewhat true**; **2, mostly true**; or **0, not true** of your child in the past three months.

1. 0 1 2 Disobedient at home
2. 0 1 2 Disobedient at school
3. 0 1 2 Denies problematic behavior
4. 0 1 2 Doesn't like rules
5. 0 1 2 Trouble learning
6. 0 1 2 Clowns around a lot
7. 0 1 2 Lost in thoughts
8. 0 1 2 Can't finish things
9. 0 1 2 Argues a lot
10. 0 1 2 Cheats in games
11. 0 1 2 Uses bad language
12. 0 1 2 Lies a lot
13. 0 1 2 Steals
14. 0 1 2 Destroys possessions
15. 0 1 2 Cruel to animals
16. 0 1 2 Drinks alcohol
17. 0 1 2 Uses drugs
18. 0 1 2 Lacks energy
19. 0 1 2 Sad and unhappy
20. 0 1 2 Irritable
21. 0 1 2 Moody
22. 0 1 2 Has thoughts of killing self
23. 0 1 2 Acts to get attention
24. 0 1 2 Difficulty with sleep:
Can't get to sleep _____
Can't stay asleep _____

25. 0 1 2 Fears /Phobias _____
26. 0 1 2 Worries a lot. _____
27. 0 1 2 Acts first, thinks later
28. 0 1 2 Hyperactive
29. 0 1 2 Bosses or bullies others
30. 0 1 2 Aggressive with peers
31. 0 1 2 Few friends
32. 0 1 2 Feels inferior
33. 0 1 2 Clumsy
34. 0 1 2 Nervous habits
35. 0 1 2 Needs everything in its place
36. 0 1 2 Accident prone
37. 0 1 2 Has aches and pains
38. 0 1 2 Overly shy
39. 0 1 2 Too dependent on adults
40. 0 1 2 Jealous of siblings
41. 0 1 2 Whines
42. 0 1 2 Problems with speech
43. 0 1 2 Uses baby talk
44. 0 1 2 Eats too much
45. 0 1 2 Eats too little
46. 0 1 2 Wets the bed
47. 0 1 2 Wets during the day
48. 0 1 2 Soils him/herself
49. 0 1 2 Other problems:



DISCLOSURE INFORMATION: Please keep this copy for your records.

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agree on, although some sessions may be longer or more or less frequent. ***Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, or unless I can fill the open slot with another patient. A appointment scheduled for Monday must be cancelled by 5 PM the preceding Thursday to avoid having to pay for the session.*** Insurance companies do not provide reimbursement for cancelled sessions or missed appointments.

PROFESSIONAL FEES

My fee for a standard 50-minute session is \$177.00. In addition to appointments, I charge this amount for other professional services you may need, although I will break down the cost into tenths of an hour if I work for periods of less than 50 minutes. Other services include report writing, telephone conversations lasting longer than five minutes, email exchanges, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you or your representative may request of me.

At the time of scheduling your first appointment, you will be asked to pay for the first session to hold your spot, using a secure, HIPAA-compliant credit card processing service called Ivy Pay. You will receive a text message from Ivy, asking you to enter your credit card information and make your first payment. This is a one-time set up. Thereafter, each time a fee is generated, it will be charged to this credit card using Ivy. (If you prefer, you may pay for in-person services after the first appointment with cash or check.) If your card is charged for a session or for one of the other services described above, you will receive a text message notifying you that a fee has been processed.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and liability of legal involvement, I charge \$225 per hour for preparation for and participation in any legal proceeding.

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URGENT CONTACT

If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or Highlands Behavioral Health at 720-348-2800. If your emergency is life threatening, call 911 or go to the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

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abuse or neglect, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.

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You also have a right to inquire about my professional training and credentials and you are always welcome to do so. In summary, I am a psychologist, licensed in the state of Colorado since 1997. I completed a master's degree in counseling and general psychology at the University of West Florida in 1991 and a doctorate in professional psychology at the University of Denver in 1995. I hold a bachelors degree in Social Work and English Literature. My training at the University of Denver was approved by the American Psychological

Association as was my pre-doctoral internship site at Indiana University Counseling and Psychological Services. I specialize in adult, child, and family therapy, divorce recovery, trauma recovery, and psychological testing. I have been trained in Eye Movement Desensitization Reprocessing (EMDR) since 2000 and continue to study and implement this therapy technique. I also pursue continuing education in variety of areas, particularly trauma recovery, divorce-related matters, and clinical applications of neurobiology and epigenetics. You are entitled to request information about the methods of therapy, techniques used, probable duration of therapy if known, and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

MINORS & PARENTS

Patients under 15 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records, unless I decide that such access is likely to injure the child ((C.R. S. 25-1-802 (1) (a). Because privacy in psychotherapy is often crucial to successful progress, it is my policy to request an agreement from parents that they consent to give up access to their child's records. During treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions, except in the case of very young children. Upon written request, I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization to release records, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents and/or appropriate authorities of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

BILLING AND PAYMENTS

You will be expected to pay for each session at the beginning of each appointment, with a check, cash, or the credit card you put on file with Ivy Pay at the beginning of treatment. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims

court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim. See below for more information about Ivy Pay security:

Ivy Pay Security Guide

How Ivy Pay protects your health information

Ivy Pay is HIPAA-secure, using technical, administrative and physical safeguards to protect your patient health information.

We go a step further and protect the confidentiality of the therapeutic relationship so it is not revealed.

How Ivy Pay protects your financial information

Ivy Pay uses advanced security systems and data encryption to protect you and guard against unauthorized transactions and access to your personal or financial information.

Encryption and SSL: Your financial information is encrypted, stored and protected on secure servers. On the web, SSL is active. We work hard to ensure that our system meets and exceeds security industry standards and best practices.

PCI data security: Anyone involved with processing, transmission, or storage of credit card data must comply with the Payment Card Industry Data Security (PCI DSS). Card processing adheres to PCI Data Security Standard (PCI DSS).

Please let Dr. Camden know if you have any questions about this method of accepting payment.
