

**BEFORE THE STATE OF NEVADA  
BOARD OF PSYCHOLOGICAL EXAMINERS**

STATE OF NEVADA, BOARD OF  
PSYCHOLOGICAL EXAMINERS,

Petitioner,

vs.

RACHEL DAVIS, Ph.D.

Respondent.

Case No. 19-0514

**ORDER  
APPROVING STIPULATION AND  
DISMISSAL OF ACTION AGAINST  
RESPONDENT**

**COMES NOW**, the STATE OF NEVADA, BOARD OF PSYCHOLOGICAL EXAMINERS (Board), by and through its counsel, AARON D. FORD, Attorney General of the State of Nevada, and HARRY B. WARD, Deputy Attorney General, and RACHEL DAVIS, Ph.D. (Respondent) by and through her counsel, JOHN A. HUNT, and hereby stipulate as follows:

**FACTUAL ALLEGATIONS AND JURISDICTION**

1. Rachel Davis, Ph.D., at all relevant times mentioned in the complaint in the above-captioned matter was licensed as a psychologist in the State of Nevada and therefore subject to the jurisdiction of the Nevada Board of Psychological Examiners and the provisions of NRS Chapter 641 and NAC Chapter 641. Respondent is in good standing and currently holds license number PY0753.

2. Respondent has never been disciplined by the Nevada Board of Psychological Examiners nor by any other state board.

3. On or about May 14, 2019, the Board Office received a complaint against Respondent alleging Respondent violated federal standards for privacy by disclosing Protected Health Information. The Board opened a file in this matter and assigned investigation of this complaint to Investigator Gary Lenkeit, Ph.D. (Investigator Lenkeit). (See Exhibit A – Investigative Report).

1  
2 4. The complaint alleges the Respondent did not have a properly completed  
3 informed consent prior to the release of protected health information and that Respondent  
4 used a form that indicated that the protected health information may be released to third  
5 party contractors with whom Respondent had a contractual relationship. It is asserted  
6 that Respondent's form did not specifically indicate by name what third party may receive  
7 this information. It is alleged this is not a properly completed informed consent release  
8 form.

9 5. On or about June 13, 2019, counsel for Respondent submitted a response  
10 asserting Respondent did not violate any privacy standards and that the allegations in  
11 the Complainant's complaint were incorrect and lacked factual or legal support. (See  
12 Exhibit B - June 13, 2019 Response by Respondent's counsel)

13 6. Thereafter, a formal Complaint and Notice of Hearing was issued to  
14 Respondent. (See Exhibit C – Complaint and Notice of Hearing)

15 7. Respondent was a named defendant regarding similar allegations in United  
16 States District Court, District of Nevada, *AAA et al. v. Clark County School District, et al.*  
17 *2:20-cv-00195-JAD-BNW* and dismissed from the action. The Federal Court granted  
18 Respondent's Motion to Dismiss and dismissed the action with prejudice and without  
19 leave for Plaintiff to amend his Complaint as it would be futile. (See Exhibit D - Minutes  
20 of Proceedings, 07/12/2020).

## 21 STIPULATIONS

- 22 1. This Stipulation and Dismissal of Action is not a disciplinary sanction  
23 pursuant to NRS 641.240.  
24 2. This Stipulation and Dismissal of Action is a public record.  
25 3. Pursuant to the State of Nevada, Board of Psychological Examiners  
26 Disciplinary Policy, Section I(S) – Complaint Investigation Procedure, the  
27 Board investigator will provide a summary and/or supplemental report of his  
28 investigation and the reasons supporting his recommendation that the

1 complaint be dismissed.

- 2 4. Respondent will voluntarily take six (6) hours of continuing education units  
3 in practice management and/or ethics within three (3) months of this Order.  
4 Respondent's six (6) hours will not count toward the continuing education  
5 requirement for her current or any future licensing renewal. Prior to taking  
6 the six (6) hours of continuing education, Respondent will confer with the  
7 investigator identifying courses selected. Upon completion of the courses,  
8 Respondent will notify the investigator and provide proof of completion.
- 9 5. Respondent will update her release form in order to obtain proper informed  
10 consent and will submit the release form to the investigator within thirty  
11 (30) days of this Order for input and approval by the investigator.
- 12 6. There will be no fines assessed in this matter as this is not a disciplinary  
13 action.
- 14 7. Respondent will reimburse the Board for its costs expended in investigating  
15 this matter and its legal costs billed by the Office of Attorney General in this  
16 matter in an amount of Seven Hundred Fifty (\$750.00) Dollars. These  
17 reimbursement costs assessed by the Board pursuant to NRS 622.400 and  
18 received by the Board will be deposited into the Board's bank account  
19 established pursuant to NRS 641.111. Respondent will reimburse the Board  
20 the agreed amount within ninety (90) days of this Order
- 21 8. The Stipulation and Dismissal of Action will be properly noticed in the  
22 agenda for the Boards monthly meeting and will be considered in a public  
23 meeting by the Board. In the event the Stipulation and Dismissal of Action  
24 is not approved by the Board, this matter will be continued and will be  
25 rescheduled at a later mutual time for all counsels and Board members.

26  
27 **IT IS HEREBY ORDERED** that the Stipulation and Dismissal of Action and  
28 attached exhibits are incorporated herein, be and hereby is **APPROVED**.

1       **IT IS HEREBY FURTHER ORDERED** that the Stipulation and Dismissal of  
2 Action is a public document and that the Stipulation and Dismissal of Action is not to be  
3 considered disciplinary action by the Board and shall not be reported to any appropriate  
4 national databanks regarding psychologists.


5       **IT IS HEREBY FURTHER ORDERED** if Respondent fails to timely fulfill the  
6 terms of the Stipulation and Order of Dismissal of Action, the Board may then entertain  
7 motions to rescind the Order of Stipulation and Dismissal of Action and proceed in  
8 conducting a hearing on the underlying complaint before the Board.

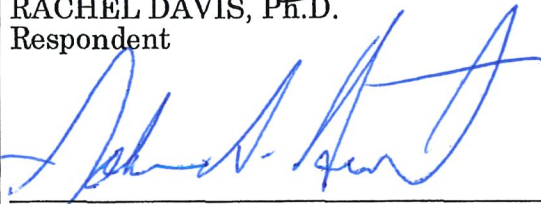
9       DATED this \_\_\_\_\_ day of March 2021.

10  
11                                       STATE OF NEVADA,  
12                                       BOARD OF PSYCHOLOGICAL EXAMINERS

13                                       By: \_\_\_\_\_  
14   BOARD PRESIDENT

15  
16       **APPROVED AS TO FORM AND CONTENT:**

17  
18  
19         
20       RACHEL DAVIS, Ph.D.  
21       Respondent

22         
23       JOHN A. HUNT  
24       Counsel for Respondent

25  
26       /S/ Harry B. Ward  
27       HARRY B. WARD  
28       Board Counsel



**Gary Lenkeit, Ph.D.**  
**Licensed Psychologist**  
**Clinical, Forensic, & Family Psychology**

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July 10, 2019

Complaint 19-0514

**Complaint:** The Complainant alleges that the psychologist violated federal standards for privacy by disclosing his daughter's Protected Health Information (PHI) without his permission when she provided a copy of his daughter's Independent Educational Evaluation (IEE) to the Clark County School District (CCSD). According to the Complainant, the psychologist conducted an IEE and provided the report to the CCSD Office of Compliance and Monitoring without his informed consent.

**Response:** The psychologist completed an IEE for the Complainant's daughter per his request. The Complainant requested the evaluation when he disagreed with the results of the evaluation completed by CCSD personnel. The evaluation was paid for by CCSD and the Respondent was required to release the report to them by contractual obligation. According to the Respondent, the Complainant was aware of CCSD procedures and requirements and signed the Respondent's privacy notice and consent for transmission of Protected Health Information. Copies of both documents were provided for review.

**Case Analysis:** In addition to the Complaint and Response, the following documents were reviewed: Clark County School District Parent/Guardian Resource for IEE and Evaluator Criteria; the psychologist's Notice of Policy Practices; and the psychologist's Consent for Transmission of Protected Health Information. Relevant portions of these documents are described below.

The CCSD Parent/Guardian Resource for IEE's specifies that the evaluator "must have parental permission to communicate and share information with the Clark County School District..." placing the responsibility for consent on the evaluator.


The Notice of Privacy Practices form signed by the Complainant acknowledges that the Respondent "may disclose PHI to third party contractors with whom I have a contractual relationship to provide services." His signature implies that he was aware that the Respondent could provide the IEE report to a third party, in this case CCSD. However, this document does not specify that PHI will be released to the CCDC.

The Consent for Transmission of Protected Health Information signed by the Complainant gives consent for the release of PHI including "psychological or neuropsychological reports." However, this document does not specify to whom the PHI will be provided.

**Summary and Recommendations:** It is the responsibility of a psychologist to obtain informed consent for the release of Protected Health Information. None of the documents signed by the Complainant specified that information would be released to the Clark County School District. As such it is concluded that the Respondent violated patient privacy by releasing PHI without a properly completed In formed Consent for the Release of PHI.

It is recommended that the Complaint is forwarded to the Attorney General's Office to initiate formal discipline.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Gary Lenkeit, Ph.D.", written in a cursive style.

Gary Lenkeit, Ph.D.

Investigator, Nevada Board of Psychological Examiners  
Licensed Psychologist

# CLARK HILL

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John A. Hunt  
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Las Vegas, NV 89169  
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June 13, 2019

State of Nevada  
Board of Psychological Examiners  
**Ellen Rahn, Executive Assistant**  
4600 Kietzke Lane, building B-116  
Reno, Nevada 89502

**Re: Rachel Davis, Ph.D.**  
**Response to your May 14, 2019, letter regarding complaint #19-0514**

Dear Ms. Rahn:

As you know, this office represents Rachel Davis, Ph.D. ("Dr. Davis") relative to the matters addressed in your May 14, 2019, letter to Dr. Davis regarding complaint #19-0514. Dr. Davis' signed consent and approval regarding this response is found at the end of this letter.

**Extension of time to respond.**

As was addressed via May 28 and 29, 2019, emails with Sarah A. Bradley, Senior Deputy Attorney General, the Board of Psychology Examiners (the "Board") allowed an extension to and including June 27, 2019, for this office to provide a response to your letter on behalf of Dr. Davis. Thank you again for the extension.

**Mr. Abdul-Alim's complaint.**

Amir Abdul-Alim's complaint accompanying your May 14, 2019, letter contends Dr. Davis violated certain privacy standards relative to an Independent Education Evaluation ("IEE") of Mr. Abdul-Alim's daughter, Amira, conducted by Dr. Davis for

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the Clark County School District ("CCSD"). See **Exhibit A**, pgs. 1-12, copy of your May 14, 2019, letter and its accompanying documents, including Mr. Abdul-Alim's at-issue complaint.<sup>1</sup> As more fully addressed below, Dr. Davis did not violate any privacy standards. The allegations raised in Mr. Abdul-Alim's complaint are simply incorrect and lack factual or legal support.

**General background information regarding Dr. Davis.**

Dr. Davis has been licensed by the Board since 2015. To her knowledge, with the exception of this matter, she has had no complaints with the Board. Likewise, there have been no complaints from any of the colleges and universities she has taught or lectured at, no provider contract complaints, and she is in good standing with all of her professional affiliations. See **Exhibit H**, copy of Dr. Davis CV (as of 7-5-15).

With regards to IEEs, Dr. Davis has performed approximately four other evaluations for the CCSD without incident. Other than the at-issue complaint, she has never had an issue or complaint regarding any allegation of a violation of privacy or improper disclosure of protected health information.

As her website notes, Dr. Davis earned her Ph.D. in Clinical Psychology at the University of Nevada Las Vegas where she received generalist training in providing psychological services to adults and children with a variety of mental health and neurodevelopmental disorders. She completed her internship through the Nevada Psychological Association Training Consortium while at Touro Center for Autism and Developmental Disabilities where she focused on pediatric neuropsychology. She went on to complete her postdoctoral training at UNLV's Center for Autism Spectrum Disorders where she continued to focus on pediatric neuropsychology and Autism under the supervision of Dr. Paul Jones and Dr. Julie Beasley. She has had the opportunity to work extensively with children who have ADHD, Anxiety Disorders, Autism, Behavior Disorders, Birth Defects, Depression, Developmental Delays, Genetic Disorders,

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<sup>1</sup> Exhibits A-H accompany this letter. For ease of reference, Exhibits A-G are numerically bated numbered in the lower right hand corner, pages 1-72. Exhibit H, Dr. Davis' CV, is not bated numbered as it has its own page numbering in the lower right-hand corner. A table of contents for the exhibits is included at the end of this letter.

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Learning Disorders, Severe Emotional Disturbances, and other neurodevelopmental disorders. See Exhibit H, Dr. Davis' CV (7-5-15).

**Substantive response to Mr. Abdul-Alim's complaint.**

Dr. Davis conducted an IEE for Mr. Abdul-Alim's dependent child, Amira, between November 29, 2018, and completion of the report on January 12, 2019, with feedback to parents on January 15, 2019, at 6:00 pm. Dr. Davis' initial contact with the parent was on October 18, 2018, with initial paperwork being completed that day as well. See Exhibits B, pgs. 13-29, for a portion of same; see also Exhibit C, pgs. 30-37, Dr. Davis' office's daily call log regarding contact with Mr. Abdul-Alim. The completed IEE report was sent, *as required*, to Barbara Fair at CCSD's Office of Compliance and Monitoring on January 15, 2019 at 3:49 pm, prior to the office closing for the day.

As referenced in its September 26, 2018, letter, the CCSD advised Mr. Abdul-Alim that his request for an IEE for his daughter was approved in the area of psychoeducational functioning, not to exceed a total of \$1,500. See **Exhibit D**, pg. 38, second paragraph. The CCSD letter goes on to advise Mr. Abdul-Alim as follows regarding the procedures for his daughter's IEE:

Procedurally, when you have chosen an evaluator, please ask that evaluator to immediately contact Ms. Barbara Fair in the District's Office of Compliance and Monitoring at (702) 799-1020 to advise her of the intent to evaluate Amira. Additionally, please provide that evaluator with the attached forms and then have the completed forms sent to Barbara Fair in the Office of Compliance and Monitoring via fax at (702) 799-1066. **The Clark County School District should be billed for the IEE through the Office of Compliance and Monitoring. The evaluator will need to send an invoice along with the completed IEE Report directly to the Office of Compliance and Monitoring to enable payment.**

See Exhibit D, pg. 38 (bold emphasis added).

The CCSD "PACKET FOR SUPPLIER" (emphasis in original) materials which accompanied the September 26, 2018, CCSD letter to Mr. Abdul-Alim also provide that the IEE Report must be sent directly to CCSD on the same day or prior to the parent

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receiving the results. See Exhibit D, pg. 42. Thus, even before contacting Dr. Davis for the CCSD approved IEE, Mr. Abdul-Alim was well aware, via the CCSD materials, that the IEE Report was required to be provided to the CCSD.

In addition, as partially addressed in the CCSD's September 26, 2018, letter (and its accompanying documents) (see Exhibit D, pgs. 38-48), Mr. Abdul-Alim, as a parent of a child with a disability who did not agree with the results of the individualized evaluation of his child (as conducted by the school system), had the right to obtain an IEE. In part, 34 CFR 300.502(c) provides as follows regarding the consideration of such an IEE by the school district:

(c)Parent-initiated evaluations. **If the parent obtains an independent educational evaluation at public expense** or shares with the public agency an evaluation obtained at private expense, **the results of the evaluation -**

(1) **Must be considered by the public agency**, if it meets agency criteria, in any decision made with respect to the provision of FAPE [free appropriate public education] to the child; and

(2) May be presented by any party as evidence at a hearing on a due process complaint under subpart E of this part regarding that child.

Id. (Bold emphasis added.). This regulatory provision regarding an IEE obtained at public expense (like here in this case) is in keeping with the CCSD's September 26, 2018, letter to Mr. Abdul-Alim which, in no uncertain terms, advises that the IEE was to be sent directly to the CCSD's Office of Compliance and Monitoring.

In furtherance of the CCSD approved IEE, Mr. Abdul-Alim chose Dr. Davis to perform the IEE. As noted above, Dr. Davis' initial contact with Mr. Abdul-Alim was on October 18, 2018, which was when he received, read, and signed Dr. Davis' standard **"NOTICE OF PRIVACY PRACTICES"** (emphasis in original) which references specific exceptions to the requirement for written authorization to release protected health information ("PHI") of him or his daughter. See Exhibit B, pgs. 13-15. In pertinent part, Dr. Davis' **"NOTICE OF PRIVACY PRACTICES"** includes the following exceptions to written authorizations:

#### **EXCEPTIONS TO WRITTEN AUTHORIZATION**

I may disclose your PHI for the following reasons:

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5) ***Contractual Obligations:*** I may disclose PHI to third party contractors with whom I have a contractual relationship to provide services. For example, I may be contracted with a state agency that referred you/your child to me for therapy, paid for the therapy, and who will receive a copy of the written summary of therapy.

\*\*\*

#### **USE AND DISCLOSURE OF YOUR PHI**

Your PHI can be used for the following purposes:

\*\*\*

2) ***Payment:*** I may use or disclose PHI to bill or collect payment for the services I provide to you/your child. For example, I may need to disclose information to your insurance company to receive payment for therapy, or an assessment I provided you/your child.

See Exhibit B, pg. 13 and pg. 14, respectfully (emphasis in original). Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), providers, like Dr. Davis, may use or disclose PHI for certain purposes without written authorization. The examples noted above in Dr. Davis' standard "**NOTICE OF PRIVACY PRACTICES**" fall within those HIPPA provisions. These provisions are consistent with 45 CFR 164.502(a)(1)(ii) and 45 CFR 164.506(c) whereby explicitly allowing for the disclosure of the IEE to the CCSD.

From the above, it is clear that when, like here, Dr. Davis agreed to conduct a CCSD approved IEE, she was provided a letter which essentially established a contractual obligation with CCSD, rather than the pupil and/or the pupil's parent. Further, the contract provided that CCSD would pay for the IEE services. Here, Mr. Abdul-Alim provided Dr. Davis with the CCSD letter which authorized the IEE and payment for same by the CCSD's Office of Compliance and Monitoring. See Exhibit D, pgs. 38-49. Dr. Davis properly provided the IEE Report to the CCSD. There was no privacy violation.

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**No private payment by Mr. Abdul-Alim for the IEE.**

In his complaint, Mr. Abdul-Alim also partially alludes to federal rules that establish a parent may obtain an IEE at the parents' own expense. See Exhibit A, pg. 3, first paragraph. This is a proverbial red herring as it has no application here. At no time did Mr. Abdul-Alim indicate he was going to or wanted to pay for the IEE himself. Further, Dr. Davis' established office policies require private payment prior to the performance of services, a policy of which Mr. Abdul-Alim was aware. See Exhibit B, pgs. 24, 25, and 26. Mr. Abdul-Alim did not sign the fee agreement page of the informed consent that would have indicated he was paying for the IEE, as opposed to the CCSD. See Exhibit B, pg. 26. Thus, any implied contention in Mr. Abdul-Alim's complaint that he intended to pay for the IEE, as opposed to the CCSD, is simply inaccurate or incorrect. There is absolutely no support for any such contention.

**HHS finds no privacy violation.**

Mr. Abdul-Alim's complaint also notes he filed a complaint with the Department of Health and Human Services ("HHS"). See Exhibit A, pg. 2, middle of page. HHS advised Dr. Davis of Mr. Abdul-Alim's complaint via its May 3, 2019, letter which notes HHS decided to resolve the matter "informally through provision of technical assistance" to Dr. Davis. See Exhibit E, pg. 49. Please note that HHS didn't seek input or any response from Dr. Davis prior to sending its May 3, 2019, letter. As you can see, the HHS letter in no manner provides or finds that Dr. Davis violated any privacy provision. Instead, the HHS letter can be seen as further and additional evidence that Dr. Davis' providing the IEE to the CCSD did not violate any privacy provisions.

**Dr. Davis has proactively revised/amended certain office documents.**

Simply put, Dr. Davis has violated no privacy provision. Mr. Abdul-Alim's allegations are without merit. Notwithstanding, even before being notified of Mr. Abdul-Alim's complaint, Dr. Davis had already revised/amended certain office documents regarding informed consent/authorization. While her earlier documents were appropriate, she undertook to amend them to hopefully even further lessen the possibility any future issues or misunderstandings. See Exhibit F, copy of new office document/forms. Dr. Davis' revisions to her office's documents include an automatic inclusion and signature

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**Ellen Rahn, Executive Assistant**

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of a release form for CCSD Office of Compliance and Monitoring to be signed along with the informed consents. See Exhibit F, pg. 71.

**Other conduct by Mr. Abdul-Amir.**

Also included with this letter a copy of the heavily redacted initial page of the IEE authorization letter from CCSD which Mr. Abdul-Amir initially provided to Dr. Davis. See Exhibit G, pg. 72. A cynical mind might see this as evidence that Mr. Abdul-Alim was trying to be duplicitous with the school district and/or Dr. Davis. Reflecting on everything that has occurred, Dr. Davis now has real concerns if he had intended to do all of this (i.e., make unfounded complaints) from the start if the IEE did not say what he wanted it to say. For instance, during the feedback session with Dr. Davis, Mr. Abdul-Alim was not happy that Dr. Davis' findings did not support some sort of "cover up" by the school in how they have provided services to his daughter. He was likewise not happy that Dr. Davis was not recommending significant changes to his daughter's Individualized Educational Program. There is also concern that Mr. Abdul-Alim could be seen as attempting to intimidate Dr. Davis into appearing at the due process hearing with the school district by raising the specter of threatening to subpoena her. As he was unwilling to comply with Dr. Davis' established fee schedule and payment process, she could not clear her schedule to appear at that hearing.

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Board of Psychological Examiners  
**Ellen Rahn, Executive Assistant**

June 13, 2019

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**Re: Rachel Davis, Ph.D.**

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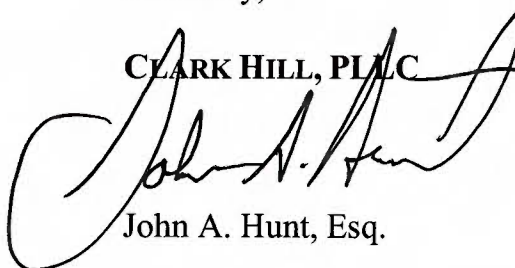
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**Conclusion.**

In light of the above, it is submitted there has been no violation of any standard, regulation, or statute and that Dr. Davis has acted within the applicable the standards of care. Should you have any questions or are in need of additional documentation after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, or by email at [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com).

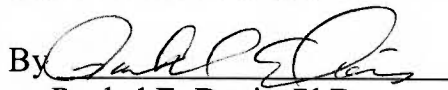
Thank you in advance for your anticipated cooperation and courtesy.

Sincerely,

CLARK HILL, PLLC  
  
John A. Hunt, Esq.

**Consent and Approval of Form and Content**

By my signature below, I, Rachel E. Davis, PhD, hereby provide the Nevada State Board of Psychological Examiners (the "Board") permission to speak with, disclose information, and release documents to John A. Hunt, Esq. and/or Clark Hill, PLLC regarding the above-referenced matter and any matter pertaining to my license or similar status with the Board. In addition, by my signature below, I hereby approve of the form and content of the above.

By  this 13 day of June, 2019.  
Rachel E. Davis, PhD

See next page for table of contents regarding exhibits.

CLARK HILL

State of Nevada  
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**Ellen Rahn, Executive Assistant**  
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**Re: Rachel Davis, Ph.D.**

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### TABLE OF CONTENTS REGARDING EXHIBITS

<b>Ex.</b>	<b>Document</b>	<b>Bate Numbers</b>
A	Copy of Ellen Rahn's May 14, 2019, letter and its accompanying documents, including Mr. Abdul-Alim's at-issue complaint	1-12
B	Relevant portions of October 18, 2018, initial paperwork completed by Mr. Abdul-Alim	13-29
C	Dr. Davis' office's daily call log regarding contact with Mr. Abdul-Alim	30-37
D	CCSD's September 26, 2018, letter and its accompanying documents to Mr. Abdul-Alim, regarding IEE	38-48
E	HHS's May 3, 2019, letter to Dr. Davis advising of Mr. Abdul-Alim's complaint	49-52
F	Copy of new office document/forms	53-71
G	Copy of the heavily redacted initial page of the IEE authorization letter from CCSD which Mr. Abdul-Amir initially provided to Dr. Davis	72
H	Dr. Davis' CV (7-5-15)	n/a Internally numbered 1-19

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**EXHIBIT A**

**EXHIBIT A**

**EXHIBIT A**



Steve Sisolak  
Governor

STATE OF NEVADA  
**BOARD OF PSYCHOLOGICAL EXAMINERS**

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Reno, Nevada 89502  
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*Michelle G. Paul, Ph.D.*  
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*Whitney E. Koch-Owens, Psy.D.*  
Secretary/Treasurer, Las Vegas

*John H. Krogh, Ph.D.*  
Board Member, Reno

*Stephanie Holland, Psy.D.*  
Board Member, Las Vegas

*Anthony Papa, Ph.D.,*  
Board Member, Reno

*Pamela L. Becker, M.A.*  
Public Board Member, Reno

May 14, 2019

Rachel Davis  
7341 W Charleston Blvd Ste 140  
Las Vegas, NV 89117

RE: Complaint #19-0514

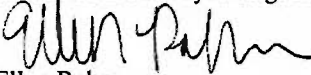
Dear Dr. Davis:

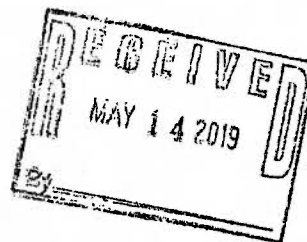
The State of Nevada Board of Psychological Examiners has recently received a Complaint against you. Pursuant to NRS 233B.127 (3), this letter is to notify you of the allegations and provide you with the opportunity to respond. Enclosed is a copy of the Complaint. Please send your response to the Board office within **Thirty (30)** days of the date of this letter. Faxed or electronic copies will not be accepted. Failure to respond may be deemed as an admission that these allegations are true and/or could result in disciplinary action against your license.

The Board's job in this matter is to determine if there has been any violation(s) of NRS 641 or NAC 641. During this preliminary period of inquiry, the Board is required by law to keep all aspects of the complaint and investigation confidential. Only if and when evidence is gathered that establishes probable cause of an actionable violation, will formal and public charges be brought by the Board against a psychologist. In the event there is formal disciplinary action taken against your license, you may be charged all financial costs relating to the investigation, settlement and/or formal hearing of the Complaint pursuant to NRS 622.400. Due to the potential for possible action against your license in Nevada, please be aware that you have the right to consult with an attorney prior to filing your response to the allegations or at any time during the course of an investigation or disciplinary process. However, you are not required to have an attorney represent you in any matters before the Board.

The Complaint will be reviewed by one of our Board members; therefore, you may be contacted during the investigation for more information. If you have any questions, please do not hesitate to contact our office.

Sincerely,  
for the Board of Psychological Examiners

  
Ellen Rahn  
Executive Assistant



**STATE OF NEVADA**  
**BOARD OF PSYCHOLOGICAL EXAMINERS**

4600 Kietzke Lane, Bldg B-116 ♦ Reno, NV 89502 ♦ (775) 688-1268

**CONSUMER COMPLAINT FORM**

*Return this form and any supportive documents to the above address.*

PLEASE PRINT OR TYPE

PERSON REGISTERING COMPLAINT			
Name	Amir Abdul-Alim		Home Phone (Cell) (702) 371-8224
Address (Number & Street)	5412 Retablo Avenue #3	City	Las Vegas
County	United States	State	Nevada
		ZIP	89103
COMPLAINANT REGISTERED AGAINST			
Name	Rachel Davis		Business Phone (702) 776-8548
Group/Hospital/Clinic	GEMO		
Address (Number & Street)	7341 West Charleston Blvd.	City	Las Vegas, United States
		State	NV
		ZIP	89117

Please list all other organizations or agencies you have contacted relative to this complaint.

1. U.S. Department of Health and Human Services OCR
- 2.
- 3.

Please summarize the details of your complaint as clearly and as completely as possible. You may use the reverse of this form and/or additional sheets of paper.

Dr. Rachel Davis has violated the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E. by disclosing my daughter's protected health information without my authorization, which is a violation of 45 C.F.R. § 164.508 (Please turn over to see addition typed message).

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

I hereby authorize the Board of Psychological Examiners, Board counsel or Board staff to release information from this complaint to the psychologist who is the subject of my complaint. I understand that the Board will make every effort to remove material that I specifically request to have left out, but if that information is critical to the psychologist's understanding of my complaint against him, it will be released.

Signature Amir A. Abdul-Alim

Date 5-11-19

Federal regulations state unequivocally that parents of a child with a disability have a right to obtain an IEE. 34 C.F.R. 300.502(a)(1). An IEE is broadly defined as "an evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the child in question." 34 C.F.R. 300.502(a)(3)(i). An IEE may be obtained by parents at their own expense or at public expense as explained later in this article.

I signed the "Notice of Privacy Practices." It was a notice of receipt and **not a notice of consent** to share any documents prior to my signing a release for my daughter's confidential records. On January 15, 2019, Dr. Rachel Davis turned over my daughter's IEE report to Clark County School Districts Office of Compliance and Monitoring without my informed consent.

STATE OF NEVADA  
BOARD OF PSYCHOLOGICAL EXAMINERS  
4600 Kietzke Lane, Bldg. B-116, Reno, NV 89502  
(775)688-1268  
nbop@govmail.state.nv.us

Release of Psychological Records

I Amir Abdul-Alim, Patient or as Legal

Representative/Guardian for Amira Abdul-Alim, hereby authorize any of the following: Physician, Psychologist, Health Professional, Hospital, Clinic or other medical related facility licensed or certified by the State of Nevada or any other state, to release information from my psychological records to the State of Nevada Board of Psychological Examiners at the above address.

I also hereby release all of the above named health providers from all liability and all claims of any nature whatsoever pertaining to disclosure of information contained in my psychological records as may be required for the investigation of my Consumer Complaint to the State of Nevada Board of Psychological Examiners. It is understood that this release will be used in the following ways:

1. The information requested/received will be used only for the investigation of my complaint filed with, and in accordance with the authorized responsibilities of the State of Nevada Board of Psychological Examiners;
2. All psychological information may be released, including psychological history, mental or physical condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results, and the professional(s)'s notes.
3. This release shall be valid for one year from date of signing.
4. A copy of this release is as valid as the original.

Date

5-11-19

Signature of Patient

Date

5-11-19

Signature of Parent or Guardian (if required)

Amir A Abdul-Alim

Date

5-11-19

Signature of Witness

Richard W. Zellmann



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Amir Abdul-Alim/Hafsa Elarfaoui  
5412 Retablo Ave #3  
Las Vegas, Nevada 89103  
January 16, 2019

Rachel E Davis PhD  
7341 W. Charleston Blvd. Ste. 140  
Las Vegas, NV 89117

Subject: Follow up on IEE evaluation

Dear Rachel E. Davis:

The intent of this letter is to address my concerns from our meeting. I met with you on 1/15/2019, to review my daughter's (Amira Abdul-Alim date of birth 07/30/2011) IEE report: dated 1/12/2019.

Previously, on January 10, 2019, you canceled my meeting with and your office stated, "You received a court order and needed to reschedule for the 15<sup>th</sup> at 6 pm." Our scheduled meeting was canceled on 1/09/2019, around 3:00 pm, after it was confirmed with your office for 12:30 pm on 1/09/2019.

I met with you on January 15, 2019, to review and to discuss your finding concerning my daughter's evaluation. Initially, during our meeting I asked, "Did you shared or talk to anyone with the Clark County School District (CCSD) about Amira's IEE? Your response to my question was, "no." But, towards the end of our meeting, you handed me a copy of my daughter's report, which is dated for 1/12/2019, and then say to me, "District already have their copy." My response was, "How do they have a copy, when you just said to me, 'you did not talk to anyone from the district?'" Your reply was, "You sent it 2 hours before our meeting and that is required by the district when doing an IEE."

I'm requesting in this certified letter 7018 2290 0002 3259 4608 that you provide me with the documentation that you received from CCSD requesting that you provide them with a Confidential Independent Educational Evaluation Report concern my child.



## Rachel E. Davis, PhD, PC

Licensed Psychologist specializing in Pediatric Neuropsychology

March 18, 2019

Amir Abdul-Alim/Hafsa Elarfaoui  
5412 Retablo Ave #3  
Las Vegas, NV 89103

Subject: Certified Letters 7018 2290 0002 3259 4608 and 7018 1130 0001 9882 5619 and Medical Records request of 1/23/2019

Dear Mr. Abdul-Alim and Mrs Hafsa Elarfaoui,

I am writing in response to your certified letter 7018 2290 0002 3259 4608 and your hand delivered Medical Records request of 1/23/2019. Please see highlighted portions of the enclosed records. I have enclosed the copies of the relevant pages from the records prior to your payment for them to facilitate this explanation. I had hoped to go over this information during our scheduled meeting of January 30, 2019 at 2:45pm-3:00pm; however, you did not attend the meeting and did not try to reschedule despite five attempts to contact you about rescheduling (1/30/19 at 3:10pm; 2/1/19 at 1:28pm; 2/4/19 at 3:44pm; 3/11/19 at 2:27pm; and 3/11/19 at 2:42pm- all times approximate to within five minutes of actual Pacific Standard Time).

I hope to clarify what appear to be misunderstandings. During our meeting on 1/15/19 when I was describing the school observation that I had conducted, my perception and recollection of our conversation indicated that you asked if I had spoken to the school *prior to the observation*, which I informed you I had not. The only person who had spoken to the school at that point was my assistant, Megan, who did so to schedule the observation. She did not contact them about the observation until after you signed the Authorization for Release of Information (signed at approximately 2:30pm on 10/30/18; faxed to Clark County School on 10/30/18).

Per the letter and packet from Clark County School District dated 9/26/18, which you provided to me prior to our first appointment, paragraph three, last sentence: *"The evaluator will need to send an invoice along with the completed IEE Report directly to the Office of Compliance and Monitoring to enable payment."* Additionally, per page three of the Student Services Division Clark County School District: Parent/Guardian Resource: IEE Evaluation and Evaluator Criteria, also included in the packet you provided, under the section entitled *Provision of Evaluation Report to the Clark County School District* *"The evaluator must have parental permission to communicate and share information with the Clark County School District and, as part of the contracted evaluation, must agree to prepare and evaluation report and release his/her assessment information and results directly to the Clark County School District prior to the receipt of payment for services. Results must be sent to the Clark County School District prior to or on the same day that results are provided to the parents."* I informed you that I had met this requirement two hours prior to our meeting, not that it had to be provided two hours before the meeting. Again, my apologies for the misunderstanding. I needed to send the report two hours prior to our meeting in order to meet the requirement that it be sent, at latest, on the same day as the parent received the report as CCSD offices would be closed by the time we met.

I would also like to point out that you did provide written consent to release PHI (Protected Health Information) via the **Receipt and Acknowledgement of Notice** (page 5 of 30) for my **NOTICE OF PRIVACY PRACTICES** on October 18, 2018. In this document the Exceptions to Written Authorization,

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

section 5, Contractual Obligations (page 3 of 30) states, "I may disclose PHI to third party contractors with whom I have a contractual relationship to provide services." When I agree to conduct an IEE that establishes a contractual obligation with the school district for them, rather than the parent, to pay me for the IEE services. Further, the section titled **USE AND DISCLOSURE OF YOUR PHI**, section 2, Payment (page 4 of 30) states, "I may use or disclose PHI to bill or collect payment for the services I provide to you/your child." As you can see, there are multiple places in which the provision of information to Clark County School District, as per their standard written requirements, and your written consent to my long-established office policy, allowed and required me to send the report to Clark County School District to obtain payment for the IEE. Moreover, I refer you to the HHS.gov website at: <https://www.hhs.gov/hipaa/for-professionals/faq/266/does-the-privacy-rule-permit-a-covered-entity-to-communicate-with-other-parties-regarding-a-bill/index.html> wherein the restrictions about disclosure of protected health information for the purposes of payment are thus described (emphasis added):

"The Privacy Rule permits a covered entity, or a business associate acting on behalf of a covered entity (e.g., a collection agency), **to disclose protected health information as necessary to obtain payment for health care, and does not limit to whom such a disclosure may be made.**

Therefore, a covered entity, or its business associate, may contact persons other than the individual as necessary to obtain payment for health care services. See 45 CFR 164.506(c) and the definition of "payment" at 45 CFR 164.501. However, the Privacy Rule requires a covered entity, or its business associate, **to reasonably limit the amount of information disclosed for such purposes to the minimum necessary**, as well as to abide by any reasonable requests for confidential communications and any agreed-to restrictions on the use or disclosure of protected health information. See 45 CFR 164.502(b), 164.514(d), and 164.522."

The minimal amount of information required for payment was described in the paperwork from CCSD that you provided me, specifically the written report being sent to the Office of Compliance and Monitoring. As that was the only information provided to CCSD, there has been no violation of HIPAA.

In regard to your request for me to attend the due process hearing in your certified letter 7018 1130 0001 9882 5619, my voicemail of 3/11/19, our conversation of 3/11/19 and the terms which you outlined in your certified letter 7018 1130 001 9882 5626 I need to clarify my terms. First, all work that is not clearly outlined in a contractual relationship (i.e., as in conducting an IEE) must be paid for in advance of services rendered. Thus, if I were to testify in court at any hearing, I would need to be paid the minimum fee prior to my attendance. This is necessary for me to clear my schedule and to have adequate time to prepare for the testimony. Second, you are calling me to testify and you are responsible for the fees.

I trust this communication clarifies and resolves any potential misunderstandings. Towards this goal, this letter and documentation are supplied to you at no charge. Any further devotion of time on my part required to respond to inquiries will incur my usual and typical fee of \$175 per hour, exclusive of charges for testimony which are charged at \$250 per hour as noted in my published fee schedule. Any scheduling of testimony will occur following receipt of payment, which will need to be provided at least three weeks prior to scheduling to allow me time to move currently scheduled appointments.

Sincerely,



Rachel E. Davis, Ph.D.  
Licensed Psychologist  
Specializing in Pediatric Neuropsychology

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Certified Mail

Amir Abdul-Alim/Hafsa Elarfaoui  
5412 Retablo Ave #3  
Las Vegas, Nevada 89103

March 20, 2019

Dr. Rachel E Davis  
7341 W. Charleston Blvd. Ste. 140  
Las Vegas, NV 89117

Reference: Certified letter and Medical Records Request dated March 18, 2019.

Dear Dr. Rachel E. Davis:

Thank you for providing documentation concerning your "Notice of Privacy Practices." Per your notice you have clearly stated that you are contracted by Clark County School District (CCSD) to perform services. Therefore, your payment concerns should be redirected and addressed with CCSD.

However, I will inform CCSD of your payment requests for \$250 an hour for a minimum of 4 paid hours for your time at the total cost of \$1000.00, and that you are requesting a 3-week prior notice.

Consequently, note the laws below concerning IEE evaluation...

**Federal regulations state unequivocally that parents of a child with a disability have a right to obtain an IEE. 34 C.F.R. 300.502(a)(1). An IEE is broadly defined as "an evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the child in question." 34 C.F.R. 300.502(a)(3)(i). An IEE may be obtained by parents at their own expense or at public expense as explained later in this article.**



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Office of the Secretary

Voice - (800) 368-1019  
 TDD - (202) 619-3257  
 Fax - (202) 619-3818  
<http://www.hhs.gov/ocr>

Office for Civil Rights  
 200 Independence Avenue,  
 S.W., Room 506F  
 Washington, DC 20201

May 3, 2019

Amira Abdul-Alim  
 5412 Retablo Ave #3  
 Las Vegas, NV 89103

Re: OCR Transaction Number: CU-19-341557  
Abdul-Alim, Amira vs. Davis, Rachel

Dear Amira Abdul-Alim:

On April 29, 2019, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Rachel Davis, the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules). Specifically, you allege that on January 15, 2019, Rachel Davis disclosed your daughter's protected health information without your authorization. This allegation could reflect a violation of 45 C.F.R. § 164.508.

Thank you for bringing this matter to OCR's attention. Your complaint is an integral part of OCR's enforcement efforts.

OCR enforces federal civil rights laws which prohibit discrimination in the delivery of health and human services based on race, color, national origin, disability, age, sex, religion, and the exercise of conscience, and also enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Breach Notification Rules.

Except as otherwise permitted or required by the Privacy Rule, a covered entity may not use or disclose an individual's protected health information without an authorization that is valid under the Privacy Rule, i.e. without an authorization that is written in plain language and contains specific information required by the Privacy Rule at 45 C.F.R. § 164.508 (b)(1)(i), such as clearly stating what information is to be released and to whom it is to be released. Further, when a covered entity obtains or receives a valid authorization for its use or disclosure of protected health information, that use or disclosure must be consistent with the authorization. See 45 C.F.R. § 164.508 (a)(1).

We have carefully reviewed your complaint against Rachel Davis and have determined to resolve this matter informally through the provision of technical assistance to Rachel Davis. Should OCR receive a similar allegation of noncompliance against Rachel Davis in the future, OCR may initiate a formal investigation of that matter.

Based on the foregoing, OCR is closing this case without further action, effective the date of this letter. OCR's determination as stated in this letter applies only to the allegations in this complaint that were reviewed by OCR.

Under the Freedom of Information Act, we may be required to release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

If you have any questions, please contact Centralized Case Management Operations at (800) 368-1019 (voice) or (202) 619-3257 (TDD).

Sincerely,



Alec Blakeley  
Acting Director, Centralized Case Management  
Operations (CCMO)

English	If you speak a non-English language, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you with this document at no cost.
Español - Spanish	Si usted habla español marque 1-800-368-1019 (o a la línea de teléfono por texto TTY 1-800-537-7697) y su llamada será conectada con un intérprete que le asistirá con este documento sin costo alguno.
中文 - Chinese	如果你讲中文, 请拨打1-800-368-1019 ( 打电话: 1-800-537-7697), 你将被连接到一位讲同语种的翻译员为你提供免费服务。
Tiếng Việt - Vietnamese	Nếu bạn nói tiếng Việt, xin gọi 1-800-368-1019 (TTY: 1-800-537-7697), và bạn sẽ được kết nối với một thông dịch viên, người này sẽ hỗ trợ bạn với tài liệu này miễn phí.
한국어 - Korean	한국어를 하시면 1-800-368-1019 (청각 장애용: 1-800-537-7697) 로 연락 주세요. 통역관과 연결해서 당신의 서류를 무료로 도와 드리겠습니다.
Tagalog (Filipino)	Kung ikaw ay nagsasalita nang Tagalog, tumawag sa 1-800-368-1019 (TTY: 1-800-537-7697) para makonek sa tagapagsalin na tutulong sa iyo sa dokumentong ito na walang bayad.
Русский - Russian	Если вы говорите по- русски, наберите 1-800-368-1019. Для клиентов с ограниченными слуховыми и речевыми возможностями: 1-800-537-7697), и вас соединят с русскоговорящим переводчиком, который вам поможет с этим документом безвозмездно.



SCANNED

**Rachel E. Davis, PhD, PC**

Licensed Psychologist specializing in Pediatric Neuropsychology

Thank you for your interest in clinical services at Rachel E. Davis, PhD, PC. This packet contains the intake paperwork that you must complete prior to you/your child's first visit. Please complete the entire packet to the best of your ability and return it via mail, fax, or secure email to:

Rachel E. Davis, PhD, PC  
7341 W. Charleston Blvd., Ste. 140  
Las Vegas, NV 89117

OR

Fax: (702) 776-8548

OR

**Email: To initiate secure email interaction, you first must call the office at (702) 776-8990 and provide your email address. I will then send you an email outlining the secure, encrypted email process.**

I will not schedule your first appointment until I receive the completed packet. Additionally, please send copies of all relevant medical or therapy records, prior psychological/neuropsychological test results, and educational assessments (i.e., IEP and MDT reports).

Prior to your child's appointments, please make sure that he or she gets plenty of rest and takes any medications as usual (if applicable). If your child wears glasses, has hearing aids, or has any other assistive devices that he or she regularly uses, please bring them to each appointment. You may also bring a snack for your child if you feel that he or she may need one during the appointment.

I accept cash, check, all major credit cards, debit cards, and bank transfers. I also have a sliding scale for families with financial limitations. Additionally, I am happy to prepare a bill for your insurance company on your behalf. However, regardless of whether your insurance company reimburses you, you must pay my fees in full prior to or at the time of service.

Sincerely,

Rachel E. Davis, Ph.D.  
Licensed Psychologist  
Specializing in Pediatric Neuropsychology

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

## **Rachel E. Davis, PhD, PC**

Licensed Psychologist specializing in Pediatric Neuropsychology

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### **CHILD THERAPY INTAKE PACKET CHECKLIST**

This is a Check List of the items I will need prior to scheduling your appointment. You must complete all areas of all forms, to the best of your knowledge, prior to scheduling.

- Copy of Insurance Card (Front & Back), if applicable
- Copy of Parents' Driver's License
- Notice of Privacy Policies Signature page
- Communication Policy Signature Page
- Consent for Appointment Scheduling/Cancellation and General Office policies
- Legal Custody/ Multiple Guardian Signature Page
- Private Pay Fee Agreement Contract
- Informed Consent Signature Page
- Child Information and Psycho-Social History Form
- Copies of all prior assessment reports from Psychologists or Neuropsychologists
- Copy of most recent IEP and MDT

I look forward to working with you and your child. If you have any questions, please feel free to contact me at (702) 776-8990.

Rachel E. Davis, Ph.D.  
Licensed Psychologist  
Specializing in Pediatric Neuropsychology

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: [drracheldavis.com](http://drracheldavis.com)



**EXHIBIT B**

**EXHIBIT B**

**EXHIBIT B**

## Rachel E. Davis, PhD, PC

Licensed Psychologist specializing in Pediatric Neuropsychology

### NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW YOU/YOUR CHILD'S HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.***

This document describes the privacy practices that are followed at Rachel E. Davis, PhD, PC. In it, I describe the ways in which I may use and disclose health information about you/your child and describe your rights and my obligations regarding the use and disclosure of that information. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Should I make changes, I will provide you with a copy of the revised notice by posting a copy on my website, sending you a copy in the mail when requested, or providing you the copy at our next appointment. Your privacy is protected by law.

#### PROTECTED HEALTH INFORMATION (PHI)

It is my responsibility, by law, to safeguard you/your child's PHI and to take precautions to keep it private. The law requires I provide you this notice, which applies to the information and records I have regarding you/your child's health, health status, and the services you/your child receive in my office. PHI can include:

- 1) ☐ Information created and received by our office
- 2) ☐ Spoken words, written, or electronic information
- 3) ☐ Information about you/your child's diagnosis, examinations, health history, health status, procedures, prescriptions, symptoms, test results, treatments, and other health information

#### YOUR RIGHTS REGARDING YOUR PHI

I will not use or obtain you/your child's PHI without your written authorization except as disclosed below. If you provide me with written authorization to disclose you/your child's PHI, you may revoke that authorization at any time in writing. Once you have revoked your authorization, I will not disclose or obtain PHI about you/your child; however, I cannot undo any previous disclosures made when I had your permission.

#### EXCEPTIONS TO WRITTEN AUTHORIZATION

I may disclose your PHI for the following reasons:

- 1) ☐ **Child of Elder Abuse:** As a mandated reporter, I am required to report all suspected cases of neglect, physical, or sexual abuse of a child to the Department of Human Services (DHS). I am also required to report suspected elder abuse or neglect to the Senior and Disabled Services Division.
- 2) ☐ **Threats to Health or Safety:** I may disclose PHI if necessary to prevent clear and substantial risk of self-harm or intended harm to another individual. I am required to warn law enforcement and the intended victim in cases of clear and substantial risk of harm to another individual.
- 3) ☐ **Law suits and Disputes:** I may disclose PHI if necessary in response to a court or administrative orders. I may also be required to disclose PHI in reports to a subpoena.
- 4) ☐ **Worker's Compensation:** I may provide PHI in order to comply with Worker's Compensation laws.
- 5) ☐ **Contractual Obligations:** I may disclose PHI to third party contractors with whom I have a contractual relationship to provide services. For example, I may be contracted with a state agency that referred you/your child to me for therapy, paid for the therapy, and who will receive a copy of the written summary of therapy.
- 6) ☐ **Verbal Permission:** I may disclose your PHI to family members that are directly involved in your treatment with your verbal permission.

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

## USE AND DISCLOSURE OF YOUR PHI

Your PHI can be used for the following purposes:

- 1) **Treatment:** I may use PHI to provide your/your child with clinical treatment. I may also disclose PHI to other health care professionals who take care of you/your child. To use or disclose you/your child's PHI for these reasons requires your written permission.
- 2) **Payment:** I may use or disclose PHI to bill or collect payment for the services I provide to you/your child. For example, I may need to disclose information to your insurance company to receive payment for therapy or an assessment I provided you/your child. I may also provide your information to business associates, which includes billing companies, processing companies, collection agencies, and others that process health care claims for my office. I require these business associates to safeguard your PHI to my standards.
- 3) **Health Care Operations:** I may use and disclose information about you/your child to run the office and to make sure that you/your child receives quality care, reducing costs, coordinating, and managing health care.
- 4) **Appointment Reminders:** I may contact you to remind you that your/your child has an appointment.
- 5) **Treatment Alternatives or Options:** I may contact you to tell you about potential treatment options or alternative in which you may be interested.

## YOUR RIGHTS REGARDING YOU/YOUR CHILD'S PHI

You have the following rights regarding you/your child's PHI.

- 1) **Inspect and Copy:** You have the right to inspect and/or copy PHI. Please submit a written request to my office. I am allowed to charge you reasonable fees for copying (\$0.55 per page) and applicable mailing or other associated supplies. I may deny your request to inspect and/or copy in certain limited circumstances. Specifically, your right to inspect and/or copy PHI will be denied if there is compelling evidence that access to the information would cause serious harm to you. You may ask to have your request reviewed. If the law gives you a right to have my denial reviewed, I will select a licensed health care professional who was not associated with the denial to review your request and my denial. I will abide by that person's decision.
- 2) **Right to Amend:** If you believe the information I have about you/your child is incorrect or incomplete, you can request in writing that I amend that information. I am not required to agree to this amendment. I will notify you of my decision to amend your PHI within 30 days.
- 3) **Right to an Accounting of Disclosures:** You have a right to request that I provide you with a written account of any disclosures of PHI that I have made during the previous five years. This request must be in writing. I will provide one (1) accounting within a 12-month period free of charge. More that on request within 12 months will incur a reasonable charge equal to my customary hourly fee for therapy to cover the time necessary to fulfill your request.
- 4) **Right to Restrictions:** You have the right to request a restriction or limitation on the PHI I use or disclose about you/your child for purposes other than treatment, payment, health care operations, or the other expectations to written permission outlined above. You also may limit the PHI I disclose about you/your child to someone who is involved in you/your child's care or payment for care (e.g., family member or friend). Please submit requests in writing to my office. I may not comply with your request if that information is necessary to provide you/your child with emergency treatment.
- 5) **Right to Request Confidential Communication:** You have the right to request that I communication with you in a specific manner, in a certain way or at a certain location (e.g., by non-secure email, only at work, or by mail).
- 6) **Right to a Paper Copy of This Notice:** You have a right to a paper copy of this notice and may request one at any time.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the following agencies:

- 1) Rachel E. Davis, PhD, PC, (702-776-8990)
- 2) State of Nevada Board of Psychological Examiners (775-688-1268)
- 3) Secretary of Department of Health and Human Services, Office for Civil Rights

You will not be penalized or retaliated against if you file a complaint. Please ask for clarification if you have any questions about my privacy practices.



**SCANNED****Rachel E. Davis, PhD, PC****Licensed Psychologist specializing in Pediatric Neuropsychology****NOTICE OF PRIVACY PRACTICES  
Receipt and Acknowledgment of Notice**Client's Name: Amira B Abdul-Alim Date of Birth: 7-30-2011

I hereby acknowledge that I have been given a copy of Rachel E. Davis, PhD, PC's Notice of Privacy Practices and have had a chance to read them. I understand that if I have a question about these privacy practices that I can contact Dr. Davis at (702) 776-8990.

Amir A. Abdel-Ala  
Signature of Client, Parent, or Guardian10-18-2018  
DateFather  
Relationship to client

Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member\_\_\_\_\_  
Date

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

1/8/18

Telephone: (702) 776-8990

Fax: (702) 776-8548

Website: [dracheldavis.com](http://dracheldavis.com)

5 of 30

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## Rachel E. Davis, PhD, PC

Licensed Psychologist specializing in Pediatric Neuropsychology

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### COMMUNICATIONS POLICY

#### *Contacting Me*

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (702) 776-8990. You may leave messages on the voicemail, which is confidential.
- By secure email (see below for details)
- If you wish to communicate with me by normal non-secured email, please read and complete the CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION form included with these office policies.

I subscribe to the following service that can allow us to communicate more privately using encryption and other privacy technologies. None of them will cost you money, but each requires some setup before they can be used. Please ask if you would like to use this service:

- Encrypted email, requires I send you an initial secure email. You will need to supply your email address on the client contact page of your intake packet or call the office and leave your email address with me or my office manager. My secure, encrypted email service is through MDOfficeemail.com's Crypt-n-Send program.

If you need to send a file such as a PDF or other digital document, please send as an attachment using the secure email service mentioned above or please print and FAX to (702) 776-8548.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about concerns you have regarding my preferred communication methods.

#### *Response Time*

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours (weekends and holidays are exceptions to this timeframe). I may occasionally reply more quickly than that or on weekends, but please be aware that this will not always be possible.

Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town. We will discuss alternative contact methods during our sessions prior to my taking any sort of vacation.

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

***Emergency Contact***

If you need to contact me about an emergency, the best method is:

- By phones (702) 776-8990, leave a message
- If you cannot reach me by phone, please leave a voicemail and then follow up by calling 911.

***Disclosure Regarding Third-Party Access to Communications***

Please know that if we use electronic communication methods, such as email, there are various technicians and administrations who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communication. There may be similar issues involved in school email or other email accounts associated with organizations with whom you are affiliated. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

**Electronic Communication Policy**

To maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relations are social or professional. Many of these common modes so communication, however, put your privacy at risk can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure you that the security and confidentiality of your treatment and to assure that it is consistent with ethical considerations and the law.

If you have any questions about this policy, please feel free to discuss them with me.

**Communication by Unencrypted Email and Other Non-Secure Means**

It may be useful during the course of your treatment to communicate by email or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with me or my office
- Third parties on the internet such as server administrations and others who monitor internet traffic

If there are people in your life that you do not want to access these communications, please talk with me about ways to keep your communications safe and confidential.

I also offer the use of secured, encrypted email service that requires the use of passwords to access and that store and transmit data (i.e., our communications) in an encrypted format. This secure method of email communication may also contain a limited amount of risk should an unauthorized person access your password or hack the secure service that I use. With this limited risk in mind, you may send me intake packets or therapy related information via this method. If you request, I will also send you written reports and/or medical records to which you legally have rights to access via this method.

### **Text Messaging**

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messaged from anyone in treatment with me. So, please do not text message me.

### **Social Media**

I do not communicate with, or contact any of my clients through social media platforms like Twitter, Instagram or Facebook. In addition, If I discover that I have accidentally establish an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communication with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

### **Websites**

I have a website that you are free to access ([dracheldavis.com](http://dracheldavis.com)). I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information I have on my website and if you have questions about it, we should discuss this during you/ your child's therapy session.

### **Web Searches**

I will not use web searches to gather information about you without your permission, I believe that this violates your privacy right; however, I understand that you might choose to gather information about me in this way. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment. Additionally, please keep in mind that there are several individuals on the internet that have the same name as I and who are also psychologists. This fact can cause some confusion when you search for information about me online. Please feel free to verify and clarify the information you find online about me during our sessions. Recently it had become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has significant potential to damage our ability to work together.

## CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION

I, Amir A Abdul-Alim on behalf of Amira B Abdul-Alim  
(client name or client's legal guardian) (child's name or "Myself")

AUTHORIZE: Rachel E. Davis, PhD, PC

7341 W. Charleston Blvd., Ste. 140

Las Vegas, NV 89117

TO TRANSMIT THE FOLLOWING PROTECTED HEALTH INFORMATION RELATED TO MY AND/OR MY CHILD'S HEALTH RECORDS AND HEALTH CARE TREATMENT (check):

- ☒ Psychological or Neuropsychological Reports
- ☒ Information related to the scheduling of meetings or other appointments
- ☒ Information related to billing and payment
- ☒ Completed forms, including forms that may contain sensitive, confidential information
- ☒ Information of a therapeutic or clinical nature, including discussion of personal material relevant to my treatment
- ☐ My/my child's health record, in part or in whole, or summaries of material from that health record
- ☐ Other information. Describe: \_\_\_\_\_

BY THE FOLLOWING MEDIA (check all that apply):

- ☐ Unsecured email
- ☐ Encrypted email
- ☒ U.S. Mail
- ☐ Voicemail messages
- ☐ Other media. Describe: \_\_\_\_\_

TERMINATION (select one)

- ☐ This authorization will terminate 365 days after the date listed below.
- OR
- ☒ This authorization will terminate at the completion of therapy.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment or assessment services. I also understand that I may terminate this authorization at any time.

Amir A Abdul-Alim

Signature of Client, Parent, or Guardian

10-16-2014

Date

Relationship to client



## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep a record of our appointments and the services you receive from me. You are entitled to receive a copy of your records upon written request. Alternatively, I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. You may request that I correct the record if you believe an error has been made. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Nevada state law requires I maintain a complete copy of you/your child's health record for five years following the termination of services or until a client who is a minor at the time he/she received psychological services turns 23 years old, whichever is later. After that retention time has passed, I may destroy the record and maintain a summary of the record indefinitely. Until then, I will keep your records in a secure place. If I must discontinue our relationship because of illness, disability or other unforeseen circumstances, I will ask you to agree to my transferring of you/your child's records to another psychologist or licensed mental health professional who will assure their confidentiality, preservation and appropriate access.

## **WHAT TO EXPECT FROM OUR RELATIONSHIP**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA). In the interests of the client, the APA has placed the following limitations on the relationship between a psychologist and a client. I will abide by these limitations.

- I am license and trained to practice psychology. I am not license or trained to practice law, medicine, finance or any other profession. I am not able to advise you in these areas.
- State laws and the rules of the APA require me to keep what you tell me confidential. Please see the Notice of Privacy Practices section of this document for more information.
- In your best interest, and following the APA's standards, I can only be you or your child's psychologist. I cannot have any other role in you/your child's life. I cannot, now or ever, be a personal friend to, or socialize with, any of my clients or their family members. I cannot be a psychologist to someone who is already a friend or with whom I have had an intimate relationship. I can never have a sexual or romantic relationship with any client (or close relation of a client) during, or after, the course of assessment or psychotherapy. I cannot have a business relationship with any client (of close relation of a client), other than that of psychological services.
- In keeping with the standards of the APA, even though you might invite me, I may not attend your family gatherings, such as parties or weddings.

If you ever become involved in a divorce or custody dispute, I will not provide assessments or expert testimony in court. You should hire a different mental health professional for any assessment or testimony you require. This policy is based on the following: (1) My statements will be seen ad biased in your favor because we have a previous professional relationship; and (2) the testimony might affect our professional relationship, and I must put this relationship first. By signing this form, you indicate that you understand and agree that I will not provide assessments or expert testimony in court.

## **STATEMENT OF PSYCHOLOGIST COMMITMENT**

It is my intention to abide by all the rules of the American Psychological Association (APA) and by the laws of my state license. As in any other relationship, problems can arise in our therapeutic relationship.

If you are dissatisfied with any area of our relationship, please address your concerns to me as soon as possible. I am committed to hearing your concerns and working with you to seek solutions. If you feel that I (or any psychologist) have treated you unfairly or have broken a professional rule, please tell me.

For clients who reside in Nevada: The State of Nevada Board of Psychological Examiners protects consumers of psychological services by regulating the practice of psychology. You must contact the Board of Psychological Examiners online at [psyexam.nv.gov](http://psyexam.nv.gov), by emailing [nbop@govmail.state.nv.us](mailto:nbop@govmail.state.nv.us), by calling (775) 688-1268, or writing to the following address:

Board of Psychological Examiners  
4600 Kietzke Lane, Bldg B-116  
Reno, NV 89502

In my practice as a psychologist, I do not discriminate against clients based on any of the following: age, sex, marital/ family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, and it is also required by federal, state and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

## **FOR PARENTS OF MINOR CHILDREN**

### **Legal Custody**

It is my policy that all parties with legal custody of a minor (e.g., custodial and non-custodial parents who have legal custody and/or other legal guardians) agree to the minor's participation in psychological services. By signing below, you are acknowledging this policy and indicating that you are authorized by all parties to initiate psychological services for your child. If you share legal custody of your child with another guardian and you are not fully authorized to initiate psychological services for your child, please notify me immediately and indicate the names of all legal guardians below. I will not proceed with therapy if all guardians do not agree to allow the child to participate in these services as any guardian may request that the child discontinues services at any time, which can cause damage to your child's ability to trust future therapists. I also highly encourage all guardians to attend the initial parent interview so that they may contribute their perspective regarding the child's development history and presenting concerns. If all guardians do not attend the initial interview, any future requests to revise or amend the medical record due to lack of parental input will incur appropriate hourly fees as outlined for email/telephone consultation services. By signing below, you indicate that you understand these policies and have legal custody of the child named below and the right to seek services for that child.

### **Court Testimony and Your Minor Child**

In custody proceedings, a judge may order a psychologist's testimony if the judge determines that the issues demand it. As your child's psychologist, it is my duty to provide your child with the best care possible. If I am required to provide records or testimony to the court, this may contribute to a "dual-role relationship" between myself and your child. This means that I am serving in conflicting roles (e.g., parent's witness and child's psychologist) and that these roles can have a negative impact on the client, your child, for multiple reasons including potential violations of therapeutic trust, disclosure of confidential information, and other therapeutic issues. Additionally, releasing certain psychological assessment and treatment records to the court may pose legal and ethical issues. For the reasons, unless pre-arranged before you begin psychological services, I will not provide assessment or treatment records

to the court for litigation. If I am required to release records under court order, I reserve the right to terminate psychological services.

**Confidentiality and Your Minor Child**

When providing psychological services for children and adolescents, I often work closely with parents and other family members or care takers. When parents, guardians or other caretakers are actively involved in psychological services, confidentiality between identified client and psychologist is essential. However, Nevada law states that parents hold confidentiality rights to/for their children. Despite this legal mandate, confidentiality between your child and his/her psychologist is an important aspect of the psychological therapy process, as it allows your child to be open and honest when reporting symptoms and experiences. For this reason, I request that you allow some specific information that your child shares it me to be kept private unless your child opts to share that information. I will provide you with my overall impression and other relevant information during your portion of each session.

Exceptions to confidentiality between myself and your child include, but are not limited to, situations in which I am concerned for your child's safety (e.g., I am concerned that he/she may hurt themselves or someone else; I am concerned that your child is being hurt or abused). Please indicate below your preference regarding your right to access your child's complete psychological record.

**Legal Custody/ Multiple Guardian Signature Page**

☒ **By checking this box, I indicate that I have sole legal custody of the minor child named below. (Please provide a copy of the court decree or paperwork verifying this information when you submit the rest of the intake packet).**

Amira B Abdou-Alim  
Client/Child's Name (Printed)

7/30/2011  
Date of Birth

Amir A Abdul-Alim  
Parent/Guardian #1 Name (Printed)

Amir A. Alsharabi 10-18-2018  
Parent/Guardian # 1 Signature / Date

Hafsa Elarfaoui  
Parent/Guardian #2 Name (Printed)

10-18-2018  
Parent/Guardian # 2 Signature / Date

---

Parent/Guardian #3 Name (Printed)

---

Parent/Guardian #3 Signature / Date

**Names of Any and All Legal Guardians Not Listed Above:**

## Confidentiality and Your Minor Child

☐ By checking this box, I/we indicate that that I/we will allow Dr. Davis to maintain confidentiality between her and my/our child of some of the information shared by said child in his/her therapy sessions.

☒ By checking this box, I/we indicate that that I/we are NOT waiving my/our legal rights to

Amira B Abdul-Azim  
Client/Child's Name (Printed)

7-30-2011  
Date of Birth

Amir A Abdul-Alim  
Parent/Guardian #1 Name (Printed)

Amir A. Abdul-Dee 10-18-2018  
Parent/Guardian # 1 Signature / Date

Hafsa Elarfaoui  
Parent/Guardian #2 Name (Printed)

Parent/Guardian # 2 Signature / Date 10-18-2018

Parent/Guardian #3 Name (Printed) \_\_\_\_\_

---

Parent/Guardian #3 Signature / Date

## PROFESSIONAL FEES, PAYMENT, AND INSURANCE REIMBURSEMENT

### Fees and Payment

Fees will be discussed and agreed upon prior to our first appointment. You may find my sliding scale fee schedule below and online at [dracheldavis.com](http://dracheldavis.com). Your signature on this form and the Fee Agreement form constitutes your agreement to pay the indicated fees.

All fees may be paid by cash, check or credit card. Checks should be made out to Rachel E. Davis, PhD, PC. Unless otherwise arranged, all payments are due at the beginning of each appointment.

If you accrue two unpaid appointments, no further appointments will be scheduled until your balance is paid in full. If your account is delinquent for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to use a collection agency or other legal means to secure payment. In most collection situations, the only information I release regarding a client's treatment is his or her name, the nature of services provided and the amount due.

The following fee schedule represents my sliding scale as of January 1, 2018:

I look forward to working with you and your child. If you have any questions, please feel free to contact me at (702) 776-8990.

Gross Annual Household Income (Per last tax return)	Neuropsychological, Psychological, or Developmental Assessments, all inclusive		Individual Therapy (12 months to 18 years) per hour	Individual Social Skills Therapy (6-18 years) per hour	Group Social Skills Therapy (when available) per session
	Infant/Children 12 Months – 5 years	Children or Adolescents 6-22 years old			
\$60,000 and higher	\$1600	\$2100	\$175	\$175	\$75
\$48,000-\$59,999*	\$1400	\$1900	\$150	\$150	\$55
\$36,000-\$47,999*	\$1200	\$1600	\$130	\$130	\$45
\$24,000-\$35,999*	\$1000	\$1300	\$110	\$110	\$35
\$23,999 or less	\$800	\$1000	\$100	\$100	\$30

### Insurance Reimbursement

I am not contracted with any private insurance companies, and am thus considered an "out-of-network" for many of my clients. For these clients, I am unable to bill the private insurance provider directly. However, I routinely provide clients with a "Record of Services Provided & Fees Collected" (invoice). Clients may then submit this statement to their insurance company for reimbursement (if the client is entitled to out-of-network benefits). My clients generally report that this arrangement works well for them.

Please note that not all psychological services are covered by all insurance plans. Your insurance provider may only cover a portion of my fees. I strongly encourage you to review your health insurance policy prior to meeting with me in order to determine your mental health benefits. It is your responsibility to verify the specifics of your coverage and to file all claims on your own behalf.

Depending on your financial circumstances and total medical costs for any year, psychological services and the cost of transportation to and from appointments may be tax-deductible expenses. I encourage you to discuss this with a tax advisor.

*Medicare: I am required to inform you that currently I do not provide services through Medicare, regardless of your eligibility for these benefits. You are still able to use my services, but you are responsible for all charges.*



## PRIVATE PAY FEE AGREEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. I strongly encourage you to consider my fee schedule carefully prior to your initial appointment. I also encourage you to review your health insurance policy to determine your mental health benefits, any limitations on these benefits, if you are entitled to out-of-network benefits, and any reimbursement rates.

My fee schedule is listed below. CPT Codes are included in order to assist in your communication with your insurance provider. Unless otherwise discussed and agreed upon in writing, you are solely responsible for payment of fees as listed. Payment is due at the beginning of each appointment and may be paid via check or cash.

CPT Code	Service Provided	Time	Fee
90791	Psychiatric Diagnostic Evaluation ("Initial Appointment")	90-120 Minutes	\$175 per hour= \$262.50 - \$350.00 (see sliding scale)
90837	Individual Psychotherapy	60 Minutes	\$175.00 (see sliding scale)
90846	Family Psychotherapy without Patient Present	60 Minutes	\$175.00 (see sliding scale)
96101 96118	Evaluations for ages 12 months to 5 years*	Varies*	\$1600 (see sliding scale)
96101 96118	Evaluations for ages 6-25 years*	Varies*	\$2100
	Email and telephone consultation	10 Minutes	\$30
	Missed appointments (no Call/no show)	Time as scheduled	Full Fee
	Appointment Cancelled without 24 hours' notice	Time as scheduled	\$100
	Insufficient Funds (Returned Check)	N/A	\$25

Occasionally, clients request additional services such as supplemental reports, attendance at meetings, school visits or conferences, consultation with other providers, or other services not included in weekly psychotherapy or assessment. My fee for such services is \$175/hour or equivalent fee structure to that for individual therapy found on the sliding fee schedule.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge **\$250/hour** for preparation and attendance at any legal proceeding. Due to the unpredictable time requirements of court proceedings, there is a **four-hour minimum** time commitment for court appearances.

If you have questions or concerns regarding fees, I encourage you to speak with me directly. I am committed to providing need-based financial assistance on a limited basis (i.e., sliding fee schedule). If the financial commitment required for my services exceeds your resources, you may choose to contact your insurance provider for assistance locating an in-network mental health provider. I may be able to provide you with appropriate referrals as well.

### For Parents of Minors

The parent who brings the child is responsible for payment in full at the time of service. If the child attends a session without the parent, payment will need to be sent with the child or provided in advance. In the case of separated or divorced parents, where one parent is court-ordered to pay for services, a copy the court-order in its entirety must be provided before this information can be used. Additionally, in the case of separated or divorced parents where both parents have legal custody, both parents are required to review and sign the Fee Agreement Form and all of the Consent Forms.

## PRIVATE PAY FEE AGREEMENT CONTRACT

### Fee Agreement Summary

- I hereby acknowledge having received and reviewed the information contained in this document from Rachel E. Davis, PhD. I will have the opportunity to ask questions for clarification during our first appointment and may delay signing this document until that time.
- I understand that my agreed upon fee of \_\_\_\_\_ is due at the beginning of each appointment, unless other arrangements have been made in advance and documented in writing. All fees may be paid by cash ~~credit~~ credit card, debit card or check. Checks can be made out to: Rachel E. Davis, PhD, PC.
- I understand that I am responsible for all fees, even if I expect these charges to be covered by my insurance company or any other third party payer. I understand that I am responsible for submitting all insurance claims on my own behalf.
- I understand that any insufficient funds (NSF) or returned checks may be subject to a \$25 fee.
- I understand that I will be charged for missed appointments or appointments canceled with less than 24 hours' notice. I understand that my insurance company will not reimburse me for missed appointments or appointments canceled with insufficient notice.
- Additionally, I understand that telehealth, phone and email consultation, and document review are not typically covered by insurance, and that I may not be reimbursed for these charges.
- I understand that Dr. Davis does not provide refunds.
- I understand that any and all unpaid balances may be turned over to a collection agency.

Although part of the packet,  
 He DID NOT SIGN or Return this

\_\_\_\_\_  
 Client/Child's Name (Printed)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Parent/Guardian #1 Name (Printed)

\_\_\_\_\_  
 Parent/Guardian # 1 Signature / Date

\_\_\_\_\_  
 Parent/Guardian #2 Name (Printed)

\_\_\_\_\_  
 Parent/Guardian # 2 Signature / Date

\_\_\_\_\_  
 Parent/Guardian #1 Name (Printed)

\_\_\_\_\_  
 Parent/Guardian # 1 Signature / Date



## Rachel E. Davis, PhD, PC

Licensed Psychologist specializing in Pediatric Neuropsychology

### INFORMED CONSENT

This document contains important information about my professional services and business policies. It also provides me with very important information related to your child's development and the reasons that you are seeking therapy now. Please read these pages carefully so that you can make an informed decision about participating in psychological services. Please write down any questions you have so that we can discuss them at our first meeting. Your decision to participate, or to have your child participate, in therapy is voluntary. When you sign this document, it will represent an agreement between us. Please complete all items to the best of your knowledge.

#### Therapy

Mental health providers, physicians, educators and other service providers often recommend therapy to assist parents and children to reduce maladaptive behaviors, increase coping skills, and improve quality of life. Through therapy, children can learn new skills to deal with negative emotions like anxiety, anger or depression. Parents can learn new ways to handle their child's problem behaviors. Child can learn social skills. Both children and parents can learn to communicate more effectively.

Therapy can have benefits and risks. As therapy often involves discussing difficulties or challenges, you/your child may experience uncomfortable feelings. On the other hand, therapy has also been shown to have benefits such as increased understanding of individual strengths and weaknesses and improved functioning for the individual.

### APPOINTMENT SCHEDULING AND CANCELLATION POLICY

I understand that the clients who seek my services appreciate timely and clear communication and as minimal a wait as possible to receive those services. Therefore, in an effort to streamline services and provide timely services to as many families as possible, the following is my policy regarding scheduling, cancellations, rescheduling and no call/no shows.

#### Initial Appointment

During you/your child's initial appointment we will discuss the reasons you/your child have been referred for therapy. I will ask you/your child questions regarding symptom history and any previous services or assessments. I will also provide you with more information regarding future appointments and what to expect during our time together. I typically schedule 1-1.5 hours for this first meeting.

#### Therapy Sessions

Each session typically lasts 45-60 minutes, depending on the age and developmental level of the client. Additional sessions may be scheduled in a week if needed. Sessions are usually more frequent when you/your child first begin therapy (e.g., once per week) and decrease in frequency over time as you/your child make progress.

I also incorporate parental participation in therapy. Each session consists of some time with the child and a portion of time spent with the parents/caregivers when children are under 16 years of age. For children under 6 or 7 years old, most of the session is spent with parents. I firmly believe that parent participation is critical for child's progress in therapy.

#### General Scheduling

I, or my staff, will make two (2) attempts to contact you to schedule your *initial appointments*. In order to not pressure you regarding scheduling, if you do not return those calls within two (2) weeks we will not make further attempts to contact you. All subsequent appointments will be made at the end of each appointment.

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

Similarly, I, or my office manager will make two (2) attempts to contact families regarding rescheduling of *any missed sessions*. If you do not return those telephone calls, no further attempts will be made, and the file will be closed if you do not contact the office back within three (3) weeks.

### **Cancellations and No Call/No Show for an Appointment**

Life happens, and last-minute emergencies can necessitate rescheduling an appointment. Given the limited number of appointments I can make per month, as much notice as possible is appreciated when a family needs to cancel/change an appointment. Therefore, I request a minimum of 24-hour notice before your scheduled appointment if you wish to reschedule. Cancellations made without this notice will incur a cancellations fee of \$100 or 50% of the sliding scale fee for which you are eligible. My office provides clients with reminder calls at least 24 hours in advance of their appointments. If you do not call to cancel and do not attend your scheduled appointment, you will be considered a "No call/ No show" and will be charged the full fee for that appointment. You will be solely responsible for paying these fees as insurance does not typically cover them.

Persistent rescheduling of therapy sessions reduces the progress made by the client in therapy. Frequent rescheduling often indicates that the client and/or the parent is not ready or does not have time to put the effort into therapy that is necessary to make progress. In these situations, it is often better to delay therapy until the family is ready to make this commitment. Therefore, repeated canceling or rescheduling of appointments may result in my discontinuing all services for you/your child.

### **GENERAL OFFICE POLICIES**

My office is a safe and welcoming place for all individuals and families seeking psychological services. The following policies have been established in order to protect all individuals, family members, staff, and providers. If you are unable to comply with these policies, I retain the right to terminate your services.

- ☐ All adults, including parents, caregivers, spouses and any other adult family members will behave appropriately towards me, my colleagues, and staff and all other individuals in the office.
- ☐ I expect all individuals, including clients and their family members to respect the privacy of all other clients and family members who come to this office. I ask that you not disclose the name or identity of other individuals you may see in my office.
- ☐ While waiting for their appointments, I require parents and other visitors to maintain quiet voices, and maintain a quiet, peaceful environment. Please step outside if you need to take a phone call, and keep control of any other children waiting with you. You are responsible for any damages caused by your child(ren).
- ☐ Please keep in mind that the office door does open onto a parking lot. **It is crucial for their safety that you closely monitor your child(ren)** who may wander/elope out the door into a potentially dangerous area (parking lot).
- ☐ It is highly important that you be immediately present should your child need you. Therefore, unless otherwise discussed with me, I expect you to stay on the property during your child's entire session. I have WIFI guest access should you need to bring a laptop on which to occupy your time. I also have a selection of reading material should you wish to borrow something to read.

**CONSENT FOR TREATMENT, APPOINTMENT SCHEDULING,  
CANCELLATION, AND GENERAL OFFICE POLICIES**

**Agreement with Policy**

By signing here, you indicate you have read, understand, and will comply with the above  
*APPOINTMENT SCHEDULING AND CANCELLATION* and the *GENERAL OFFICE* policies.

Client or guardian signature: Amir A Abdul-Alim

Printed Name: Amir A Abdul-Alim

**EXHIBIT C**

**EXHIBIT C**

**EXHIBIT C**

PPA1598

DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt. to Return Call/Follow Up (Date/Time)
10/18/19	9:10 AM	(102) 871-8224		<input checked="" type="checkbox"/> Incoming	Father LM in machine about IEE, called back and gave info, dropped off packet later in day through mail slot. Tentatively scheduled appointments for 12/10/19 at 10:12/11 at 9, 12/13 at 9, need school RO and observation scheduled for prior to testing dates/father reported issue w/ASD signs in pic-Ks, then not eligible and mainstreamed, then ASD diagnosed by therapist, drop in grades, etc.	
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		
10/19/18	2:55 PM	(102) 871-8224		<input checked="" type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Father left message about packet, called back and left message that received it but need the IEE letter and all IEP, ASD, and prior testing records.	
10/20/18	9:35 AM	(102) 871-8224	Megan → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM on father's phone regarding the RO and a method of getting him to sign it at his earliest convenience	
10/20/18	9:50 AM	(102) 871-8224	Mr. Abdul-Azim → Megan	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Father returned phone call. Fkm was emailed to him, per his request, and sent via secure encrypted email to: a.abdulim@gmail.com	
10/20/18	2:15 PM	Came into ( ) office	Mr. Abdul-Azim → Megan	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Father came into office to sign RO. RO was sent to school	
11/1/18	1:50 PM	(102) 871-8224	Megan → Joseph Thiriot Elementary	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and confirmed that they received the release of information that I sent and tried to schedule the observation, need to schedule w/Drina? She is not at her desk right now. Left name, where I'm calling from, and phone number so that they can call back.	

# DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt. to Return Call/Follow Up (Date/Time)
10/30/18	9:35A	(702) 371-8224	Megan Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM on father's phone regarding the ROI and a method of getting it to him to sign at his earliest convenience.	
	Date: 12/10	Time In: 5:40		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Date: 12-10 Time Out: 6:38 Client Name: Amira Abdul-Azim Print your name: Amir A Abdul-Azim Sign your name: Amira A Abdul-Azim	
	Date: 12-11-18	Time In: 8:46 AM		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Date: 12-11-18 Time Out: 11:50 Client Name: Amira Abdul-Azim Print your name: Amir A Abdul-Azim Sign your name: Amira A Abdul-Azim	
	Date: 12-13-18	Time In: 8:56		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Date: 12-13-18 Time Out: 11:24 Client Name: Amira Abdul-Azim Print your name: Amir A Abdul-Azim Sign your name: Amira A Abdul-Azim	
	Date: 1-15-19	Time In: 5:55 PM		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Date: 1-15-19 Time Out: 6:58 Client Name: Amira Abdul-Azim Print your name: Amir A Abdul-Azim Sign your name: Amira A Abdul-Azim	



PPA1578

DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt. to Return Call/Follow Up (Date/Time)
11/18/18	10:10A	(100) 799-2545	MUGAN → Mrs. Holdsworth (principal)	<input checked="" type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	School principal, Mrs. Holdsworth, called before the hour. Returned phone call and scheduled school observation on Thursday, November 29 from 9:10-10:00am. Student will be in writing. Ms. Holdsworth said that traffic will be bad and she might not be able to get into the parking lot until 9am.	
11/28/18	1:45P	(100) 799-2545	MUGAN → Diane	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Spoke to Diane at the front desk of the elementary school to confirm the school observation on Thursday, November 29 from 9:10-10:00am.	
12/7/18	1:15P	(100) 371-8224	MUGAN → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM on father's phone to confirm the initial interview appointment.	
12/10/18	1:10P	(100) 371-8224	MUGAN → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Spoke to father to confirm the appointment (initial interview) and remind that it is parent-only. Also confirmed testing session on Tuesday, Dec. 11 from 9am-1pm.	
12/11/18	2:07P	(100) 799-9710	MUGAN → Desert Behavioral	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and confirmed they received the ROI that we sent over. Will send the records over at the end of the week (beginning of next week).	
12/11/18	2:11P	(100) 992-6868	MUGAN → Medical Records - UNLV Dr. Ahmad	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and spoke to Medical Records at UNLV-Dr. Ahmad. They will try to get the medical records requested today.	
12/12/18	1:20P	(100) 371-8224	MUGAN → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Spoke to father to confirm the testing session on Thursday, Dec. 13 9AM-1pm.	

PPA1598

DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt to Return Call/Follow Up (Date/Time)
12/1/18	9:58a	(100)711-9710	Megan → Desert Behavioral	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and spoke to representative at Desert Behavioral. Said they should be able to get the records requested out by Friday or tomorrow.	
1/9/19	1:37p	(100)711-8334	Megan → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and spoke to father to confirm feedback session on Jan. 10 at 4pm and remind that it is parent-only.	
1/9/19	3:30p	(100)711-8334	Megan → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and spoke to father to let him know something came up and that we would need to reschedule his appointment for tomorrow, Jan. 10 at 4pm. Let him know what came up is court ordered. Apologized for any inconvenience. Offered to move him to the next day, Friday, Jan. 11. Stated he is unable to make it on Friday, Jan. 11 because he doesn't get off until after 5 and he would have to drive here from Henderson. Appointment rescheduled for Jan. 15 at 4pm.	
1/14/19	1:22p	(100)711-8334	Megan → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and spoke to father to confirm the appointment. Mr. Abdul-Azim stated, "I'm more cancellations right?" Let him know I was just calling to confirm the appointment and remind that it is parent-only.	
1/16/19	9:25a	(100)711-8334	Mr. Abdul-Azim → Megan	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Father called wanting us to release all information that we have for her, including therapist records and everything that he signed a release of information for. Also wanted original raw test data.	Continued →

PPA1548

DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt. to Return Call/Follow Up (Date/Time)
/ /	:	( ) - continued		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	let him know that we cannot release that due to the first manufacturers and copyright laws. He understands. Told him I will ask Dr. Davis about releasing the rest of the information, she is currently w/ a client so I am unable to ask at this moment but I will ask when I can.	
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		
1/18/19	:	mail ( ) -	Mr. Abdul-Azim → Megan/Dr. Davis	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Received certified letter	
1/23/19	1:40p	Came into ( ) - Office	Mr. Abdul-Azim → Megan	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Father came into the office and wanted me to sign a document for him regarding the medical records. He has the cash and will pay for the records. Let him know I will have Dr. Davis review this and sign (as I do not feel comfortable), and I can get the copies of everything for him. Wants a call back when they will be ready to be picked up.	
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		
1/24/19	1:25p	100371-8224	Megan → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	on phone regarding the records he requested. Asked him to give me office a call back.	
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		

DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt to Return Call/Follow Up (Date/Time)
1/24/19	2:27p	110371-8234	Megan → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Spoke to father regarding the records. Let him know that the records will be ready for him to pick up Wednesday, 1:30 after 5pm. He asked if the letter will be there to be picked up along w/ the records. I said yes, it will be and Dr. Davis is going to give it to you personally. He said okay (seemed okay w/ that).	
1/24/19	4:39p	110371-8234	Mr. Abdul-Azim → Megan	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Father called back to say Wednesday, 1:30 after 5pm doesn't work for him. It will have to be sometime during the day. I let him know that Dr. Davis has clients until 5pm every day but I will talk to her and see what we can do. He said what she can do is send the letter regarding the school and the records to him and he will come pay for the records, and pick up at any time. Reiterated that I will talk w/ Dr. Davis first and see what she wants to do. He said okay.	
1/25/19	10:11a	110371-8234	Megan → Mr. Abdul-Azim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM regarding medical records and that I spoke to Dr. Davis. She has about 15 minutes to give him the medical records. Asked if this works for him.	
1/25/19	11:05a	110371-8234	Mr. Abdul-Azim → Megan	<input checked="" type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Missed call from father. Returned phone call, he said that time will not work for him, only 2-3pm will work for him but not Monday or Tuesday of next week. He suggested that we send him the form back and he will send us a certified check in response to get the medical records. Let him know that I will talk to Dr. Davis and see what she wants to do.	

## DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt. to Return Call/Follow Up (Date/Time)
1/25/19	3:29p	(702) 371-8224	Melgan → Mr. Abdul-Amin	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and LM on father's phone to let him know that I spoke w/Dr. Davis and she will take a 15 min. break in the middle of her testing session on Wed., Jan 30	
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	At 2:45pm to give him the records. Asked him to call back and confirm that he received this message.	
1/30/19	3:10p	(702) 371-8224	Melgan → Mr. Abdul-Amin	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and LM on father's phone to let him know that Dr. Davis is no longer available today to pickup the records, she was available from 2:45pm-3:00pm today. I am aware that he requested a time between 3-3pm that works best for him. Let him know Dr. Davis is available Wednesday, February 6 from 2:45p-3:00p. Let him know to give us a call and let us know if this works	
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		
2/1/19	1:38p	(702) 371-8224	Melgan → Mr. Abdul-Amin	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called and LM to set up a day/time that Dr. Davis can personally give him the medical records that he requested. Asked him to give the office a call back to set up a time.	
2/4/19	3:44p	(702) 371-8224	Melgan → Mr. Abdul-Amin	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Called from blocked number and LM on father's phone to set up a day/time that works for him that Dr. Davis can personally give him the medical records that he requested. Asked him to call the office back to set up day/time.	
/ /	:	( ) -		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		

PPA 1598

DAILY CALL LOG

Date	Time	Phone Number	Caller Name	Incoming	Message/Discussion/Comments	Appt. to Return Call/Follow Up (Date/Time)
2/11/19	1:28p	(703) 371-8224	Megan → Mr. Abdul-Alim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM to set up time Dr. Davis can personally give him the records. Asked for return call.	
2/14/19	3:44p	(703) 371-8224	Megan → Mr. Abdul-Alim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM to schedule time to give him records he requested. Asked he call back.	
3/14/19	4:00p 12:05 pm	NIA ( )	Certified letter	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Received certified letter from Mr. Abdul Alim regarding testifying in den process hearing. Call	
3/14/19	Approt 2:27p	703 371 8224	Dr. Davis → Mr. Abdul-Alim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM re: letter + pens associated with court appearance (2:50 hr, 4 hr min) Also asked him to schedule time to pick up records	
3/11/19	Approt 2:38p	703 371 8224	Mr. Abdul-Alim → Dr. Davis	<input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	Mr. Abdul-Alim called to clarify fees for testifying hearing. He stated, "That's a small debt but I will get back soon you" (paraphrased) line went dead.	
3/11/19	Approt. 2:42p	703 371 8224	Dr. Davis → Mr. Alim	<input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Please Call	LM re: disconnected - Asked him to call back to sched. appt for records + to clarify statement	
//	:	( )		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		
//	:	( )		<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Please Call		



**EXHIBIT D**

**EXHIBIT D**

**EXHIBIT D**



## STUDENT SERVICES DIVISION, Psychological Services Department

2626 S. Pecos McLeod • Las Vegas, NV 89121 • (702) 799-7461 • FAX (702) 799-3760

CLARK COUNTY  
SCHOOL DISTRICT

## BOARD OF SCHOOL TRUSTEES

September 26, 2018

Amir A. Abdul-Alim  
5412 Retablo Avenue #3  
Las Vegas, NV 89103

Re: Amira Abdul-Alim  
SN: 11400199

Deanna L. Wright, President  
Carolyn Edwards, Vice President  
Lola Brooks, Clerk  
Linda F. Cavazos, Member  
Kevin L. Child, Member  
Chris Gauvey, Member  
Dr. Linda E. Young, Member

Jesus F. Jara Ed.D., Superintendent

Dear Mr. Abdul-Alim,

I am in receipt of your letter to Thiriot Elementary School dated 09/24/2018 requesting an Independent Educational Evaluation (IEE) for your daughter, Amira Abdul-Alim. I have had the opportunity to review Amira's Multidisciplinary Team Evaluation Report dated 11/14/2016, which reclassified Amira as eligible for continuing special education services as a student with a Hearing Impairment, as well as her current Individualized Education Program (IEP) dated 11/03/2017. Based on my review, the 11/14/2016 evaluation appeared to follow Nevada Administrative Code standards for evaluation, and evaluation results appeared to be consistent with continuing her special education eligibility under a Hearing Impairment classification.

It is also my understanding that you were recently contacted by representatives of Thiriot Elementary School with an offer to conduct a new special education reevaluation with Amira through the school to address your concerns related to Amira's reclassification. Nevertheless, based on your ongoing concerns regarding your daughter's special education needs, your request for an IEE is approved in the area of psychoeducational functioning, not to exceed a total cost of \$1,500. I have attached an Independent Psychoeducational Evaluation Referral List to facilitate your selection of an evaluator, or you may also choose your own evaluator. A copy of your procedural safeguard rights is also attached.

Procedurally, when you have chosen an evaluator, please ask that evaluator to immediately contact Ms. Barbara Fair in the District's Office of Compliance and Monitoring at (702) 799-1020 to advise her of the intent to evaluate Amira. Additionally, please provide that evaluator with the attached forms and then have the completed forms sent to Barbara Fair in the Office of Compliance and Monitoring via fax at (702) 799-1066. The Clark County School District should be billed for the IEE through the Office of Compliance and Monitoring. The evaluator will need to send an invoice along with the completed IEE Report directly to the Office of Compliance and Monitoring to enable payment.

Once the IEE Report is received by the District and shared with Amira's school, the school's Multidisciplinary Team (MDT) will contact you to officially convene to review and consider Amira's IEE results, discuss her educational profile, identify any additional evaluation that may be required by the school team if any, and formally revisit her special education eligibility classification. If you have any questions regarding the aforementioned information, please do not hesitate to contact me at 702-799-7465.

Sincerely,

Robert C. Weires  
Director I, Psychological Services

Attachments: Explanation of Procedural Safeguards; Independent Educational Evaluation Referral List;  
IEE Evaluation and Evaluator Criteria

C:	Michael Harley	Felicia Gonzales	Ivy Burns
	Daniel Ebihara	Sonya Holdsworth	Meskerem Kassa
	Josh Loehr	Confidential Folder	Pam Tarkanian
	Theresa Bigay-Owens		Melody Thompson

Main Office: 5100 WEST SAHARA AVENUE • LAS VEGAS, NEVADA 89146 • TELEPHONE (702) 799-CCSD (2273)

# PACKET FOR SUPPLIER

## Student Services Division Clark County School District

### Parent/Guardian Resource: IEE Evaluation and Evaluator Criteria

You have indicated that you disagree with an evaluation conducted by the Clark County School District and have requested that the Clark County School District fund an Independent Educational Evaluation (IEE). The criteria under which an IEE is conducted or obtained, including the location and cost of the evaluation and the qualifications of the evaluator, must be the same as the criteria the Clark County School District uses when it conducts the same kind of evaluation.

Included in the initial response you will receive from the Director of Related Services, you will also receive a list of approved qualified evaluators from which you may choose to conduct such an evaluation. Should you choose an evaluator that is not on the list, you must ensure that the qualifications of the evaluator and the Clark County School District's criteria are met or provide the Clark County School District with an explanation as to any unique circumstances that would justify deviation from the list or the criteria.

### Clark County School District's Evaluation Criteria

When an IEE is at the expense of the Clark County School District, the criteria under which the evaluation is conducted or obtained, including the location of the evaluation and the qualifications of the evaluator, must be the same as the criteria the Clark County School District uses when it initiates an evaluation, to the extent the criteria are consistent with the parent's rights to an IEE. The following are the Clark County School District's criteria applicable to evaluations. An IEE must be conducted based upon these criteria, unless the parent can demonstrate that unique circumstances justify deviation from them.

#### Applicable Overall Criteria for Conducting an Evaluation

An independent evaluation is highly recommended to include an observation of the student in an educational setting (if the student is in an educational setting) as well as review and consideration of the student's current educational records. The evaluator should also obtain direct information concerning the performance of the student from not less than one current teacher or other service provider of the student, unless the student does not have a current teacher/service provider.

All assessment instruments must be administered by a qualified evaluator, be age appropriate for the student, and be administered and scored in conformance with the test publisher's instructions. The evaluation instruments are to be chosen on the basis of their relevancy to the educational questions to be addressed by the evaluation. This means that the instruments should be those which are commonly known to and used by public school professionals. All instruments used must be current editions.

#### The evaluator must prepare and sign a full evaluation report containing:

- A list of all information/data reviewed.
- A clear explanation of the testing and assessment results.
- A complete summary of all test scores, including, for all standardized tests administered, all applicable full score or battery scores, domain or composite scores, and sub-test scores reported in standard, scaled or T-score format.
- A complete summary of all information obtained or reviewed from sources other than testing conducted by the evaluator.



## Student Services Division Clark County School District

### Parent/Guardian Resource: IEE Evaluation and Evaluator Criteria

- The evaluation should identify any suspected disability categories, as consistent with the definitions provided by the Nevada Administrative Code (NAC). All required assessment domains for a suspected disability, as prescribed by the NAC, must be addressed within the evaluation.
- Recommendations for the MDT/IEP team may include, where appropriate, eligibility for special education and related services as defined by NAC standards. In such cases, information must be provided pertaining to the two qualifying conditions of special education eligibility, as required by the Individuals with Disabilities Education Improvement Act (IDEA) and the NAC, namely, whether the student presents with one or more IDEA disability categories and, by reason thereof, whether the student needs special education and related services. Recommendations may also include consideration for educational programming and, as appropriate, placement that is educationally relevant and realistic within a public education setting.

#### Location of Evaluators Conducting IEEs

An independent evaluator must be located within the same geographic area that the Clark County School District uses for its own evaluations, which is Clark County, Nevada. These location requirements may be waived or modified in special circumstances when unique diagnostic expertise is warranted, provided the parents can demonstrate the necessity of using an evaluator outside the specific geographic area.

#### Qualifications of Evaluators Conducting IEEs

Type of Assessment	Qualifications
Academic Achievement	Certificated Special Education Teacher or Licensed Educational Psychologist/Psychometrist
Adaptive Behavior	Licensed Educational Psychologist/Psychometrist or Certificated Special Education Teacher
Auditory Processing/Perception	Certificated or Licensed Speech/Language Pathologist
Behavioral	Certificated Special Education Teacher or Licensed Educational, Clinical or School Psychologist/Psychiatrist/Behavior Specialist
Cognitive/Intellectual	Licensed Educational, Clinical or School Psychologist/Psychometrist/Clinical Psychiatrist
Health or Medical Disability	Licensed Physician
Hearing Acuity	Audiologist or Certificated or Licensed Speech/Language Pathologist
Motor Adaptive	Physical Education Specialist, Occupational Therapist Registered, or Licensed Physical Therapist
Neurological	Licensed Psychiatrist/Neurologist
Neuropsychological	Licensed Clinical Psychologist with American Board of Clinical Neuropsychology or comparable Board Certification
Social/Emotional	Licensed Educational, Clinical or School Psychologist/Psychometrist/Psychiatrist
Speech and Language	Certified or Licensed Speech/Language Pathologist by the NV Dept. Of Education, NV Board Of Examiners for Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association.

**Student Services Division  
Clark County School District**

**Parent/Guardian Resource: IEE Evaluation and Evaluator Criteria**

**Cost for IEEs**

The cost of an IEE shall reflect reasonable and customary rates for such services in Clark County, Nevada. Unreasonable costs for travel will not be reimbursed as part of the funding for an IEE. Costs above customary amounts will be approved only if the parent can demonstrate that the cost reflects a reasonable and customary rate for such evaluative services, or if the parents can demonstrate that there are other factors that make the extraordinary costs necessary in order to exercise their right to an IEE. The Clark County School District anticipates that reasonable cost will not exceed \$1,500.00.

**Timeline for Completing the IEE**

If the IEE has not already been conducted, it must be completed within a reasonable period of time from the date that the Clark County School District finalizes its agreement with the parent/guardian to fund the IEE. Generally, the IEE should be completed within ninety (90) calendar days from the date that the Clark County School District finalizes the agreement with the parent/guardian.

**Provision of Evaluation Report to the Clark County School District**

The evaluator must have parental permission to communicate and share information with the Clark County School District and, as part of the contracted evaluation, must agree to prepare an evaluation report and release his/her assessment information and results directly to the Clark County School District prior to the receipt of payment for services. Results must be sent to the Clark County School District prior to or on the same day that results are provided to the parents.

**Conflict of Interest Requirements**

The independent evaluator must be free of any conflict of interest, and the independent evaluation must not be of benefit to any particular public, non-public or private school, agency, or institution.

\*Please provide evaluator with a copy of the procedures



Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) >  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) >  
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
  - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
  - I am a U.S. citizen or other U.S. person (defined below); and
  - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here      Signature of U.S. person >      Date >

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## Form W-9 (Rev. 12-2014)

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1448 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1448 require a partnership to presume that a partner is a foreign person, and pay the section 1448 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1448 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

### Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).

3. The IRS tells the requester that you furnished an incorrect TIN.

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

### What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

### Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### Specific Instructions

#### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8. Instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(c)(3), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(c)(3) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan  
Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [irs.gov](http://irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3876).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Form W-9 (Rev. 12-2014)

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in Items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The actual owner <sup>1</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The owner <sup>3</sup>
	The grantor <sup>3</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i) (B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish, if only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

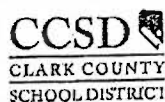
If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.





## Supplier Application/Update Form

Purchasing Department  
4212 Eucalyptus Avenue  
Las Vegas, NV 89121  
Telephone: (702) 799-5225 Fax: (702) 799-5018

## Main or Corporate Business Name &amp; Address (as it appears on W-9):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like POs transmitted? Fax ☐ Email ☐

Website Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Local address - If Different From Main address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Remit To (exactly as shown on invoice):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Terms &amp; Conditions:

Do you agree to CCSD's Terms & Conditions? ☐ Yes ☐ NoDo you agree to adhere to the CCSD Federal Funding (Debarment) Term? ☐ Yes ☐ No

## Federal Tax ID Number: \_\_\_\_\_

Have you ever received or are you currently receiving PERS (Public Employees' Retirement System of Nevada) benefits? ☐ Yes ☐ NoCheck here if you are a designated NV Emerging Small Business ☐ Yes

## Business Status (check all that apply):

Minority Owned (51% or more owned &amp; managed by minority) - MBE

☐ African American☐ Asian/Asian-Pacific American☐ Hispanic American☐ Native American☐ Not Applicable☐ Physically Challenged Owned (51% or more owned & managed by disabled) PBE☐ Veteran Owned (51% or more owned & managed by veteran) VBE☐ Women Owned (51% or more owned & managed by women) WBEIs your above status: ☐ Self Certified ☐ Agency Certified

## Certifying Agency: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Do you have a NV State Business License? ☐ Yes ☐ No

NV Business ID # \_\_\_\_\_ Exp Date: \_\_\_\_\_

## Local Physical Presence (building location):

☐ Clark County, NV ☐ Other county in NV ☐ No building in NV

## Type of Building (skip if not located in Nevada):

☐ Corporate Headquarters ☐ Sales/Retail Outlet☐ Office ☐ Warehouse ☐ Residence☐ Other: \_\_\_\_\_

Employees: How many Nevada Residents do you employ? \_\_\_\_\_

How many Clark County Residents do you employ? \_\_\_\_\_

How many non-Nevada Residents do you employ? \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

BY SIGNING THIS FORM, YOU ARE CERTIFYING THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.  
The completed form, when signed, constitutes a self-certification as to size, minority, and/or women owned status.

Name of Person Authorized to Sign  
(Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Purchasing Internal Use Only

Buyer Initials: \_\_\_\_\_

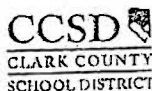
Supplier Maintenance

Initials: \_\_\_\_\_

Date Received from Supplier: \_\_\_\_\_

Date Entered in Master Data: \_\_\_\_\_

PUR-F0001, Rev. A Updated 2/17/16



Public Disclosure Form  
Clark County School District  
Las Vegas, NV

Company/Individual's Name: \_\_\_\_\_

Federal Tax ID # (EIN or SSN): \_\_\_\_\_

1. Unless otherwise indicated, I certify that I am not currently an employee of the Clark County School District (the "District") nor have I been an employee of the District within the past year.
2. If the person performing the work was a previous District employee and is self-employed or is an owner or part owner in the company they work for, information must be provided, as follows:  
Dates employed with the District: \_\_\_\_\_ Position held: \_\_\_\_\_  
Employment terminated on: \_\_\_\_\_ Last Paycheck date: \_\_\_\_\_
3. Unless otherwise indicated, I certify that the officers of this company are not currently employees of the District nor have they been employees of the District within the past year.

Please complete the following. Additional sheets may be attached if necessary. Write "none" if applicable.

Company Employee Name/Individual's Name	Position within Company	Are they Currently a District Employee?	Separation Date if a Former District Employee

4. I certify that I have listed all personal relationships and financial interests between the company, company officers, and key employees with current and former District Board of School Trustees, and current and former District authorizing officials.

Please complete the following. Additional sheets may be attached if necessary. Write "none" if applicable.

Company Employee Name/Individual's Name	Position within Company	Are they Currently a District Official/Trustee?	Relationship to Interest with District Official/Trustee

5. I hereby acknowledge that failure to disclose all facts relative to a conflict or potential conflict of interest with regard to my contract/agreement with the District may result in termination of said contract/agreement.

(Applicable District Regulations can be accessed on the District website [www.ccsd.net](http://www.ccsd.net). These include District Policy 4270, *Conflict of Interest: All Employees*; District Regulation 4371, *Employees "Cooling Off" Period*; and District Regulation 3312, *Purchasing Authorization and Nepotism - All Funds*.)

Individual or Authorized Company Representative	Signature: _____	Date: _____
	Title: _____	

For Internal Use

Approval Required	District Entity	Signature/Reference	Date
	Board of School Trustees		
	Deputy Superintendent/Operations		
	Approval Not Required		

Updated 3-15-2011 PUR-F0003, Rev. A



**EXHIBIT E**

**EXHIBIT E**

**EXHIBIT E**



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Office of the Secretary

Voice - (800) 368-1019  
 TDD - (202) 619-3257  
 Fax - (202) 619-3818  
<http://www.hhs.gov/ocr>

Office for Civil Rights  
 200 Independence Avenue,  
 S.W., Room 506F  
 Washington, DC 20201

May 3, 2019

Attn: Privacy Officer  
 Rachel Davis  
 7341 W. Charleston Blvd, Suite 140  
 Las Vegas, NV 89117

Re: OCR Transaction Number: CU-19-341557  
Abdul-Alim, Amira vs. Davis, Rachel

Dear Privacy Officer:

On April 29, 2019, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Rachel Davis the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules). Specifically, Amira Abdul-Alim alleges that on January 15, 2019, Rachel Davis disclosed his minor daughter's protected health information without his authorization. This allegation could reflect a violation of 45 C.F.R. § 164.508.

OCR enforces federal civil rights laws which prohibit discrimination in the delivery of health and human services based on race, color, national origin, disability, age, sex, religion, and the exercise of conscience, and also enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Breach Notification Rules.

Except as otherwise permitted or required by the Privacy Rule, a covered entity may not use or disclose an individual's protected health information without an authorization that is valid under the Privacy Rule, i.e. without an authorization that is written in plain language and contains specific information required by the Privacy Rule at 45 C.F.R. § 164.508 (b)(1)(i), such as clearly stating what information is to be released and to whom it is to be released. Further, when a covered entity obtains or receives a valid authorization for its use or disclosure of protected health information, that use or disclosure must be consistent with the authorization. See 45 C.F.R. § 164.508 (a)(1).

Pursuant to its authority under 45 C.F.R. §§ 160.304(a) and (b), OCR has determined to resolve this matter informally through the provision of technical assistance to Rachel Davis. As such, OCR is providing you a checklist of the required elements of a valid authorization. Refer to the Privacy Rule at 45 C.F.R. § 164.508 for more information.

You are encouraged to review these materials closely and to share them with your staff as part of the Health Insurance Portability and Accountability Act (HIPAA) training you provide to your workforce. You are also encouraged to assess and determine whether there may have been an incident of noncompliance as alleged by the complainant in this matter, and, if so, to take the steps necessary to ensure such noncompliance does not occur in the future. Please contact OCR if you need further information regarding the allegations in this matter. Should OCR

receive a similar allegation of noncompliance against Rachel Davis in the future, OCR may initiate a formal investigation of that matter.

Based on the foregoing, OCR is closing this case without further action, effective the date of this letter. OCR's determination as stated in this letter applies only to the allegations in this complaint that were reviewed by OCR.

Under the Freedom of Information Act, we may be required to release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

If you have any questions regarding this matter, please contact Sheba Masih, Analyst, at 202-774-2405 (Voice) or (202) 619-3257 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Blakeley', with a horizontal line drawn underneath.

Alec Blakeley  
Acting Director, Centralized Case Management  
Operations (CCMO)

Enclosure: Valid Authorization Checklist

### VALID AUTHORIZATION CHECKLIST

Please use this checklist to determine the validity of an Authorization under the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Refer to the Privacy Rule at 45 C.F.R. § 164.508 for more information.

An Authorization must contain at least the following elements:

<input type="checkbox"/>	A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
<input type="checkbox"/>	The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
<input type="checkbox"/>	The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
<input type="checkbox"/>	A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of purpose.
<input type="checkbox"/>	An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information (PHI) for research, including for the creation and maintenance of a research database or a research repository.
<input type="checkbox"/>	The signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.
<input type="checkbox"/>	A statement adequate to place the individual on notice that he/she has a right to revoke the authorization in writing <b>AND EITHER:</b>
<input type="checkbox"/>	A statement indicating the exceptions to the right to revoke and a description of how the individual may revoke the authorization; <b>OR</b>
<input type="checkbox"/>	A statement referring the individual to the covered entity's Notice of Privacy Practices (NPP) if the NPP includes the information that would be contained in a statement indicating the exceptions to the right to revoke and a description of how the individual may revoke the authorization
<input type="checkbox"/>	A statement adequate to place the individual on notice of the covered entity's ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization by <b>EITHER:</b>

<input type="checkbox"/>	A statement that the covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization: this statement should be used when a covered entity has determined that none of the exceptions in 45 C.F.R. § 164.508(b)(4) apply to it; <b>OR</b>
<input type="checkbox"/>	A statement explaining the consequences to the individual of a refusal to sign the authorization: this statement should be used when a covered entity has determined that one of the exceptions in 45 C.F.R. § 164.508(b)(4) applies to it and allows it to condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such an authorization.
<input type="checkbox"/>	A statement adequate to place the individual on notice of the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by the Privacy Rule.
<input type="checkbox"/>	Be written in plain language.

A valid authorization may contain elements or information in addition to the elements in the checklist above, provided that such additional elements or information are not inconsistent with the elements required in 45 C.F.R. § 164.508.

**EXHIBIT F**

**EXHIBIT F**

**EXHIBIT F**



Thank you for your interest in clinical services at Rachel E. Davis, PhD, PC. This packet contains the intake paperwork that you must complete prior to you/your child's first visit. Please complete the entire packet to the best of your ability and return it via mail, fax, or secure email to:

Rachel E. Davis, PhD, PC  
7341 W. Charleston Blvd., Ste.140  
Las Vegas, NV 89117

OR

Fax: (702) 776-8548

OR

**Email: To initiate secure email interaction, you first must call the office at (702) 776-8990 and provide your email address. I will then send you an email outlining the secure, encrypted email process.**

I will not schedule your first appointment until I receive the completed packet. Additionally, please send copies of all relevant medical or therapy records, prior psychological/neuropsychological test results, and educational assessments (i.e., IEP and MDT reports).

Prior to your child's appointments, please make sure that he or she gets plenty of rest and takes any medications as usual (if applicable). If your child wears glasses, has hearing aids, or has any other assistive devices that he or she regularly uses, please bring them to each appointment. You may also bring a snack for your child if you feel that he or she may need one during the appointment.

Although Clark County School District will be billed for this evaluation, you would be financially responsible for any additional services you request. For these services, I accept cash, check, all major credit cards, debit cards, and bank transfers. I also have a sliding scale for families with financial limitations.

Sincerely,

Rachel E. Davis, Ph.D.  
Licensed Psychologist  
Specializing in Pediatric Neuropsychology

**CHILD ASSESSMENT INTAKE PACKET CHECKLIST**

This is a Check List of the items I will need prior to scheduling your appointment. You must complete all areas of all forms, to the best of your knowledge, prior to scheduling.

- ☐ Copy of Parents' Drivers License
- ☐ Notice of Privacy Policies Signature page
- ☐ Communication Policy Signature Page
- ☐ Consent for Appointment Scheduling/Cancellation and General Office policies
- ☐ Legal Custody/ Multiple Guardian Signature Page
- ☐ Fee Agreement Contract
- ☐ Informed Consent Signature Page
- ☐ Child Information and Psycho-Social History Form
- ☐ Copies of all prior assessment reports from Psychologists or Neuropsychologists
- ☐ Copy of most recent IEP and MDT

I look forward to working with you and your child. If you have any questions, please feel free to contact me at (702) 776-8990.

Sincerely,

Rachel E. Davis, Ph.D.  
Licensed Psychologist  
specializing in Pediatric Neuropsychology

## Rachel E. Davis, PhD, PC

Licensed Psychologist specializing in Pediatric Neuropsychology

### NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW YOU/YOUR CHILD'S HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.***

This document describes the privacy practices followed by Rachel E. Davis, PhD, PC. In it, I describe the ways in which I may use and disclose health information about you/your child and describe your rights and my obligations regarding the use and disclosure of that information. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Should I make changes, I will provide you with a copy of the revised notice by posting a copy on my website, sending you a copy in the mail when requested, or providing you the copy at our next appointment. Your privacy is protected by law.

#### PROTECTED HEALTH INFORMATION (PHI)

It is my responsibility, by law, to safeguard you/your child's PHI and to take precautions to keep it private. The law requires I provide you this notice, which applies to the information and records I have regarding you/your child's health, health status, and the services you/your child receive in my office. PHI can include:

- 1) information created and received by our office
- 2) spoken words, written, or electronic information
- 3) information about your diagnoses, examinations, health history, health status, procedures, prescriptions, symptoms, test results, treatments, and other health information

#### YOUR RIGHTS REGARDING YOUR PHI

I will not use or obtain you/your child's PHI without your written Authorization except as disclosed below. If you provide me with written Authorization to disclose you/your child's PHI, you may revoke that Authorization at any time in writing. Once you have revoked your Authorization, I will not disclose or obtain PHI about you/your child; however, I cannot undo any previous disclosures made when I had your permission.

#### EXCEPTIONS TO WRITTEN AUTHORIZATION

I may disclose your PHI, **without your written authorization**, for the following reasons:

- 1) **Child or Elder Abuse:** As a mandated reporter, I am required to report all suspected cases of neglect, physical, or sexual abuse of a child to the Department of Human Services (DHS). I am also required to report suspected elder abuse or neglect to the Senior and Disabled Services Division.
- 2) **Threats to Health or Safety:** I may disclose PHI if necessary to prevent clear and substantial risk of self-harm or intended harm to another individual. I am required to warn law enforcement and the intended victim in cases of clear and substantial risk of harm to another individual.
- 3) **Lawsuits and Disputes:** I may disclose PHI in response to a court or administrative order. I may also be required to disclose PHI in response to a subpoena.
- 4) **Worker's Compensation:** I may provide PHI in order to comply with Worker's Compensation laws.
- 5) **Contractual Obligations:** I may disclose PHI to third party contractors with whom I have a contractual relationship to provide services. For example, I may be contracted with a state agency that referred you/your child to me for an assessment, paid for the assessment, and who will receive a copy of the written report based on that assessment.
- 6) **Verbal Permission:** I may disclose your PHI to family members that are directly involved in your assessment or treatment with your verbal permission.

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

1/18/19

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

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## USE AND DISCLOSURE OF YOUR PHI

Your PHI can be used for the following purposes:

- 1) **Treatment:** I may use PHI to provide you/your child with clinical treatment. I may also disclose PHI to other health care professionals who take care of you/your child. To use or disclose you/your child's PHI for these reasons requires your written permission.
- 2) **Payment:** I may use or disclose PHI in order to bill or collect payment for the services I provide to you/your child. For example, I will need to disclose the final report to **Clark County School District** in order to receive payment for the assessment I provided your child. I may also provide your information to business associates, which includes billing companies, claims processing companies, collection agencies, and others that process healthcare claims for my office. I require these business associates to safeguard your PHI to my standards.
- 3) **Health Care Operations:** I may use and disclose information about you/your child in order to run the office and to make sure that you/your child receives quality care. I may also disclose PHI to health plans that provide your insurance coverage to assist them in improving care, reducing costs, coordinating, and managing health care.
- 4) **Appointment Reminders:** I may contact you to remind you that you or your child has an appointment for assessment or treatment at the office.
- 5) **Treatment Alternatives or Options:** I may contact you to tell you about potential treatment options or alternatives in which you may be interested.

## YOUR RIGHTS REGARDING YOU/YOUR CHILD'S PHI

You have the following rights regarding you/your child's PHI:

- 1) **Inspect and Copy:** You have the right to inspect and/or copy PHI. Please submit a written request to my office. I am allowed to charge you reasonable fees for copying (\$0.55 per page) and applicable mailing or other associated supplies. I may deny your request to inspect and/or copy in certain limited circumstances. Specifically, your right to inspect and copy PHI will be denied if there is compelling evidence that access to that information would cause serious harm to you. You may ask to have your request reviewed. If the law gives you a right to have my denial reviewed, I will select a licensed health care professional who was not associated with the denial to review your request and my denial. I will abide by that person's decision.
- 2) **Right to Amend:** If you believe the information I have about you/your child is incorrect or incomplete you can request in writing that I amend that information. I am not required to agree to this amendment. I will notify you of my decision to amend your PHI within 30 days.
- 3) **Right to an Accounting of Disclosures:** You have a right to request that I provide you with a written account of any disclosures of PHI that I have made during the previous five years. This request must be in writing. I will provide one (1) accounting within a 12-month period free of charge. More than one request within 12-months will incur a reasonable charge equal to my customary hourly fee for therapy to cover the time necessary to fulfill your request.
- 4) **Right to Restrictions:** You have the right to request a restriction or limitation on the PHI I use or disclose about you/your child for purposes other than treatment, payment, health care operations, or the other exceptions to written permission outlined above. You also may also limit the PHI I disclose about you/your child to someone who is involved in your/your child's care or payment for care (e.g., family member or friend). Please submit requests in writing to my office. I may not comply with your request if the information is necessary to provide you/your child with emergency treatment.
- 5) **Right to Request Confidential Communication:** You have the right to request that I communicate with you in a specific manner, in a certain way or at a certain location (e.g., by nonsecure email, only at work, or by mail).
- 6) **Right to a Paper Copy of This Notice:** You have a right to a paper copy of this notice and may request one at any time.

## COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with the following agencies:

- 1) Rachel E. Davis, PhD, PC, (702-776-8990)
- 2) State of Nevada Board of Psychological Examiners (775-688-1268)
- 3) Secretary of the Department of Health and Human Services, office for Civil Rights

You will not be penalized or retaliated against if you file a complaint. Please ask for clarification if you have any questions about my privacy practices.

**Rachel E. Davis, PhD, PC**

Licensed Psychologist specializing in Pediatric Neuropsychology

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**NOTICE OF PRIVACY PRACTICES**  
**Receipt, Agreement with, and Acknowledgment of Notice**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby acknowledge that I have been given a copy of Rachel E. Davis, PhD, PC's Notice of Privacy Practices and have had a chance to read them. I understand that if I have a question about these privacy practices that I can contact Dr. Davis at (702) 776-8990. My signature below indicates my agreement with and compliance with the policies set forth above.

\_\_\_\_\_  
Signature of Client, Parent, or Guardian\_\_\_\_\_  
Date\_\_\_\_\_  
Relationship to client

Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member\_\_\_\_\_  
Date

---

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

1/18/19

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

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## COMMUNICATIONS POLICY

### *Contacting Me*

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (702) 776-8990. You may leave messages on the voicemail, which is confidential.
- By secure email (see below for details)
- If you wish to communicate with me by normal non-secured email, please read and complete the CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION form included with these office policies.

I subscribe to the following service that can allow us to communicate more privately using encryption and other privacy technologies. None of them will cost you money, but each requires some setup before they can be used. Please ask if you would like to use this service:

- Encrypted email, requires I send you an initial secure email. You will need to supply your email address on the client contact page of your intake packet or call the office and leave your email address with me or my office manager. My secure, encrypted email service is through MDofficeemail.com's Crypt-n-Send program.

If you need to send a file such as a PDF or other digital document, please send as an attachment using the secure email service mentioned above or please print and FAX to (702) 776-8548.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about concerns you have regarding my preferred communication methods.

### *Response Time*

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours (weekends and holidays are exceptions to this timeframe). I may occasionally reply more quickly than that or on weekends, but please be aware that this will not always be possible.

Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town. We will discuss alternative contact methods during our sessions prior to my taking any sort of vacation.



***Emergency Contact***

If you need to contact me about an emergency, the best method is:

- By phones (702) 776-8990, leave a message
- If you cannot reach me by phone, please leave a voicemail and then follow up by calling 911.

***Disclosure Regarding Third-Party Access to Communications***

Please know that if we use electronic communication methods, such as email, there are various technicians and administrations who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communication. There may be similar issues involved in school email or other email accounts associated with organizations with whom you are affiliated. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

**Electronic Communication Policy**

To maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relations are social or professional. Many of these common modes of communication, however, put your privacy at risk can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure you that the security and confidentiality of your treatment and to assure that it is consistent with ethical considerations and the law.

If you have any questions about this policy, please feel free to discuss them with me.

**Communication by Unencrypted Email and Other Non-Secure Means**

If may because useful during the course of your treatment to communicate by email or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with me or my office
- Third parties on the internet such as server administrations and others who monitor internet traffic

If there are people in your life that you do not want to access these communications, please talk with me about ways to keep your communications safe and confidential.

I also offer the use of secured, encrypted email service that requires the use of passwords to access and that store and transmit data (i.e., our communications) in an encrypted format. This secure method of email communication may also contain a limited amount of risk should an unauthorized person access your password or hack the secure service that I use. With this limited risk in mind, you may send me intake packets or therapy related information via this method. If you request, I will also send you written reports and/or medical records to which you legally have rights to access via this method.

### **Text Messaging**

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messaged from anyone in treatment with me. So, please do not text message me.

### **Social Media**

I do not communicate with, or contact any of my clients through social media platforms like Twitter, Instagram or Facebook. In addition, If I discover that I have accidentally establish an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communication with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

### **Websites**

I have a website that you are free to access ([drracheldavis.com](http://drracheldavis.com)). I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information I have on my website and if you have questions about it, we should discuss this during you/ your child's therapy session.

### **Web Searches**

I will not use web searches to gather information about you without your permission, I believe that this violates your privacy right; however, I understand that you might choose to gather information about me in this way. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment. Additionally, please keep in mind that there are several individuals on the internet that have the same name as I and who are also psychologists. This fact can cause some confusion when you search for information about me online. Please feel free to verify and clarify the information you find online about me during our sessions. Recently it had become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has significant potential to damage our ability to work together.

I, \_\_\_\_\_ on behalf of \_\_\_\_\_  
(client name or client's legal guardian) (child's name or "Myself")

AUTHORIZE: Rachel E. Davis, PhD, PC  
7341 W. Charleston Blvd., Ste. 140  
Las Vegas, NV 89117

7341 W. Charleston Blvd., Ste. 140  
Las Vegas, NV 89117

TO TRANSMIT THE FOLLOWING PROTECTED HEALTH INFORMATION RELATED TO  
MY AND/OR MY CHILD'S HEALTH RECORDS AND HEALTH CARE TREATMENT (check):

☐ Psychological or Neuropsychological Reports

☐ Information related to the scheduling of meetings or other appointments

☐ Information related to billing and payment

☐ Completed forms, including forms that may contain sensitive, confidential information

☐ Information of a therapeutic or clinical nature, including discussion of personal material relevant to my treatment

☐ My/my child's health record, in part or in whole, or summaries of material from that health record

☐ Other information. Describe: \_\_\_\_\_

- BY THE FOLLOWING MEDIA (check all that apply):
- ☐ Unsecured email
- ☐ Encrypted email
- ☐ U.S. Mail
- ☐ Voicemail messages
- ☐ Other media. Describe: FAX

☐ Unsecured email  
☐ Encrypted email  
☐ U.S. Mail  
☐ Voicemail messages  
☐ Other media. Describe: FAX

- TERMINATION (select one)**
- ☐ This authorization will terminate 365 days after the date listed below.
- OR**
- ☐ This authorization will terminate at the completion of the assessment, which includes delivery of the final written report.

☐ This authorization will terminate 365 days after the date listed below.

OR

☐ This authorization will terminate at the completion of the assessment, which includes delivery of the final written report.

**OR**  
 O This authorization will terminate at the completion of the assessment, which includes delivery of the final written report.

I have been informed of the risks, including but not limited to my confidentiality, of transmitting my protected health information by unsecured means. I understand that I **am not** required to sign this agreement in order to receive treatment or assessment services. I also understand that I may terminate this authorization at any time.

\_\_\_\_\_  
Signature of Client, Parent, or Guardian

\_\_\_\_\_  
Date

---

Relationship to client

Relationship to client

1/18/19 9 of 19

## **INFORMED CONSENT FOR ASSESSMENT**

This document contains important information about my professional services and business policies. It also provides me with very important information related to your child's development and the assessment that you are seeking. Please read these pages carefully so that you can make an informed decision about participating in psychological services. Please write down any questions you have so that we can discuss them at our first meeting. Your decision to participate, or to have your child participate, in a psychoeducational assessment is voluntary. When you sign this document, it will represent an agreement between us. Please complete all items to the best of your knowledge.

### **Psychological Assessments**

Mental health providers, physicians, educators, and other service providers often recommend Neuropsychological, Psychological, Psychoeducational, and Developmental assessments to assist with both diagnosis and determining appropriate accommodation, intervention, or treatment approaches.

Assessments can have benefits and risks. As assessments often involve discussing difficulties or challenges, you or your child may experience uncomfortable feelings. On the other hand, comprehensive assessment has also been shown to have benefits such as increased understanding of individual strengths and weaknesses and increased access to appropriate services.

Assessments involve a parent or guardian interview (when the client is a minor), client interview, review of records, behavioral observations, self-report checklists, individually administered assessments, and a feedback session for the purposes of discussing results. Assessments typically last between 6 to 16 hours, including the initial appointment, 2-3 testing sessions, report writing, and a 1 hour feedback session. The completed assessment report will be available within 20 business days following the final feedback session.

*Please note: The completed assessment report can only be interpreted by a trained professional and is not intended for any other purpose.*

## **APPOINTMENT SCHEDULING AND CANCELLATION POLICY**

I understand that the clients who seek my services appreciate timely and clear communication and as minimal a wait as possible to receive those services. Therefore, in an effort to streamline services and provide timely service to as many families as possible, the following is my policy regarding Scheduling, Cancellations, Rescheduling, and No show/No calls.

### **Initial Appointment - Psychiatric Diagnostic Assessment**

During our initial appointment we will discuss the reasons you or your child has been referred for assessment. I will ask you and/or your child questions regarding symptom history and any previous services or assessments. I also will provide you with more information regarding future appointments, and what to expect during our time together. I typically schedule one hour for this first meeting.

### **Testing Sessions**

Each testing session typically lasts 2-3 hours, depending on the age and developmental level of the client. Additional testing sessions may be scheduled if needed.

### **Feedback and Follow-up Appointments**

Following the completion of testing, I will score the testing and self-reporting measures and review all records. I will then meet individually with the client (if an adult) or parents/guardians in order to review the assessment results, discuss any diagnoses, and outline any recommendations.

If the client is an older child or adolescent, I may also schedule a brief feedback appointment with the client in order to review any findings and recommendations.

### **General Scheduling**

I, or my staff, will make two (2) attempts to contact you to schedule your *initial appointments*. In order to not pressure you regarding scheduling, if you do not return those calls within two (2) weeks we will not make further attempts to contact you. Any additional necessary appointments will be made at the end of the last appointment assessment appointment.

Similarly, I, or my staff will make two (2) attempts to contact families regarding scheduling the *feedback session* for assessment services. If you do not return those telephone calls, no further attempts to contact you will be made and the file will be closed if you do not contact my office within three (3) weeks.

### **Cancellations and No Call/No Show for an Appointment**

Life happens and last minute emergencies can necessitate rescheduling an appointment. Given the limited number of appointments I can make per month, as much notice as possible is appreciated when a family needs to cancel/change an appointment. Therefore, I request a minimum of 24-hour notice before your scheduled appointment if you wish to reschedule. Cancellations made without this notice will incur a **\$100 cancellation fee**. My office provides clients with reminder calls at least 24 hours in advance of their appointments. If you do not call to cancel and do not attend your scheduled appointment, you will be considered a "No Call/No Show" and will be charged the full fee for that appointment. You will be solely responsible for paying these fees, as the school district does not reimburse for them.

## **GENERAL OFFICE POLICIES**

My office is a safe and welcoming place for all individuals and families seeking psychological services. The following policies have been established in order to protect all individuals, family members, staff, and providers. If you are unable to comply with these policies, I retain the right to terminate your services.

- All adults, including parents, caregivers, spouses, and any other adult family members will behave appropriately towards Dr. Davis, her colleagues and staff, and any other individuals in the office.
- I expect all individuals, including clients and their family members to respect the privacy of all other clients and family members who come to this office. I ask that you not disclose the name or identity of other individuals you may see in my office.
- While waiting for their appointment or for their child to finish an assessment, I require parents and other visitors to maintain a quiet, peaceful environment. Please step outside if you need to take a phone call, use quiet voices, and maintain control of any other children waiting with you. You are responsible for any damage caused by your child(ren).
- Please keep in mind that the office door does open onto a parking lot. **It is crucial for their safety that you closely monitor your child(ren)** who may wander/elope out the door into a potentially dangerous area (i.e., the parking lot).
- It is highly important that you be immediately present should your child need you. Therefore, unless otherwise discussed with me, I expect you to stay on the property during your child's entire assessment. I have wifi guest access should you need to bring a laptop on which to occupy your time. I also have a selection of reading materials should you wish to borrow something to read.

**CONSENT FOR APPOINTMENT SCHEDULING/CANCELLATION  
AND GENERAL OFFICE POLICIES**

**Agreement with Policy**

By signing here, you indicate you have read, understand, and will comply with the above  
*APPOINTMENT SCHEDULING AND CANCELLATION* and the *GENERAL OFFICE* policies.

Client or guardian signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep a record of our appointments and the services you receive from me. You are entitled to receive a copy of your records upon written request. Alternatively, I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. You may request that I correct the record if you believe an error has been made. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Nevada state law requires I maintain a complete copy of you/your child's health record for five years following the termination of services or until a client who is a minor at the time he/she received psychological services turns 23 years old, whichever is later. After that retention time has passed, I may destroy the record and maintain a summary of the record indefinitely. Until then, I will keep your records in a secure place. If I must discontinue our relationship because of illness, disability, or other unforeseen circumstances, I ask you to agree to my transferring your records to another psychologist or licensed mental health professional who will assure their confidentiality, preservation, and appropriate access.

## **WHAT TO EXPECT FROM OUR RELATIONSHIP**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA). In the interests of the client, the APA has placed the following limitations on the relationship between a psychologist and a client. I will abide by these limitations.

- I am licensed and trained to practice psychology. I am not licensed or trained to practice law, medicine, finance, or any other profession. I am not able to advise you in these areas.
- State laws and the rules of the APA require me to keep what you tell me confidential. Please see the Notice of Privacy Practices section of this document for more information.
- In your best interest, and following the APA's standards, I can only be you or your child's psychologist. I cannot have any other role in your life or your child's life. I cannot, now or ever, be a personal friend to or socialize with any of my clients or their family members. I cannot be a psychologist to someone who is already a friend or with whom I have had an intimate relationship. I can never have a sexual or romantic relationship with any client (or close relation of a client) during, or after, the course of assessment or psychotherapy. I cannot have a business relationship with any client (or close relation of a client), other than the psychological services relationship.
- In keeping with the standards of the APA, even though you might invite me, I may not attend your family gatherings, such as parties or weddings.

If you ever become involved in a divorce or custody dispute, I will not provide assessments or expert testimony in court. You should hire a different mental health professional for any assessments or testimony you require. This policy is based on the following: (1) My statements will be seen as biased in your favor because we have a previous professional relationship; and (2) the testimony might affect our professional relationship, and I must put this relationship first. By signing this form, you indicate that you understand and agree that I will not provide assessments or expert testimony in court.

## **STATEMENT OF PSYCHOLOGIST COMMITMENT**

It is my intention to abide by all the rules of the American Psychological Association (APA) and by the laws of my state license. As in any other relationship, problems can arise in our therapeutic relationship. If you are dissatisfied with any area of our relationship, please address your concerns to me as soon as possible. I am committed to hearing your concerns and working with you to seek solutions. If you feel that I (or any psychologist) have treated you unfairly or have broken a professional rule, please tell me.

For clients who reside in Nevada: The State of Nevada Board of Psychological Examiners protects consumers of psychological services by regulating the practice of psychology. You may contact the Board of Psychological Examiners online at [psyexam.nv.gov](http://psyexam.nv.gov), by emailing [nbop@govmail.state.nv.us](mailto:nbop@govmail.state.nv.us), by calling (775) 688-1268, or writing to the following address:

Board of Psychological Examiners  
4600 Kietzke Lane, Bldg B-116  
Reno, NV 89502

In my practice as a psychologist, I do not discriminate against clients based on any of the following: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, and it is also required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

## **FOR PARENTS OF MINOR CHILDREN**

### **Legal Custody**

It is my policy that all parties with legal custody of a minor (e.g. custodial and non-custodial parents who have legal custody and/or other legal guardians) agree to the minor's participation in psychological services. By signing below you are acknowledging this policy and indicating that you are authorized by all parties to initiate psychological services for your child. If you share legal custody of your child with another guardian and you are not fully authorized to initiate psychological services for your child please notify me immediately and indicate the names of all legal guardians below. I will not proceed with an assessment if all guardians do not agree to allow the child to participate in these services as any guardian may request that the child discontinue services at any time and as not completing an assessment is problematic. I also highly encourage all guardians to attend the initial parent interview so that they may contribute their perspectives regarding the child's developmental history and presenting concerns. If all guardians do not attend the initial interview, any future requests to revise or amend the medical record due to lack of parental input will incur appropriate hourly fees as outlined for email/telephone consultation services. By signing below, you indicate that you understand these policies and have legal custody of the child named below and the right to seek an assessment for that child.

### **Court Testimony and Your Minor Child**

In custody proceedings, a judge may order a psychologist's testimony if the judge determines that the issues demand it. As your child's psychologist, it is my duty to provide your child with the best care possible. If I am required to provide records or testimony to the court, this may contribute to a "dual-role relationship" between myself and your child. This means that I am serving in conflicting roles (e.g. parent's witness and child's psychologist) and that these roles can have a negative impact on the client, your child, for multiple reasons including potential violations of therapeutic trust, disclosure of confidential information, and other therapeutic issues. Additionally, releasing certain psychological assessment and treatment records to the court may pose legal and ethical issues. For these reasons, unless pre-arranged before you begin psychological services, I will not provide assessment or treatment records to the court for litigation. If I am required to release records under court order, I reserve the right to terminate psychological services.

### **Confidentiality and Your Minor Child**

When providing psychological services for children and adolescents, I often work closely with parents and other family members or caretakers. When parents, guardians, or other caretakers are actively involved in psychological services, confidentiality between the identified client and psychologist is essential. However, Nevada law states that parents hold confidentiality rights to/for their children. Despite this legal mandate, confidentiality between your child and her/his psychologist is an important aspect of the psychological therapy and assessment, as it allows your child to be open and honest when reporting symptoms and experiences. For this reason, I request that you allow some specific information that your child shares with me to be kept private unless your child opts to share that information. I will provide you with my overall impressions and other relevant information during the feedback session.

Exceptions to confidentiality between myself and your child include, but are not limited to, situations in which I am concerned for your child's safety (e.g., I am concerned that she/he may hurt himself or somebody else; I am concerned that your child is being hurt or abused). Please indicate below your preference regarding your right to access your child's complete psychological record.

### Legal Custody/ Multiple Guardian Signature Page

☐ By checking this box, I indicate that I have sole legal custody of the minor child named below. (Please provide a copy of the court decree or paperwork verifying this information when you submit the rest of the intake packet).

\_\_\_\_\_  
Client/Child's Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian #1 Name (Printed)

\_\_\_\_\_  
Parent/Guardian # 1 Signature / Date

\_\_\_\_\_  
Parent/Guardian #2 Name (Printed)

\_\_\_\_\_  
Parent/Guardian # 2 Signature / Date

\_\_\_\_\_  
Parent/Guardian #3 Name (Printed)

\_\_\_\_\_  
Parent/Guardian #3 Signature / Date

Names of Any and All Legal Guardians Not Listed Above:

\_\_\_\_\_

### Confidentiality and Your Minor Child

☐ By checking this box, I/we indicate that that I/we will allow Dr. Davis to maintain confidentiality between her and my/our child of some of the information shared by said child in his/her complete psychological record.

☐ By checking this box, I/we indicate that that I/we are **NOT** allowing Dr. Davis to maintain confidentiality of information shared between her and my/our child.

\_\_\_\_\_  
Client/Child's Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian #1 Name (Printed)

\_\_\_\_\_  
Parent/Guardian # 1 Signature / Date

\_\_\_\_\_  
Parent/Guardian #2 Name (Printed)

\_\_\_\_\_  
Parent/Guardian # 2 Signature / Date

\_\_\_\_\_  
Parent/Guardian #3 Name (Printed)

\_\_\_\_\_  
Parent/Guardian #3 Signature / Date

## PROFESSIONAL FEES, PAYMENT, AND INSURANCE REIMBURSEMENT

### Fees and Payment

Fees will be discussed and agreed upon prior to our first appointment. You may find my sliding scale fee schedule below and online at [drracheldavis.com](http://drracheldavis.com). Your signature on this form and the Fee Agreement form constitutes your agreement to pay the indicated fees.

All fees may be paid by cash, check or credit card. Checks should be made out to Rachel E. Davis, PhD, PC. Unless otherwise arranged, all payments are due at the beginning of each appointment.

If you accrue two unpaid appointments, no further appointments will be scheduled until your balance is paid in full. If your account is delinquent for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to use a collection agency or other legal means to secure payment. In most collection situations, the only information I release regarding a client's treatment is his or her name, the nature of services provided and the amount due.

The following fee schedule represents my sliding scale as of January 1, 2018:

I look forward to working with you and your child. If you have any questions, please feel free to contact me at (702) 776-8990.

Gross Annual Household Income (Per last tax return)	Neuropsychological Assessments, all inclusive		Individual Therapy (12 months to 18 years) per hour	Individual Social Skills Therapy (6- 18 years) per hour	Group Social Skills Therapy (when available) per session
	Infant/Children 12 Months – 5 years	Children or Adolescents 6- 22 years old			
\$60,000 and higher	\$1600	\$2100	\$175	\$175	\$75
\$48,000-\$59,999*	\$1400	\$1900	\$150	\$150	\$55
\$36,000-\$47,999*	\$1200	\$1600	\$130	\$130	\$45
\$24,000-\$35,999*	\$1000	\$1300	\$110	\$110	\$35
\$23,999 or less	\$800	\$1000	\$100	\$100	\$30

### Insurance Reimbursement

I am not contracted with any private insurance companies, and am thus considered an "out-of-network" for many of my clients. For these clients, I am unable to bill the private insurance provider directly. However, I routinely provide clients with a "Record of Services Provided & Fees Collected" (invoice). Clients may then submit this statement to their insurance company for reimbursement (if the client is entitled to out-of-network benefits). My clients generally report that this arrangement works well for them.

Please note that not all psychological services are covered by all insurance plans. Your insurance provider may only cover a portion of my fees. I strongly encourage you to review your health insurance policy prior to meeting with me in order to determine your mental health benefits. It is your responsibility to verify the specifics of your coverage and to file all claims on your own behalf.

Depending on your financial circumstances and total medical costs for any year, psychological services and the cost of transportation to and from appointments may be tax-deductible expenses. I encourage you to discuss this with a tax advisor.

*Medicare: I am required to inform you that currently I do not provide services through Medicare, regardless of your eligibility for these benefits. You are still able to use my services, but you are responsible for all charges.*

## PRIVATE PAY FEE AGREEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. I strongly encourage you to consider my fee schedule carefully prior to your initial appointment. I also encourage you to review your health insurance policy to determine your mental health benefits, any limitations on these benefits, if you are entitled to out-of-network benefits, and any reimbursement rates.

My fee schedule is listed below. CPT Codes are included in order to assist in your communication with your insurance provider. Unless otherwise discussed and agreed upon in writing, you are solely responsible for payment of fees as listed. Payment is due at the beginning of each appointment and may be paid via check or cash.

CPT Code	Service Provided	Time	Fee
90791	Psychiatric Diagnostic Evaluation ("Initial Appointment")	90-120 Minutes	\$175 per hour= \$262.50 - \$350.00 (see sliding scale)
90837	Individual Psychotherapy	60 Minutes	\$175.00 (see sliding scale)
90846	Family Psychotherapy without Patient Present	60 Minutes	\$175.00 (see sliding scale)
96118	Evaluations for ages 12 months to 5 years	Varies*	\$1600 (see sliding scale)
96118	Evaluations for ages 6-25 years	Varies*	\$2100
	Email and telephone consultation	10 Minutes	\$30
	Missed appointments (no Call/no show)	Time as scheduled	Full Fee
	Appointment Cancelled without 24 hours' notice	Time as scheduled	\$100
	Insufficient Funds (Returned Check)	N/A	\$25

Occasionally, clients request additional services such as supplemental reports, attendance at meetings, school visits or conferences, consultation with other providers, or other services not included in weekly psychotherapy or assessment. My fee for such services is \$175/hour or equivalent fee structure to that for individual therapy found on the sliding fee schedule.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge **\$250/hour** for preparation and attendance at any legal proceeding. Due to the unpredictable time requirements of court proceedings, there is a **four-hour minimum** time commitment for court appearances.

If you have questions or concerns regarding fees, I encourage you to speak with me directly. I am committed to providing need-based financial assistance on a limited basis (i.e., sliding fee schedule). If the financial commitment required for my services exceeds your resources, you may choose to contact your insurance provider for assistance locating an in-network mental health provider. I may be able to provide you with appropriate referrals as well.

### For Parents of Minors

The parent who brings the child is responsible for payment in full at the time of service. If the child attends a session without the parent, payment will need to be sent with the child or provided in advance. In the case of separated or divorced parents, where one parent is court-ordered to pay for services, a copy the court-order in its entirety must be provided before this information can be used. Additionally, in the case of separated or divorced parents where both parents have legal custody, both parents are required to review and sign the Fee Agreement Form and all of the Consent Forms.

## PRIVATE PAY FEE AGREEMENT CONTRACT

### Fee Agreement Summary

- I hereby acknowledge having received and reviewed the information contained in this document from Rachel E. Davis, PhD. I will have the opportunity to ask questions for clarification during our first appointment and may delay signing this document until that time.
- I understand that the fee for this assessment is covered by Clark County School District; however, any additional fees are my responsibility, unless other arrangements have been made in advance and documented in writing. All fees may be paid by cash or check. Checks can be made out to Rachel E. Davis, PhD, PC.
- I understand that I am responsible for all fees, even if I expect these charges to be covered by the Clark County School District or another third party payer. I understand that I am responsible for submitting all insurance claims on my own behalf.
- I understand that any insufficient funds (NSF) or returned checks may be subject to a \$25 fee.
- I understand that I will be charged for missed appointments or appointments canceled with less than ~~24~~ hours' notice. I understand that my insurance company will not reimburse me for missed appointments or appointments canceled with insufficient notice. Additionally, I understand that telehealth, phone and email consultation, and document review are not typically covered by insurance, and that I may not be reimbursed for these charges.
- My signature confirms that I will act in accordance with the terms detailed in this document and that I agree to participate in psychological services with this psychologist.
- I understand that Dr. Davis does not provide refunds.
- I understand that any and all unpaid balances may be turned over to a collection agency.

\_\_\_\_\_  
Client/Child's Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian #1 Name (Printed)

\_\_\_\_\_  
Parent/Guardian # 1 Signature / Date

\_\_\_\_\_  
Parent/Guardian #2 Name (Printed)

\_\_\_\_\_  
Parent/Guardian # 2 Signature / Date

\_\_\_\_\_  
Parent/Guardian #1 Name (Printed)

\_\_\_\_\_  
Parent/Guardian # 1 Signature / Date



# Rachel E. Davis, PhD, PC

Licensed Psychologist specializing in Pediatric Neuropsychology

## Authorization for Release of Information

I, \_\_\_\_\_, on behalf of \_\_\_\_\_  
*(Client, Client's Parent or Guardian)* *(Child's Name or "Myself")*

authorize the following agencies or person:

	<u>Agency/Person</u>
Rachel E. Davis, PhD, PC	Office of Compliance and Monitoring
7341 W. Charleston Blvd., Ste. 140	Clark County School District
Las Vegas, NV 89117	3626 S. Pecos McLeod, Las Vegas, NV 89121
T: (702) 776-8990 F: (702) 776-8548	T: (702) 799-7461 Fax: (702) 799-3760

### To make the following transaction:

- ☐ Rachel E. Davis, PhD, PC to disclose information to Agency/Person
- ☐ Agency/Person to disclose information to Rachel E. Davis, PhD, PC
- ☒ Rachel E. Davis, PhD, PC and Agency/Person to disclose information to each other

### Description of individually identifiable health information to be release/exchanged/obtained: (Please Initial All that apply)

<input type="checkbox"/> Entire Record	<input type="checkbox"/> Session Dates	<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Psychological Testing/Report	<input type="checkbox"/> Treatment Notes	<input type="checkbox"/> Genetic Testing Results
<input type="checkbox"/> Neuropsychological Test Report	<input type="checkbox"/> Treatment Plan(s)	<input type="checkbox"/> School IEP/MDT
<input type="checkbox"/> Developmental Testing/Report	<input checked="" type="checkbox"/> Other: <u>Independent Educational Evaluation report</u>	

### The purpose of this release is (please INITIAL ALL that apply):

<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Legal Purposes	<input type="checkbox"/> Insurance
<input type="checkbox"/> Neuropsychological Evaluation	<input type="checkbox"/> Transferring Care	<input checked="" type="checkbox"/> Educational Planning
<input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Personal	<input checked="" type="checkbox"/> Payment for Services

This authorization will expire one year from the date of the signature below.

I understand that this authorization is voluntary. I understand that my or my child's health information may be protected by the Federal Rules for privacy of Individually Identifiable Health Information and/or state laws. I understand that my or my child's records may contain information regarding my or my child's mental health and other confidential information. I further understand that by signing below, I am authorizing the release or exchange of these records to/from the parties named above.

Signature of Client, Parent, or Legal Guardian	Print Name	Date
--	------------	------

Relationship to Minor	Witness	Date
-----------------------	---------	------

I understand that I may revoke this authorization at any time by notifying staff at Rachel E. Davis, PhD, PC in writing, but if I do, it will not have any effect on any actions staff took before I revoked my consent. Additionally, revoking this authorization prior to submission of the report makes me financially liable for payment for the assessment.

7341 W. Charleston Blvd., Ste. 140, Las Vegas, NV 89117

Telephone: (702) 776- 8990

Fax: (702) 776-8548

Website: drracheldavis.com

**EXHIBIT G**

**EXHIBIT G**

**EXHIBIT G**

SCANNED

[REDACTED]

Procedurally, when you have chosen an evaluator, please ask that evaluator to immediately contact Ms. Barbara Fair in the District's Office of Compliance and Monitoring at (702) 799-1020 to advise her of the intent to evaluate Amira. Additionally, please provide that evaluator with the attached forms and then have the completed forms sent to Barbara Fair in the Office of Compliance and Monitoring via fax at (702) 799-1066. The Clark County School District should be billed for the IEE through the Office of Compliance and Monitoring. The evaluator will need to send an invoice along with the completed IEE Report directly to the Office of Compliance and Monitoring to enable payment.

Once the IEE Report is received by the District and shared with Amira's school, the school's Multidisciplinary Team (MDT) will contact you to officially convene to review and consider Amira's IEE results, discuss her educational profile, identify any additional evaluation that may be required by the school team if any, and formally revisit her special education eligibility classification. If you have any questions regarding the aforementioned information, please do not hesitate to contact me at 702-799-7465.

Sincerely,

*Robert C. Weires*

Robert C. Weires  
Director I, Psychological Services

Attachments: Explanation of Procedural Safeguards; Independent Educational Evaluation Referral List; IEE Evaluation and Evaluator Criteria

C: [REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]

Main Office: 5100 WEST SAHARA AVENUE • LAS VEGAS, NEVADA 89146 • TELEPHONE (702) 799-CCSD (2273)

**EXHIBIT H**

**EXHIBIT H**

**EXHIBIT H**

**RACHEL ELIZABETH DAVIS**  
 (formerly Simmons)  
 Curriculum Vita  
 7/5/15

Rachel E. Davis, PhD, PC  
 Licensed Psychologist  
 Specializing in Pediatric Neuropsychology  
 7341 W. Charleston Blvd., Ste. 140  
 Las Vegas, NV, 89117  
 Telephone: (702) 776-8990  
 Fax: (702)-776-8548  
 Website: drracheldavis.com

## **LICENSE**

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May 2015      Nevada Board of Psychological Examiners  
 Licensed Psychologist NV PY0753

## **EDUCATION**

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December      Doctor of Philosophy  
 2013      University of Nevada, Las Vegas, NV  
             Dissertation title: *Investigating Potential Factors that Influence Recruitment for  
    Parenting Skills Classes*  
             Research Advisor: Cortney Warren, Ph.D.

June 2012      Professional Internship in Clinical Psychology  
 -June 2013      Psychology Predoctoral Intern, Nevada Psychological Association Training  
                     Consortium  
                     Touro Center for Autism and Developmental Disabilities, Las Vegas, NV  
                     *Supervisors:* Nicole Cavanagh, Ph.D. and Karen Sims, Ph.D.  
                     *Training Director:* Gary Lenkeit, Ph.D.

December      Master of Arts  
 2009      University of Nevada, Las Vegas, NV  
             Thesis title: *Diversity Issues in Recruitment and Retention of Clients for Parenting  
    Skills Classes*  
             Research Advisor: Cortney Warren, Ph.D.

December      Bachelor of Arts (Magna Cum Laude)  
 2004      University of Nevada Las Vegas, Las Vegas, NV  
             *Major:* Psychology      *Minor:* Sociology

## **SUPERVISED CLINICAL TRAINING**

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January 2014-May 2015	<p><u>Postdoctoral Scholar</u>  <i>University of Nevada Las Vegas, Center for Autism Spectrum Disorders, Las Vegas, NV</i></p> <p>Community-focused outpatient clinic for the assessment, research, and training of persons with Autism Spectrum Disorder, their families, and community service providers in Southern Nevada. I conducted a variety of neuropsychological, cognitive, language, and adaptive functioning tests with children age 1 to 17 years within a multidisciplinary setting. Additionally, I participated in multidisciplinary assessments of children for the purpose of diagnosing Autism and Fetal Alcohol Spectrum Disorders. I provided supervision for graduate level students in Clinical Psychology, Education Psychology, and Clinical Mental Health programs in the selection, administration, scoring, interpretation, and reporting of various personality, neuropsychological, developmental, language, and adaptive functioning measures. I consulted with other professionals, participated in multidisciplinary staff meetings, didactic seminars, and received supervision.  <i>Primary Supervisors: W. Paul Jones, Ed.D. and Julie Beasley, Ph.D.</i></p>
September 2013-December 2013	<p><u>Psychometrist</u>  <i>University of Nevada Las Vegas, Center for Autism Spectrum Disorders, Las Vegas, NV</i></p> <p>Community-focused outpatient clinic for the assessment, research, and training of persons with Autism Spectrum Disorder, their families, and community service providers in Southern Nevada. I conducted a variety of neuropsychological, cognitive, language, and adaptive functioning tests with children age 1 to 17 years within a multidisciplinary setting. Additionally, I participated in multidisciplinary assessments of children for the purpose of diagnosing Autism Spectrum Disorder. I provided supervision for graduate level students in Clinical Psychology and Education Psychology in the selection, administration, scoring, interpretation, and reporting of various personality, neuropsychological, developmental, language, and adaptive functioning measures. I wrote integrated reports and progress notes. I consulted with other professionals, participated in multidisciplinary staff meetings and received supervision.  <i>Primary Supervisor: W. Paul Jones, Ed.D.</i></p>
June 2012-June 2013	<p><u>Psychology Predoctoral Intern</u>  <i>Nevada Psychological Association Training Consortium, Las Vegas, NV</i></p> <p>Community-based outpatient clinic at Touro University. I conducted a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and school achievement tests with children age 2 to 17 years within a multidisciplinary setting. Additionally, I provided cognitive behavioral therapy to children with pervasive developmental disorders and anxiety disorders. I provided behavioral therapy to children with ADHD. I worked as a co-therapist providing ABA therapy to children with a variety of disorders. I wrote integrated reports and progress notes. I consulted with other professionals, participated in multidisciplinary clinical rounds/treatment planning meetings, didactic seminars, and received supervision.</p>



*Primary Supervisors:* Nicole Cavanagh, Ph.D. and Karen Sims, Ph.D.

Summer 2009- Doctoral Practicum Student

May 2011 *Touro University Center for Autism and Developmental Disabilities  
Henderson, NV*

Community-based outpatient clinic. At this practicum site, I conducted a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and school achievement tests with children age 2 to 17 years within a multidisciplinary setting. Additionally, I wrote integrated reports and progress notes. I consulted with other professionals, participated in multidisciplinary clinical rounds/treatment planning meetings and received supervision.

*Primary Supervisors:* Nicole Cavanagh, Ph.D. and Lewis Etkoff, Ph.D., ABPN

Fall 2008- Doctoral Practicum Student

Summer 2009 *Julie Beasley, Private Neuropsychology Practice*

Private pediatric neuropsychology practice. At this practicum site, I conducted a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and school achievement tests with children age birth to 18 years in both Dr. Beasley's private practice and the Lilli Claire Foundation settings. At the Lilli Claire foundation, I provided neuropsychological assessment and participated in multidisciplinary team meetings aimed at diagnosing children with Fetal Alcohol Syndrome and alcohol related neurological disorders. Additionally, I led group therapy sessions for children with Developmental Disorders, ADHD, and Mood Disorders; wrote integrated reports and progress notes; consulted with other professionals; and received supervision.

*Primary Supervisor:* Julie Beasley, Ph.D.

Fall 2007- Doctoral Practicum Student

Spring 2008 *Early Childhood Mental Health: Las Vegas, NV*

State mental health agency. At this practicum site I coordinated wrap-around services for low-income families of children age birth to five years with Severe Emotional Disturbances, provided family and individual therapy, developed and initiated treatment plans, and facilitated multi-disciplinary team meetings. Additionally I wrote progress notes, consulted with other professionals, received supervision, and wrote integrated reports.

*Primary Supervisor:* Maggie Freese, Ph.D., M.P.H.

Fall 2006- Doctoral Practicum Student

Summer 2007 *Center for Individual, Couple, and Family Counseling: University of Nevada, Las Vegas*

Outpatient psychology clinic. At this practicum site, I conducted therapy with a diverse clientele who had a myriad of problems including personality disorders, depression, adjustment issues, specific phobia, anger management, relationship issues, and stress management. Additionally I wrote progress notes, consulted with other professionals, received supervision, administered and scored psychodiagnostic tests, conducted intakes using semi-structured interviews, conducted comprehensive assessments for learning disorders, and wrote integrated reports.

*Primary Supervisors:* Christopher Kearney, Ph.D and Michelle Carro, Ph.D.

August 2003- Undergraduate Field Trainee  
 May 2004 *School Refusal and Anxiety Disorders Clinic, University of Nevada Las Vegas, NV*  
 Outpatient psychology clinic. In this position I interacted with children age 6 to 15 years, observed assessments and treatment sessions, assisted in administering various assessment measures and self-report inventories including sections of the ADIS, School Refusal Assessment Scale, CDI, WPS, and CASI. I also scored a variety of assessment instruments, attended therapy sessions in both the clinic and at clients' homes, made therapeutic social phone calls and subsequently wrote weekly reports.  
*Supervisors:* Christopher Kearney, Ph.D. and Jennifer Vecchio, M.A.

## **PROVISION OF SUPERVISION**

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June 2015- Supervisor  
 present *Supervision of graduate student intern, a psychometrist, and graduate assistant providing services at the UNLV Center for Autism Spectrum Disorders.*  
 Outpatient assessment clinic. I established a supervisory relationship with and provided individual supervision to an educational psychology predoctoral intern, a graduate assistant, and a psychometrist. I provided the students with didactic training in the selection and administration of various assessment measures, modeled assessment skills, role-played new skills, and provided guidance and feedback on diagnosing and report writing. I assist the students in developing and attaining professional development goals. Additionally, I review the students' video-taped assessment sessions, monitor scoring of assessments, and prepared for and received supervision of supervision.  
*Supervisor:* Julie F. Beasley, Ph.D.

September 2013- Supervisor  
 May 2015 *Supervision of graduate practicum students providing services at the UNLV Center for Autism Spectrum Disorders and the P.R.A.C.T.I.C.E. Psychological Assessment Training Clinic.*  
 Outpatient assessment clinics. I established a supervisory relationship with and provided individual supervision to a second-year clinical psychology doctoral student, a first-year educational psychology doctoral student, and a first-year clinical mental health masters student. I provided the students with didactic training in the selection and administration of various assessment measures, modeled assessment skills, role-played new skills, and provided guidance and feedback on report writing. I also monitored therapy services provided to clients and assisted the students in developing and attaining professional development goals. Additionally, I reviewed the student's video-taped assessment sessions, monitored scoring of assessments, and prepared for and received supervision of supervision.  
*Supervisor:* W. Paul Jones, Ed.D. and Julie F. Beasley, Ph.D.

Summer 2009 Student supervisor  
*Supervision of a Junior Practicum Student providing services at Center for Individual, Couple, and Family Counseling: University of Nevada, Las Vegas*  
 Outpatient psychology clinic. I established a supervisory relationship with and provided individual supervision to a third-year clinical psychology doctoral student. I providing the junior therapist with didactic training in therapy skills, modeled and role-played new skills using an interpersonal therapy approach. I also monitored

therapy services provided to clients and assisted the student in developing and attaining professional development goals. Additionally, I reviewed the student's video-taped therapy sessions, monitored client chart documentation, and prepared for and received supervision of supervision.

*Supervisor: Michelle Carro, Ph.D.*

Spring 2007- Undergraduate Research Supervisor

Present

*Thesis and Dissertation projects, University of Nevada, Las Vegas, NV*

While working on my thesis and dissertation projects I supervised a total of nine undergraduate research assistants. I trained them in all aspects of the research: conducting literature reviews, summarizing information, transcribing qualitative interviews, use of complex functions in Excel and Microsoft Word, basic quantitative processes on SPSS, and sophisticated qualitative data coding processes using Atlas.ti. I led research meetings and provided individualized feedback. Additionally, I provided extensive mentoring on how to apply to graduate school. I also wrote letters of recommendation for those research assistants who applied to graduate schools.

Fall 2004- Head Research Assistant

Spring 2005

*Baby and Child Rebel Lab, University of Nevada, Las Vegas, NV*

Research lab. While working in this research laboratory I supervised 3-11 undergraduate research assistants per semester. I trained them in all aspects of the research protocols: recruitment of participants, performing informed consent, working complex apparatus, and sophisticated data coding processes. I maintained a professional work environment and resolved conflicts when they arose.

## **PROGRAM MANAGEMENT EXPERIENCE**

Fall 2009 – Assistant Director

Summer 2010 *Touro University, Child Assessment Program, Henderson, NV*

Low cost assessment clinic. I developed the concept, wrote the program proposal, and conducted a cost-benefit analysis for a student run low-cost neuropsychological assessment clinic for children whose families demonstrate financial disadvantage. I established internal protocols and forms, developed flexible assessment batteries, and established eligibility criteria. I also conducted assessments and wrote reports.

*Supervisor: Nicole Cavenagh, Ph.D.*

## **TEACHING EXPERIENCE**

Aug. 2014- Instructor

Dec. 2015

*Autism Spectrum Disorders, MHDD 210, College of Southern Nevada, Las Vegas, NV*

I taught an online section addressing the epidemiology, assessment, and treatment approaches for Autism Spectrum Disorders including: defining behavior, data collection, principles and application of behavior change techniques, and implementation of behavioral programs. I developed syllabi; planned courses, developed Canvas content pages, exams, and quizzes; developed and graded discussion posts.

- Aug. 2014- Instructor  
 Dec. 2015 *Introduction to Counseling, CPD 117, College of Southern Nevada, Las Vegas, NV*  
 I taught an online section addressing various counseling theories and approaches. I developed syllabi; planned courses, developed Canvas content pages, exams, and quizzes; developed and graded discussion posts.
- Nov. 2013- Guest Lecturer  
 Dec. 2015 *Child Assessment, PSY 715, University of Nevada, Las Vegas*  
 Topic: Autism Spectrum Disorder: An Overview of Assessment and Differential Diagnosis
- Sept. 2012 Instructor  
 Nov. 2012 *Introduction to Therapeutic Interventions, MHDD 109, College of Southern Nevada, Las Vegas, NV*  
 I taught an online section addressing the basic approaches to behavioral intervention including: defining behavior, data collection, principles and application of behavior change techniques, and implementation of behavioral programs. I developed syllabi; planned courses, developed Angel content pages, exams, and quizzes; developed and graded discussion posts.
- August 2012 Instructor  
 -July 2013 *Issues in Substance Abuse, MHDD 150, College of Southern Nevada, Las Vegas, NV*  
 I taught online sections designed to provide an overview of substance abuse issues, the study of basic treatment approaches, introduction to biological, lifestyle factors and legal issues. I developed syllabi; planned courses, developed Angel and Canvas content pages, exams, and quizzes; developed and graded discussion posts.
- August 2007 Instructor  
 - May 2011 *Introduction to Psychology, PSY 101, University of Nevada Las Vegas, NV*  
 I taught sections of live-online hybrid Psychology 101 courses, for which I developed syllabi; planned courses; prepared and presented lectures; facilitated class discussions; developed WebCampus quizzes and content pages; wrote and graded exams.
- September Guest Lecturer  
 2010 *Child Assessment, PSY 715, University of Nevada, Las Vegas*  
 Topic: Assessment of Autism Spectrum Disorders
- August 2009 Instructor  
 - Fall 2010 *Child Behavior Disorders, PSY 438, University of Nevada, Las Vegas, NV*  
 I taught six sections of live-online hybrid classes on child psychopathology: developed syllabi; planned courses; prepared and presented lectures; facilitated class discussions; developed WebCampus quizzes and content pages; developed and graded a paper component, wrote and graded exams.

October 2005      Guest Lecturer  
*Child Behavior Disorders, PSY 438* University of Nevada Las Vegas, NV  
 Topic: Behavior Modification

February 2005      Guest Lecturer  
*Infant and Child Development, PSY 430, University of Nevada Las Vegas, NV*  
 Topic: Motor Development

## **SPECIAL TRAININGS AND WORKSHOPS ATTENDED**

### **CLINICAL**

Fall 2013      Training: ADOS2: Training for Clinicians. NvLEND, University of Nevada Reno. Amy Esler, Ph.D.

Fall 2013      Training: 2013 Adventures on the Electronic Frontier: Ethics & Risk Management in the Digital Era. Las Vegas, NV. Jeffrey Younggren, Ph.D. ABPP

Summer 2013      Training: DSM-5: What You Need to Know, Las Vegas, NV. Barry Cole, MD, DFAPA and Dodge Slagle, DO, FAPA

Spring 2013      Training: Acceptance and Commitment Therapy with Children. Las Vegas, NV. Nicole Williams, Ph.D.

Spring 2013      Training: Healthcare Reform 2013: Implications for Professional Practice. Las Vegas, NV. Katherine Nordal, Ph.D.

Spring 2013      Training: Relabeling the Medications We Call Antidepressants: Are They Better Anti-aphrodisiacs? Las Vegas, NV. David Antonuccio, Ph.D.

Spring 2013      Training: Mental Health Parity Law and Essential Mental Health Insurance Benefits under ACA. Las Vegas, NV. Stacey Tovino, J.D., Ph.D.

Spring 2013      Training: Coping Cat: Cognitive Behavioral Therapy for Anxious Children. Las Vegas, NV. Carla Perlotto, Ph.D.

Fall 2012      Training: Dialectical Behavior Therapy. Alan Fruzzetti, Ph.D.

Fall 2012      Training: Ethics and Ethical Decision Making for Nevada Psychologists. Stephen Behnke, J.D., Ph.D.

Summer 2012      Training: Behavioral Intervention for Tics in Youth and Adults. John Piacentini, Ph.D., ABPP

Fall 2011      Training: Autism Diagnostic Observation Schedule Workshop. Las Vegas, NV. Barbara Webb, Ed.D.

- Spring 2008 Training: Trauma in Infant-Preschooler Mental Health: Assessment, Diagnosis, & Treatment. Las Vegas, NV. Beth Limberg, Ph.D.
- Fall 2007 Training: Diagnostic Classification of Infants and Young Children: DC 0-3R, Las Vegas, NV. Karen Frankel, Ph.D., in conjunction with: Maryanne Aaronson, Margaret Freese, Ph.D., Lisa Walker, and Renee Reveles
- Fall 2007 Training: Acceptance and Commitment Therapy (ACT), Steven Hayes, Las Vegas, NV
- Spring 2007 Training: Child Maltreatment Reporting for Mandated Mental Health Professionals. Krisann Alvarez, MA, University of Nevada, Las Vegas

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## TEACHING

- Fall 2013 Workshop: 2013 Adjunct Faculty Impact Conference, Texas Station, Las Vegas, NV
- Fall 2008 Training: Pedogically Sound PowerPoint. Teaching and Learning Center, University of Nevada Las Vegas
- Summer 2008 Training: PowerPoint II Multimedia Features Teaching and Learning Center, University of Nevada Las Vegas
- Summer 2008 Training: PowerPoint Basics. Teaching and Learning Center, University of Nevada Las Vegas
- Summer 2007 Training: WebCampus Basics. Teaching and Learning Center, University of Nevada Las Vegas

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## EMPLOYMENT

- July 2015-present Licensed Psychologist  
*UNLV Center for Autism Spectrum Disorders, Las Vegas, NV*  
 University outpatient clinic. My duties for this position include conducting a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and adaptive measures with children age 1 to 17 years within a multidisciplinary setting. Additional duties I perform include writing integrated reports, consulting with other professionals, and providing supervision to interns, graduate assistants, and practicum students.
- January 2014-June 2015 Postdoctoral Scholar  
*UNLV Center for Autism Spectrum Disorders, Las Vegas, NV*  
 University outpatient clinic. My duties for this position include conducting a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and



adaptive measures with children age 1 to 17 years within a multidisciplinary setting. Additional duties I perform include writing integrated reports, consulting with other professionals, and receiving supervision.

*Supervisor:* Shannon Crozier, BCBA-D, Ph.D.

September 2013- Psychometrist

December 2013 *UNLV Center for Autism Spectrum Disorders, Las Vegas, NV*

University outpatient clinic. My duties for this position include conducting a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and adaptive measures with children age 1 to 17 years within a multidisciplinary setting. Additional duties I perform include writing integrated reports, consulting with other professionals, and receiving supervision.

*Supervisor:* Shannon Crozier, BCBA-D, Ph.D.

August 2012- Part Time Instructor

July 2013 *College of Southern Nevada, Las Vegas, NV*

Community College. I developed syllabi; planned courses; developed Angel and Canvas content pages, exams, and quizzes; developed and graded discussion posts for introductory level classes in Mental Health and Developmental Disabilities.

*Supervisor:* Jerry Hodges

June 2012- Psychology Predoctoral Intern

June 2013 *Touro University Nevada, Center for Autism and Developmental Disabilities, Henderson, NV*

Community-based outpatient clinic at Touro University. I conducted a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and school achievement tests with children age 2 to 17 years within a multidisciplinary setting. Additionally, I provided cognitive behavioral therapy to children with pervasive developmental disorders and anxiety disorders. I provided behavioral therapy to children with ADHD. I worked as a co-therapist providing ABA therapy to children with a variety of disorders. I wrote integrated reports and progress notes. I consulted with other professionals, participated in multidisciplinary clinical rounds/treatment planning meetings, didactic seminars, and received supervision.

*Primary Supervisors:* Nicole Cavanagh, Ph.D. and Karen Sims, Ph.D.

June 2011- Psychometrist

June 2012 *Touro University Center for Autism and Developmental Disabilities Las Vegas, NV*

Community-based outpatient clinic. My duties for this position include conducting a variety of neuropsychological tests, IQ tests, behavioral observations, developmental and school achievement tests with children age 2 to 17 years within a multidisciplinary setting. Additional duties I perform include writing integrated reports, consulting with other professionals, and receiving supervision.

*Supervisor:* Nicole Cavanagh, Ph.D.

September 2007-

May 2011 Part Time Instructor- Graduate Assistant

*University of Nevada, Las Vegas, NV*

University. I developed syllabi, planned courses, prepared and presented lectures, facilitated class discussions, developed WebCampus quizzes and content pages, developed and graded a paper component, wrote and graded exams, for introduction to psychology survey classes and upper division child psychopathology classes.

*Supervisor: Mark Ashcraft, Ph.D.*

September 2006-

August 2007 Graduate Assistant- Administrative Assistant

*Center for Individual, Couples, and Family Counseling*

Outpatient psychology clinic. I opened and closed the center; retrieved and relayed voicemail messages; telephone-screened clients; scheduled and performed intakes; greeted clients and collected fees; resolved and made daily deposits; and conducted data entry. Additionally, I coordinated staff meetings times and schedules, reorganized the filing system, interfaced with student therapists, assisted with an audit, and assisted in resolving procedural irregularities.

*Supervisor: Colleen Peterson, Ph.D.*

January-

June 2006

Consultant

*Family Development Foundation, Las Vegas, NV*

Non-profit organization. I facilitated parenting classes aimed at decreasing violence and increasing family harmony; facilitated youth violence prevention group interventions; conducted program development and participant recruitment; served as liaison with several schools and community organizations; collected research data; and assisted in the development of a CBT based youth violence prevention manual.

*Supervisors: Bradley Donohue, Ph.D. and Sherri Sullivan, Program Director.*

January –

Dec. 2005

Lab Manager

*Baby and Child Rebel Lab, University of Nevada, Las Vegas, NV*

Research facility. I assisted in establishing a research laboratory; performed office management duties, designed and instituted internal protocols; evaluated computer programs; trained and supervised up to 11 research assistants concurrently. I designed data compilation spreadsheets, conducted reliability analyses, performed data audits, recruited participants, scheduled participants, and conducted studies.

*Supervisor: Jennifer Ramsey, Ph.D.*

September 2003 –

August 2004 Study Coordinator

*Nevada Behavioral Health, Inc., Las Vegas, NV 89102,*

Research facility. As study coordinator, I screened potential subjects and ensured potential participant compliance in inclusion/exclusion criteria. Additionally, I interviewed, hired, trained, and supervised staff; served as liaison with sponsor and IRB; worked on submission of IRB documents; submitted payroll for employees; set up the research site and maintained the research schedule.

*Supervisor: Ann Childress, M.D.*

## SERVICE

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- 2013-present Member Institutional Review Board (IRB)  
 Clark County School District, Las Vegas, NV  
 I serve on ad hoc appointed committees as needed. My tasks include review of research applications submitted to the Clark County School District's Assessment, Accountability, Research & School Improvement Division to insure compliance with federal and state regulations for conducting research involving human subjects and to evaluate the soundness of proposed research designs.
- Fall 2009 – Assistant Director  
 Summer 2010 *Touro University, Child Assessment Program, Las Vegas, NV*  
 I administered a low-cost neuropsychological assessment clinic for children whose families demonstrate financial disadvantage. I developed the program, conducted assessments, and wrote reports.
- 2006-2010 Incoming Graduate Student Mentor  
*University of Nevada, Las Vegas*  
 I provided mentorship to incoming clinical psychology students during their first year of graduate study at UNLV.
- 2008-2010 Mentor  
*Outreach Undergraduate Mentoring Program, University of Nevada, Las Vegas*  
 I provided mentorship and support to students from under-represented groups at UNLV who are interested in pursuing a mental health graduate degree.
- 2009-2010 Clinical Student Committee Co-chair  
*Clinical Student Committee, University of Nevada, Las Vegas*  
 I developed meeting agendas and led clinical student meetings; planned and implemented new policies and procedures; coordinated fundraising activities; planned student centered events; attended monthly faculty meetings and served as liaison between the clinical student committee and faculty. Additionally, I worked closely with faculty to coordinate activities for prospective incoming graduate students on interview day, arranged housing, and arranged transportation for interviewees. I also collected student feedback on graduate student applicants and relayed it to faculty. Similarly, I collected and relayed graduate student feedback on job talks and student interactions with applicants for faculty positions.
- 2008-2009 Cohort Representative  
*Clinical Student Committee, University of Nevada, Las Vegas*  
 Served as cohort representative on the UNLV Psychology Department's Clinical Student Committee. I was responsible for relaying student concerns to the clinical student committee, planned and implemented new policies and procedures, fundraising, and planned events. I also served as Co-chair of Annual Faculty Advisor Satisfaction Survey committee, for which I coordinated efforts to develop a form for students to evaluate and provide feedback to their faculty advisors.

- 2006-2007 Campus Representative  
*American Psychological Association of Graduate Students*  
 I relayed important updates from APAGS to students, notified graduate students of opportunities to advocate for important legislative actions relevant to psychology, tracked student involvement, and reported student response rates to APAGS.
- 2005-2006 Vice-President  
*Psi Chi, University of Nevada Las Vegas*  
 Served as vice president of Psi Chi honor society for one year, and encouraged student participation within the psychology department, planned events, provided students with pertinent information regarding research, community volunteer opportunities, and the process of applying to graduate school.
- 2005 Service Committee  
*Achievement Center, University of Nevada, Las Vegas*  
 Assisted in the organization and completion of a canned food drive for Easter Seals and raising funds/donations of items for Shade Tree, a local shelter for abused and homeless women and children.
- 2004-2005 President  
*Psychology Club, University of Nevada, Las Vegas*  
 I scheduled and planned bi-weekly meetings, encouraged students to participate in department activities and community service opportunities, organized guest speakers and workshops on applying for graduate school. Organized a canned food drive for HELP of Southern Nevada
- 2003-2004 Secretary  
*Psychology Club, University of Nevada Las Vegas*  
 I attended all meetings, took meeting minutes, read minutes from previous meetings, posted meeting minutes via website, and maintained records of meeting minutes.
- 2013-present Member Institutional Review Board (IRB)  
 Clark County School District, Las Vegas, NV  
 I serve on ad hoc appointed committees as needed. My tasks include review of research applications submitted to the Clark County School District's Assessment, Accountability, Research & School Improvement Division to insure compliance with federal and state regulations for conducting research involving human subjects and to evaluate the soundness of proposed research designs.
- Fall 2009 – Assistant Director  
 Summer 2010 *Touro University, Child Assessment Program, Las Vegas, NV*  
 I administered a low-cost neuropsychological assessment clinic for children whose families demonstrate financial disadvantage. I developed the program, conducted assessments, and wrote reports.

- 2006-2010 Incoming Graduate Student Mentor  
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 I provided mentorship to incoming clinical psychology students during their first year of graduate study at UNLV.
- 2008-2010 Mentor  
*Outreach Undergraduate Mentoring Program, University of Nevada, Las Vegas*  
 I provided mentorship and support to students from under-represented groups at UNLV who are interested in pursuing a mental health graduate degree.
- 2009-2010 Clinical Student Committee Co-chair  
*Clinical Psychology Student Committee, University of Nevada, Las Vegas*  
 I developed meeting agendas and led clinical student meetings; planned and implemented new policies and procedures; coordinated fundraising activities; planned student centered events; attended monthly faculty meetings and served as liaison between the clinical student committee and faculty. Additionally, I worked closely with faculty to coordinate activities for prospective incoming graduate students on interview day, arranged housing, and arranged transportation for interviewees. I also collected student feedback on graduate student applicants and relayed it to faculty. Similarly, I collected and relayed graduate student feedback on job talks and student interactions with applicants for faculty positions.
- 2008-2009 Cohort Representative  
*Clinical Psychology Student Committee, University of Nevada, Las Vegas*  
 Served as cohort representative on the UNLV Psychology Department's Clinical Student Committee. I was responsible for relaying student concerns to the clinical student committee, planned and implemented new policies and procedures, fundraising, and planned events. I also served as Co-chair of Annual Faculty Advisor Satisfaction Survey committee, for which I coordinated efforts to develop a form for students to evaluate and provide feedback to their faculty advisors.
- 2006-2007 Campus Representative  
*American Psychological Association of Graduate Students-UNLV campus*  
 I relayed important updates from APAGS to students, notified graduate students of opportunities to advocate for important legislative actions relevant to psychology, tracked student involvement, and reported student response rates to APAGS.
- 2005-2006 Vice-President  
*Psi Chi, University of Nevada Las Vegas*  
 Served as vice president of Psi Chi honor society for one year, and encouraged student participation within the psychology department, planned events, provided students with pertinent information regarding research, community volunteer opportunities, and the process of applying to graduate school.
- 2005 Service Committee  
*Achievement Center, University of Nevada, Las Vegas*  
 Assisted in the organization and completion of a canned food drive for Easter Seals and raising funds/donations of items for Shade Tree, a local shelter for abused and homeless women and children.

- 2004-2005     President  
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 I scheduled and planned bi-weekly meetings, encouraged students to participate in department activities and community service opportunities, organized guest speakers and workshops on applying for graduate school. Organized a canned food drive for HELP of Southern Nevada
- 2003-2004     Secretary  
*Psychology Club, University of Nevada Las Vegas*  
 I attended all meetings, took meeting minutes, read minutes from previous meetings, posted meeting minutes via website, and maintained records of meeting minutes.

## **RESEARCH EXPERIENCE**

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- May 2009-  
 August 2013     Student Investigator  
 Dissertation title: *Investigating Potential Factors that Influence Recruitment for Parenting Skills Classes*  
 To provide culturally sensitive parent training to diverse populations, program designers must understand the parenting beliefs that are unique to minority, at-risk populations who currently underutilize their programs. In a qualitative study of 13 high-risk African American mothers, I investigated deterrents to recruitment and participation in parenting skills classes for my Master's thesis. For my dissertation, I investigated the generalizability of one of the themes that arose from my thesis research, the *Mothers Shouldn't Need Help Script* (Davis, 2009), in a larger sample of African American and European American mothers. Mothers in this study completed various self-report measures about their parenting beliefs and attitudes towards authority.  
*Research Advisor: Cortney Warren, Ph.D.*
- Nov. 2007-  
 May 2009     Student Investigator  
 Thesis title: *Diversity Issues in Recruitment and Retention of Clients for Parenting Skills Classes*  
 Juvenile delinquency and child maltreatment are ubiquitous problems that disproportionately affect low-income African American families. Research supports the efficacy of programs that teach parenting skills in preventing or remediating juvenile delinquency and child maltreatment. Unfortunately, data from most parenting classes suggest dismal attendance and participation rates for racial- and ethnic-minorities from low-income backgrounds. The lack of effective recruitment may be due, in part, to the level of cultural competency inherent in the design, content, and implementation of existing parenting classes. I used semi-structured interviews and the qualitative methodology of grounded theory, to explore the self-reported parenting beliefs, values, and struggles of a sample of low-income African American mothers. Analysis of the interviews explicated seven themes in the beliefs of these mothers. These data may be useful in guiding parenting program design to increase the relevancy and effectiveness of parenting skills classes for this population.  
*Research Advisor: Cortney Warren, Ph.D.*



- August 2004- Research Assistant  
 October 2006 *Achievement Center, University of Nevada Las Vegas, NV*  
 Research duties included extensive experience assisting in the development of a treatment manual, including serving as an Associate Editor, for child neglecting mothers who abuse drugs. Duties also included working with mothers recovering from substance abuse problems and their families in home-based family-therapy setting; providing psychoeducation about drug and alcohol abuse, behavior modification techniques, parenting skills, and communication skills. As chair of the Research Committee, developed templates for IRB proposals; revised and updated electronic library; and trained personnel in research duties.  
*Supervisors:* Bradley Donohue, Ph.D. and Heather Hill, M.A.
- 2004-2006 Research Assistant and Lab Coordinator  
*Baby and Child Rebel Lab, University of Nevada Las Vegas, NV*  
 Intensive research experience with infants that dealt with all phases of initiating and conducting research including, but not limited to: literature searches; writing a human subjects protocol application; designing studies; designing and maintaining data management system; conducting data analyses; recruiting and interacting with participants; training and supervising research assistants; and designing and instituting internal protocols.  
*Supervisor:* Jennifer Ramsey-Rennels, Ph.D.
- Summer  
 2005 Research Assistant/Facilitator  
 Thesis title: *Shifting Gears: A Workshop to Increase Well Being in Older Adults Residing in Congregate Housing.*  
 Administered pre-and post-assessment measures, prepared materials, facilitated two workshops, wrote progress notes, received supervision for a Master's thesis study designed to educate older adults living in congregate housing about basic coping strategies for common stressors.

## PHARMACEUTICAL RESEARCH

- February 2004- Study Coordinator  
 August 2004 *Shire Pharmaceutical Development, Inc.*  
 A Phase 2, Randomized, Double-blind, Multi-center, Placebo- and Active-controlled, Crossover Study of SPD465 in Adults with Attention-Deficit Hyperactivity Disorder (ADHD). Duties included data entry, facilitating subject visits, vital signs, performing ECG's, query resolution, processing and shipping medical laboratory samples, recording and distribution of study medications, performing Kaufman Brief Intelligence Tests (K-BIT); telephone screening potential subjects for inclusion/exclusion criteria; interviewing, hiring, training, and supervising staff; liaison with sponsor and IRB; submission of IRB documents; submitting payroll for employees; setting up research site and maintaining research schedule.
- January 2004- Study Coordinator/ Rater  
 August 2004 *Novartis Pharmaceutical Corp.*  
 A randomized, multi-center, double-blind, cross-over study comparing the efficacy and safety of Focalin TM LA 20 mg versus placebo in children (6-12 years) with

Attention- Deficit/ Hyperactivity Disorder (ADHD) in a laboratory classroom setting. Duties included data entry, telephone screening potential subjects for inclusion/exclusion criteria; interviewing, hiring, training, and supervising staff; submitting payroll for employees; setting up research site and maintaining research schedule; structured rating of behavioral observations in classroom setting; scoring assessment measures.

October 2003– Study Coordinator

February 2004 *Shire Pharmaceutical Development, Inc.*

A Randomized, Double-Blind, Parallel-Group, Analog Classroom Study, Evaluating ADDERALL XR vs. STRATTERA, Dosed Once-Daily, in Children Aged 6-12 With Attention Deficit Hyperactivity Disorder (ADHD). Duties included data entry, facilitating subject visits, vital signs, performing ECG's, query resolution, processing and shipping medical laboratory samples, recording and distribution of study medications; telephone screening potential subjects for inclusion/exclusion criteria; interviewing, hiring, training, and supervising staff; submitting payroll for employees; setting up research site and maintaining research schedule.

November 2003– Research Assistant

August 2004 *Elli Lilly and Company*

Open-Label Treatment with Atomoxetine Hydrochloride in Children and Adolescents with Attention-Deficit/ Hyperactivity Disorder and Comorbid Dyslexia. Duties included data entry, facilitating subject visits, vital signs, performing ECG's, query resolution, processing and shipping medical laboratory samples, recording and distribution of study medications, and performing mini-mental status exams (MMSE).

October 2003– Research Assistant

August 2004 *AstraZeneca Pharmaceuticals*

Efficacy and Tolerability of Olanzapine, Quetiapine and Risperidone in the Treatment of First Episode Psychosis: A Randomized Double Blind 52-Week Comparison. Duties included data entry, facilitating subject visits, vital signs, performing ECG's, processing and shipping medical laboratory samples.

October 2003– Research Assistant

August 2004 *Eli Lilly and Company*

Olanzapine Versus Placebo in the Treatment of Adolescents with Schizophrenia. Duties included data entry, facilitating subject visits, vital signs, performing ECG's, query resolution, processing and shipping medical laboratory samples, recording and distribution of study medications, performing mini-mental status exams (MMSE)

October 2003– Research Assistant

August 2004 *Janssen Research Foundation*

The Efficacy and Safety of Risperidone in the Treatment of Children and Adolescents with Schizophrenia. Duties included data entry; vital signs, performing ECG's; query resolution; processing and shipping medical laboratory samples; recording, distribution of study and tracking medications.

October 2003– Research Assistant

August 2004 *Janssen Research Foundation*

The Efficacy and Safety of Risperidone in the Treatment of Children and Adolescents with Schizophrenia: A Follow-up Trial. Duties included data entry, facilitating subject visits, vital signs, performing ECG's, query resolution, processing and shipping medical laboratory samples, recording, distribution of study and tracking medications.

October 2003– Research Assistant

August 2004 *Novartis Pharmaceutical Corp*

A Multi-center, Double-blind, Placebo Controlled Trial to Evaluate the Efficacy, Safety and Tolerability of Trileptal (oxcarbazepine) in the Treatment of Children and Adolescents with Bipolar Disorder Type I. Duties included data entry, vital signs, performing ECG's, query resolution, processing and shipping medical laboratory samples, recording, distribution of study and tracking medications, performing mini-mental status exams (MMSE).

## **GRANT INVOLVEMENT**

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Fall 2006

Data Management Coordinator

Project: "Concurrent Drug Abuse Treatment and HIV Prevention in Child Neglecting Mothers".

Funding Agency: National Institute on Drug Abuse (NIDA).

Principal Investigator: Bradley Donohue, Ph.D., \$1,406,000.

2004-2006

Research Assistant/Lab Manager

Project: "Precursors to Appearance-based Stereotypes".

Funding Agency: National Institute of Child Health and Human Development (NICHD).

Principal Investigator: Jennifer L. Ramsey, Ph.D., \$149,000.

## **PROFESSIONAL PRESENTATIONS**

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**Davis, R.E.** (2013, April). *Pediatric neuropsychology overview: Criteria for referral and assessment*. Invited presentation for the University of Nevada School of Medicine, Department of Family and Community Medicine, Las Vegas, NV.

**Davis, R.E.** (2013, March). *Pervasive developmental disorders: Red flags for assessment and treatment*. Invited presentation for the Touro University, Do Psychiatry Interest Group, Las Vegas, NV.

Baca, E.A. & **Davis, R.E.** (2011, July). *An overview of children's friendship training*. Invited presentation for the North American Craniofacial Family Conference, Las Vegas, NV.

- Davis, R.E.,** Warren, C.S., Sumner, H., Nguyen, N.H., & Ketisch, T. (2010, August). *Mother needs help script: Deterrent to recruitment for parenting classes*. Poster presented at the American Psychological Association convention, San Diego, CA.
- Davis, R.E. & Warren, C.S.** (2009, October). *Diversity issues in recruitment and retention of African American mothers for parenting classes*. Poster presented at the Nevada Psychological Association Positive Psychology Convention, Las Vegas, NV.
- Davis (formerly Simmons), R.E. & Warren, C.S.** (2008, August). *Beliefs affecting participation of African American mothers in parenting classes*. Poster presented at the 2008 American Psychological Association convention, Boston, MA.
- Rennels, J.L. & **Simmons, R.E.** (2008, March). *Facial experience during the first year*. Paper presented in the symposium titled "The role of experience in the development of face processing" at the biannual meeting of the 2008 International Conference on Infant Studies, Vancouver, British Columbia, Canada.
- Simmons, R.E. & Ramsey, J.L.** (2006, June). *Infants have more experience with female than male faces*. Poster presented at the biennial meeting of the 2006 International Conference on Infant Studies, Kyoto, Japan.
- Ramsey-Rennels, J.L. & **Simmons, R.E.** (2006, June). *Infant categorization of male faces*. Poster presented at the biennial meeting of the 2006 International Conference on Infant Studies, Kyoto, Japan.
- Simmons, R.E.,** Alvarez, K., Karmely, J., Ward, L., Luna, M., & Donohue, B. (2006, April). *Initial psychometric support for the ethnic considerations in therapy scale*. Poster presented at the 2006 Western Psychological Association Convention, Palm Springs, CA.
- Crammer, L., Hill, H., **Simmons, R.E.,** Donohue, B. (2005, April). *Development and initial psychometric support of the Athlete Relationship Questionnaire*. Poster presented at the Western Psychological Association 85<sup>th</sup> Annual Convention, Portland, Oregon.
- Romero, V., Whitlock, D., **Simmons, R.E.,** Hill, H., Karlak, K., Furness, A., Donohue, B. (2005, April). *Development of Treatment Manuals for Child Neglect and Drug Abuse*. Poster presented at the Western Psychological Association 85<sup>th</sup> Annual Convention, Portland, Oregon.

## PUBLICATIONS

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- Ramsey-Rennels, J.L. & **Davis, R.E.** (2008). Infant experience with faces during the first year. *Infant Behavior and Development*, 31(4), 665-678.
- Warren, C. S. & **Simmons, R. E.** (2008). Overweight Children and the Media. In K. Keller (Ed.), *The Encyclopedia of Obesity*. New York: Sage.

Donohue, B., **Simmons, R.E.**, & Devore, S.A. (2007). Attention-deficit hyperactivity disorder. In M. Hersen & J.C. Thomas (Eds.), *Comprehensive handbook of interviewing: Adults and children, volume II*. Thousand Oaks: Sage.

## **PEER REVIEWED JOURNALS**

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2008            Journal of Black Psychology, Ad Hoc reviewer

2007            Body Image: An International Journal of Research, Ad Hoc reviewer

2005-2006      Journal of Child and Adolescent Substance Abuse, Ad Hoc reviewer, Assistant to the Editor

August 2005   Behavior Modification, Ad Hoc Reviewer

## **PROFESSIONAL AFFILIATIONS**

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American Psychological Association

Division 40, Society for Clinical Neuropsychology

Division 54, Society of Pediatric Psychology

Division 2, Society for the Teaching of Psychology

Division 53, Clinical Child Psychology

Nevada Psychological Association

Psi Chi, National Honor Society in Psychology, member and past Vice-president for University of Nevada Las Vegas chapter

National Society of Collegiate Scholars

## **AWARDS AND HONORS**

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2009            First Place in the poster presentation competition at the Nevada Psychological Association Positive Psychology Conference, Las Vegas, NV, \$200

2007            University of Nevada Las Vegas Alumni Scholarship, \$1000

2003-2004      Deans Honor List. Given by University of Nevada, Las Vegas.

2003-2004      National Deans Honor List. Given by University of Nevada, Las Vegas.

2004            Elected member of *Psi Chi*, National Honor Society in Psychology.

2003            Nontraditional Student Recognition, Certificate of Achievement, presented by University of Nevada, Las Vegas.

2002-2003      National Dean's Honor List. Given by Community College of Southern Nevada.

**BEFORE THE STATE OF NEVADA**  
**BOARD OF PSYCHOLOGICAL EXAMINERS**

STATE OF NEVADA, BOARD OF  
PSYCHOLOGICAL EXAMINERS,

Case No. 19-0514

Petitioner,

**COMPLAINT AND NOTICE OF  
HEARING**

vs.

RACHEL DAVIS, Ph.D.,

Respondent.

The STATE OF NEVADA, BOARD OF PSYCHOLOGICAL EXAMINERS ("Board"), by and through its counsel, AARON D. FORD, Attorney General of the State of Nevada, and HARRY B. WARD, Deputy Attorney General, hereby notifies Respondent RACHEL DAVIS, ("Respondent") by and through her counsel of record of an administrative hearing, which is to be held pursuant to Chapter 233B, Chapter 622A, Chapter 622, and Chapter 641 of the Nevada Revised Statutes and Chapter 641 of the Nevada Administrative Code. The purpose of the hearing is to consider the allegations stated below and to determine if Respondent should be subject to an administrative penalty as set forth in NRS 641.2705, if the stated allegations are proven at the hearing by the evidence presented.

The Board seeks disciplinary action against Respondent RACHEL DAVIS.

**FACTUAL ALLEGATIONS AND JURISDICTION**

1. Respondent was at the relevant times mentioned in this Complaint, licensed as a psychologist and therefore subject to the jurisdiction of the Board and the provisions of NRS Chapter 641 and NAC Chapter 641. Respondent currently holds license number PY0753.

2. As of the date of this Complaint and Notice of Hearing, Respondent is licensed by the Board as a psychologist and holds license number PY0753.

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1 3. On or about May 14, 2019, the Board Office received a complaint against Respondent  
2 alleging Respondent violated federal standards for privacy by disclosing Protected Health  
3 Information ("PHI").

4 4. The Board opened a file in this matter and assigned investigation of this  
5 complaint to Investigator Gary Lenkeit, Ph.D. (Investigator Lenkeit).

6 5. Investigator Lenkeit reviewed the allegations of the Complainant and the  
7 alleged violation of federal standards for privacy.

8 6. In addition to the complaint and response to the complaint submitted by  
9 counsel on behalf of Respondent, Investigator Lenkeit reviewed the following documents:  
10 Clark County School District Parent/Guardian Resource for Independent Educational  
11 Evaluation and Evaluator Criteria; Respondent's Notice of Policy Practices; and  
12 Respondent's Consent for Transmission of Protected Health Information.

13 7. Investigator Lenkeit discovered that the Clark County School District  
14 Parent/Guardian Resource for Independent Educational Evaluations specifies that the  
15 evaluator "must have parental permission to communicate and share information with the  
16 Clark County School District..." thereby placing the responsibility for consent on the  
17 evaluator, herein Respondent.

18 8. Investigator Lenkeit's investigation revealed that the Respondent's Notice of  
19 Privacy Practices form signed by the Complainant acknowledges that the Respondent  
20 "...may disclose PHI to third party contractors with whom I [Respondent] have a  
21 contractual relationship to provide services", however, the document does not specify that  
22 the PHI will be released to the Clark County School District ("CCSD").

23 9. Investigator Lenkeit's investigation revealed that Respondent's Consent for  
24 Transmission of Protected Health Information signed by Complainant gives consent to  
25 release PHI including "psychological or neuropsychological reports", however, this  
26 document does not specify to whom the PHI will be provided.

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11. NAC 641.250 states in part that the *Ethical Principles of Psychologists and Code of Conduct* is adopted by reference and incorporated and any violation of the Ethical Standards contained therein constitutes unprofessional conduct and is a ground for disciplinary action.

12. That Respondent's conduct as described above in the factual allegations constitutes grounds for disciplinary action against Respondent.

### First Claim for Relief

Respondent, as evidenced by her actions as described in the above factual allegations and as defined in NAC 641.200(2) is in violation of the provisions of NAC 641.200 to 641.255, inclusive, which actions and/or inactions constitutes unprofessional conduct and are grounds for disciplinary action.

## Second Claim for Relief

Respondent, as evidenced by her actions as described in the above factual allegations violated NAC 641.224(6) in that before she rendered services she failed to inform the client of the child-patient to the extent that the patient or client could understand, of any and all legal limitations on the confidentiality of communications with the psychologist and that none of the documents signed by the Complainant specified that information would be released to the Clark County School District.

### Third Claim for Relief

Respondent, as evidenced by her actions as described in the above factual allegations violated NAC 641.250, specifically, *Ethical Principles of Psychologists and Code of Conduct*, Ethical Standard 3.07 Third-Party Requests for Services - in that none of the documents signed by the Complainant specified that information would be released to the Clark County School District.

Fourth Claim for Relief

Respondent, as evidenced by her actions as described in the above factual allegations violated NAC 641.250, specifically, *Ethical Principles of Psychologists and Code of Conduct*, Ethical Standard 3.10 Informed Consent - in that none of the documents signed by the Complainant specified that information would be released to the Clark County School District.

Fifth Claim for Relief

Respondent, as evidenced by her actions as described in the above factual allegations violated NAC 641.250, specifically, *Ethical Principles of Psychologists and Code of Conduct*, Ethical Standard 4.02 – Discussing the Limits of Confidentiality - in that Respondent failed to discuss the relevant limits of confidentiality and the foreseeable uses of the information generated through their psychological activities and that none of the documents signed by the Complainant specified that information would be released to the Clark County School District.

Sixth Claim for Relief

Respondent, as evidenced by her actions as described in the above factual allegations violated NAC 641.250, specifically, *Ethical Principles of Psychologists and Code of Conduct*, Ethical Standard 3.10 Informed Consent - in that none of the documents signed by the Complainant specified that information would be released to the Clark County School District.

Seventh Claim for Relief

Respondent, as evidenced by her actions as described in the above factual allegations violated NAC 641.250, specifically, *Ethical Principles of Psychologists and Code of Conduct*, Ethical Standard 9.03 – Informed Consent in Assessments - in that none of the documents signed by the Complainant specified that information would be released to the Clark County School District.

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**DISCIPLINE AUTHORIZED**

Pursuant to Chapter 233B, Chapter 622A, Chapter 622, and Chapter 641 of the Nevada Revised Statutes and Chapter 641 of the Nevada Administrative Code and upon proof by a preponderance of evidence that a person has violated NRS Chapter 641 and or NAC Chapter 641, the Board may take disciplinary action.

If discipline is imposed, the Board may order that costs of this proceeding, including investigative costs and attorney's fees, be awarded to the Board pursuant to NRS 622.400. Therefore, the undersigned requests that the Board impose such discipline as it determines is appropriate under the circumstances and to award the Board its costs and attorney's fees for this proceeding.

**PLEASE TAKE NOTICE** that a disciplinary hearing has been set to consider this Administrative Complaint against the above-named Respondent in accordance with Chapter 233B, Chapter 622A, Chapter 622, and Chapter 641 of the Nevada Revised Statutes and Chapter 641 of the Nevada Administrative Code.

**NOTE: Pursuant to NRS 622A.350 – Effect of Failure to Appear. If a party fails to appear the regulatory body may proceed to consider and dispose of the case without the participation of the absent party.**

**NOTE: Pursuant to NRS 622A.350 – Effect of Failure to Appear. If a party fails to appear the regulatory body may proceed to consider and dispose of the case without the participation of the absent party.**

**THE HEARING WILL TAKE PLACE:**

**WHEN: Friday, March 12, 2021**

**TIME: 9 a.m. on a stacked calendar (See Below)**

**WHERE: Hearings will be “virtual” according to Governor Sisolak’s Emergency Declaration**

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1       **HOW:       Via “virtual platform” - Respondent will be provided the virtual**  
2       **platform information upon confirmation and the information will also be**  
3       **published on the Agenda for the March 12, 2021, meeting.**

4       STACKED CALENDAR: This hearing is one of several matters scheduled at the  
5 same time as part of a regular meeting of the Board. Thus, this hearing may be called at  
6 any time after the meeting is called to order. It is Respondent’s responsibility to be present  
7 when this matter is called. If Respondent is not present when this matter is called, a  
8 default may be entered against Respondent and the Board may decide the case as if all  
9 allegations in the complaint were true.

10       PURSUANT TO NRS 622A.320, NRS Chapter 641, NAC Chapter 641, and  
11 specifically, NAC 641.174, Respondent may, but is not required to, file an answer to this  
12 Complaint with the Board.

13       PURSUANT TO NRS 622A.330, NRS Chapter 641, NAC Chapter 641, Respondent  
14 may seek limited discovery from the Board.

15       RESPONDENT’S RIGHTS AT THE HEARING: Except as mentioned below, the  
16 hearing is an open meeting under Nevada’s Open Meeting Law and may be attended by  
17 the public virtually as per the Covid Pandemic protocols. After the evidence and  
18 arguments, the Board may conduct a closed meeting to discuss Respondent’s alleged  
19 misconduct or professional competence. A verbatim record will be made by a certified court  
20 reporter. Respondent is entitled to a copy of the transcript of the open and closed portions  
21 of the meeting, although Respondent must pay for the transcription pursuant to statute.

22       Respondent is specifically informed that he/she has the right to appear and be heard  
23 in his/her defense, either personally or through his/her counsel of choice. At the hearing,  
24 the undersigned has the burden of proving the allegations in the complaint and will call  
25 witnesses and present evidence against Respondent. Respondent has the right to respond  
26 and to present relevant evidence and argument on all issues involved. Respondent has the  
27 right to call and examine witnesses, introduce exhibits, and cross-examine opposing  
28 witnesses on any matter relevant to the issues involved.

Respondent has the right to request that the Board issue subpoenas to compel witnesses to testify and/or evidence to be offered on Respondent's behalf. In making this request, Respondent may be required to demonstrate the relevance of the witnesses' testimony and/or evidence. Other important rights Respondent has are listed in NRS Chapter 233B, NRS Chapter 622, NRS Chapter 622A, NRS Chapter 641, and NAC Chapter 641.

Pursuant to NRS 233B.121(5), informal disposition of this case may be made by stipulation, agreed settlement, consent order, or default. Any attempt to negotiate this case should be made through Harry B. Ward, Deputy Attorney General, whose contact information appears below.

Pursuant to NRS 241.033(2)(b) and NRS 241.034, the Board may, without further notice, take administrative action against Respondent, if the Board determines that such administrative action is warranted after considering Respondent's character, alleged misconduct, professional competence, or physical or mental health.

DATED this 27<sup>th</sup> day of January 2021.

AARON D. FORD  
Attorney General

By: /s/ Harry B. Ward  
HARRY B. WARD (Bar No. 11317)  
Deputy Attorney General  
100 North Carson Street  
Carson City, Nevada 89701-4717  
(775)684-1216  
hbward@ag.nv.gov  
*Attorneys for Petitioner, State of  
Nevada, Board of Psychological Examiners*

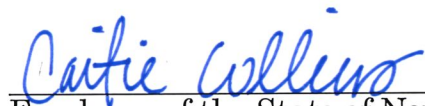


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**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Office of the Attorney General, and that on this 27<sup>th</sup> day of January, 2021, I served a copy of the foregoing **COMPLAINT AND NOTICE OF HEARING**, by sending a true and correct copy by regular and certified mail to the following:

John A. Hunt, Esq.  
Clark Hill, PLLC  
3800 Howard Hughes Parkway, Suite 500  
Las Vegas, Nevada 89169  
*\*Certified Mail Receipt No.: 7019 0140 0001 1419 3081*

Courtesy copies sent via electronic mail to:  
jhunt@clarkhill.com

  
\_\_\_\_\_  
Employee of the State of Nevada  
Office of the Attorney General