



Nat Kuhn, MD

5 Watson Rd.
Belmont, MA 02478

617-489-9090

www.natkuhn.com
nk@natkuhn.com

Policies

Privacy

As a physician and psychotherapist, your privacy is of the utmost importance to me. Our communications (and even the fact that you have come to see me) are confidential. My policy is to release your information only:

- to you, or as explicitly authorized by you
- as necessary for your treatment (e.g. calling a prescription to a pharmacy, or managing an emergency)
- in rare instances, as otherwise required by law (e.g. as a mandated reporter of child abuse)

If it is important to you that I communicate with you in particular ways (e.g. not to leave a message at your work number), please be sure to let me know.

With some of my patients, I make video recordings of sessions, but only with prior discussion and written consent.

My privacy policy is available on my web site (www.natkuhn.com/privacy), and I will provide you with a printed copy on request. If you have any questions or issues about privacy, confidentiality, or how I manage your information, please speak to me or contact me.

Signed: _____

Date: _____

Cancellation

If you're unable to keep your appointment, please give me as much advance notice (in person or by telephone) as you're able to. If the notice is less than 24 hours, you will be responsible for the appointment charge. Please note that insurance does not cover the cost of missed or canceled appointments. With advance notice, I am sometimes able to reschedule an appointment without charge.

Signed: _____

Date: _____

E-mail

I am available by email, but email contact with me is not completely reliable. In the event of an emergency or anything requiring a rapid response, call me rather than emailing. If you email me and don't hear back within a few days, please contact me again, either by phone or email.

Because email is not encrypted, it is not possible to absolutely guarantee its privacy. By emailing me, you are consenting to receive email communication from me that may contain protected information.

Signed: _____

Date: _____

Incidental Contact

I sometimes run into patients by chance, e.g. on the street or at a movie theater. Because of confidentiality, I do my best to leave it up to you whether to acknowledge these encounters or not. It's OK with me when patients greet me, and it's OK with me when patients choose to ignore me in these situations.

Signed: _____

Date: _____