

Jody Kussin, Ph.D.  
PSY 11937 Clinical Psychology  
13749 Riverside Dr #200A  
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(818) 414-2279  
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[jodykussin@gmail.com](mailto:jodykussin@gmail.com) [www.jodykussin.com](http://www.jodykussin.com)

Patient Information (if there is an ALIEN ID #, include here \_\_\_\_\_)

Patient Name Giordan Guerrero email Giordan.guerrero@gmail.com

Address 1201 Colombo Avenue

City Sierra Vista State AZ Zip 85635

Home Phone N/A SKYPE address Giordan.guerrero@gmail.com

Cell Phone 915-850-4003 Date of Birth/AGE Dec 30 1996 / 23

SS# 586-29-9326 Employer or School U.S. ARMY

Driver's License 43399235 SKYPE address Giordan.guerrero@gmail.com

Spouse/fiance Name Irang Guerrero Date of Birth/AGE NOV 05 1984

Year you met spouse 2016 Date of marriage FEB 21 2019

Emergency Contact or Translator Contact Information

Name Gianni Guerrero Relationship to Patient Brother

Age and Date of Birth 26 / Dec 12 1993 Cell Phone 360-594-8333

Attorney Name Michael Cho Atty Phone 310-622-4544

Attorney Address 10940 Wilshire Boulevard, 16<sup>th</sup> Floor, Los Angeles, California 90024

Email address m@smartimmigrationlawyer.com

Fax number for attorney 323-345-5477

Date of Birth/Age for EACH family member (use the back of this page if necessary – include all children you have, your spouse/fiancé has, and your parents AND indicate if they are a U.S. Citizen/permanent resident)

- 1.) Spouse: Irang Guerrero - Nov 05 1984 - South Korean Citizen
- 2.) Father: Adrian Guerrero - Aug 08 1971 - U.S. Citizen
- 3.) Brother: Gianni Guerrero - DEC 12 1993 - U.S. Citizen
- 4.) Brother: Jovanni Guerrero - DE 12 1990 - U.S. Citizen

It is understood that the subject has been advised that he is required to attend the above interview at the time and place specified. He is further advised that if he fails to appear, he will be held in contempt of court.

Jody Kussin, Ph.D. PSY 11937  
Clinical Psychology  
13749 Riverside Dr #200A  
Sherman Oaks, CA 91423  
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Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

I understand that I am consulting Jody Kussin, Ph.D., a licensed psychologist (PSY11937) for psychotherapy OR evaluation and assessment (circle).

#### Evaluation and Assessment

As a licensed clinical psychologist in the State of California, it is within my scope of practice to assess individuals, couples, and families utilizing many techniques, including, but not limited to: formal psycho-diagnostic assessment, interview, observation, and diagnostic interviewing.

In assessing individuals, I typically conduct extensive psychosocial interviews, incorporating data obtained from myriad sources in addition to the interview and personal observation. If this evaluation is to be submitted to others, you must sign a release of confidential information allowing me to share my findings.

I will use the Diagnostic and Statistical Manual (DSM 5) and the ICD-10 to diagnose, and will use all the nomenclature of the profession. I will also conduct a "mental status exam", to determine current emotional functioning. I cannot guarantee you the 'results' of the assessment and the evaluation.

Should you have any questions, you are welcome to ask them at any time throughout the evaluation process. In addition, you are free to contact me with questions at (818) 414-2279. If I am free, I will answer the telephone myself. Sometimes you will reach my voice mail. Please leave a message and I will make every effort to return your call on the same day I receive it. In the unlikely event that you cannot reach me and your call is urgent, please contact your physician or your local emergency room and ask for the psychologist                      or                      psychiatrist                      on                      call.

Upon completion of the evaluation I will write a report that contains a summary of the assessment, including diagnoses. I am happy to provide you with a copy of the report.

## **Psychological Services**

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

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

Our first few sessions will involve an assessment of your needs. By the end of the evaluation period, I will be able to offer you some first impressions of what our work will include and a treatment plan, if you decide to continue with therapy. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist whom you select. If you have questions about my procedures, we can discuss them whenever they arise. If your doubt persists, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

## **Meetings**

I normally conduct an evaluation in 1-2 sessions. During this time we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy begins, I usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment. Evaluation sessions can take from one to four hours. I can send you some material for you to fill out in advance.

## **Professional Fees**

My fee for an assessment or psychosocial evaluation ranges, depending on the number of persons needing the evaluation. Typically, fees range from \$1200 - \$2500 for a complete evaluation, including the interviews, report write up, and case management. If you become involved in legal proceedings that require my appearance in court related issues, my hourly fee is \$300, with a minimum of four hours. In our work together, you are hereby agreeing to the following fee: \$700.

You are expected to pay your fee at the time of the visit.

My hourly fee for psychotherapy sessions is \$300. In addition to weekly appointments, I charge this amount for other services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my appearance in court related issues, my hourly fee is \$300.

### **Contacting Me**

You are welcome to contact me during any time. My telephone and voice mail is (818) 414-2279. Should you need to email me, that address is [jodykussin@gmail.com](mailto:jodykussin@gmail.com) or [jrkussin@aol.com](mailto:jrkussin@aol.com). I generally respond to messages within the day and will make every effort to return your call on the same day you make it, with the possible exceptions of weekends and holidays. When leaving messages, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your primary care physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I am unavailable for any extended period of time, I will inform you in advance and will provide you with the name of a colleague to contact, if necessary.

### **Professional Records**

The laws and standards of my profession require that I keep records of your evaluation. You are entitled to a copy of these records, or I can prepare a summary for you. Because these are professional records, they can be misinterpreted or upsetting to untrained readers. If you wish to see your records, I recommend that we review them together, in person, so that we can discuss the contents.

### **Confidentiality**

In general, the privacy of all communication between a patient and a psychologist is protected by law, and I can release information about our work to others only with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment, unless you have sought my services for legal purposes. In some proceedings involving child custody or those in which your emotional condition is an important issue, a judge may order my testimony if s/he determines that the issues demand of it.

There are some situations I am legally obligated to take action to protect others from harm, even if I have to reveal some information from a patient's treatment. For example,

if there is a reasonable suspicion of child abuse, elder abuse or a disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm him/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations rarely occur in private practice. If a similar action occurs, I will make every effort to fully discuss it with you before taking any action.

Should I be required to communicate with a third party regarding the confidential work together, i.e., an attorney, teacher, therapist, physician, etc., then a separate RELEASE OF INFORMATION form will be provided and signed by the patient before any such exchange occurs.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you have at our next meeting. If you need formal legal advice about this or other legal issues, I will offer you a referral to a lawyer specializing in this area because the laws governing confidentiality are quite complex and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Giordan Guerrero  
Signature of Patient

MAR 25 2020  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

Giordan Guerrero  
Printed Name

Phone Number

Jody Kussin, Ph.D.  
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, Giordan Guerrero, date of birth and age Dec 30 1996/23, hereby give my written consent to have Dr. Jody Kussin exchange information and records obtained in the course of psychotherapy and/or psychological assessment and evaluation. My phone number is 915-850-4003 and my email address is giordan.guerrero@gmail.com

The information is to be used for the following purpose/s:

PSYCHOSOCIAL Evaluation  
Forensic Court Case (Immigration)

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This information is to be disclosed to:

Name: Jody Kussin, Ph.D.

ATTORNEY, TEACHER, THERAPIST, PHYSICIAN, OTHER (circle)

Address: 10940 Wilshire Boulevard, 16<sup>th</sup> Floor, Los Angeles, California 90024

Phone number and email address 310-622-4544/m@smartimmigrationlawyer.com

This authorization will expire one year from the date of the signature. Upon request you have the right to receive a copy of this authorization. A photocopy is as valid as the original. I understand that I have the right to revoke this authorization at any time.

Giordan Guerrero  
YOUR PRINTED NAME

MAR 25 2020

Date

Giordan Guerrero  
YOUR SIGNATURE

MAR 25 2020

Date

Jody Kussin, Ph.D.  
PSY11937 Clinical Psychology  
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## Questionnaire

Name, address, email of your attorney - Michael Cho / 10940 Wilshire Boulevard, 16<sup>th</sup> Floor, Los Angeles, California 90024 / m@smartimmigrationlawyer.com

Year you first consulted your current attorney - 2020

Is this the first attorney you've consulted? (If not, please list previous attorneys) - Yes

Your full legal name Giordan Marcello Dixon Guerrero

Your birth date and age DEC 30 1996 / 23

Country and city of birth Guzm, USA

If you became a US citizen, year of citizenship or permanent residency -

If you were not born here, year you came to the U.S. and why you came - N/A

Current immigration status for you - US Citizen

Full legal name of your spouse/fiance - Irang Im Guerrero

Birth date of your spouse/fiance and age - Nov 05 1984 / 35

Country and city of birth of your spouse/fiance - Taean, South Korea

Year s/he came to the United States - 2019

Why did s/he come to the US? - To get married using K-1 Visa

Current immigration status Non U.S. Citizen in the process of adjusting status

What is the date (if you have one) of the immigration appointment?

What is the (brief) history of the legal immigration process? (Where are you in the process?) - Married in the U.S. using K-1 Visa. Already had Green Card Interview, but received a "Notice of Intent to Deny" letter from USCIS.

## HISTORY OF THE PROBLEM

Have you or your spouse ever been arrested? (including for DUI offense) - *NO*

IF so - when/date and for what? - *N/A*

Did you spend time in prison? Jail? When/date and where? - *NO*

What is the current status of your violation? (Are you on probation? For how long? - *N/A*

What are the terms of the probation? What are the terms of the release?) - *N/A*

Were you ever the VICTIM of a crime? - *N/A*

When? - *N/A*

Where? - *N/A*

What were the circumstances? - *N/A*

What were the charges against the perpetrator? - *N/A*

Did you help the police? - *N/A*

What is the current status of the case? - *N/A*

## FAMILY HISTORY

Legal names and ages of your parents (indicate if US-Citizens, permanent residents, or nationals from another country) - Father: Adrian Guerrero - US Citizen - 48

- Mother: Dena Guerrero - US Citizen - 52 - Deceased

Where do they live? - Father: Seattle, Washington

~~WA~~

Are they married to one another? Is it a first marriage for both? How long have they been married? - Married - First Marriage -

How is their health? On any prescription medications? - Dad has Type 2 diabetes and heart disease. He is not currently taking prescription medicine.

If deceased/dead, of what did they die? When did they die? How old were you when they died? - Died JAN 16, 2020 of Atherosclerotic Cardiovascular Disease - I was 23 years old at her time of death

When growing up what kind of work did dad do? What kind of work did mom do? - Dad worked at Port Authority on Guam. Mom worked as a loan adjustment officer at a bank.

Any family history (your mother, father, aunts, uncles, brothers, sisters?) of:

- suicide or suicide attempt (has anyone in your family tried to or killed themselves?) - NO
- poverty (did you/your parents grow up poor, without enough to eat, or without a home?) - Dad grew up poor
- domestic violence (mother or father hitting their spouse/partner) - NO
- drug addiction - NO
- alcoholism - NO
- sexual abuse or molestation - NO
- cardiac/heart condition - Yes; Father has heart disease
- high blood sugar/diabetes - Yes; Father has diabetes
- anxiety - NO
- depression - NO
- PTSD (post-traumatic stress disorder) (from abuse, rape, attack or time in the military) - NO
- learning challenges (IEP, learning disorders, ADHD, Regional Center) - NO
- arthritis - NO
- incarceration (time in prison or jail) - NO
- deaths (where is the family member buried?) - Yes; Mother is deceased and cremated

Legal names and ages of your brothers/sisters (indicate if U.S. citizen or permanent resident siblings or nationals from another country)

- 1.) Brother: Gianni Guerrero ~ 26 - U.S. Citizen
- 2.) Brother: Jovanni Guerrero - 29 - U.S. Citizen

Where are you in birth order? (Oldest, middle, youngest?) - Youngest

Where do they live? - Seattle, Washington

How is their health? On any prescription medications? - Good Health - No prescription meds

Legal names and ages of your spouse's siblings (indicate if U.S. citizen or permanent resident siblings or nationals from another country)

Lim Jun Su (Brother), 24, Korean

Where do they live? Seoul, Korea

Where is your spouse in birth order? (Oldest, middle, youngest?) - Oldest

How is their health? On any prescription medications? ~~He~~ Brother has constant pharyngitis He is prescribed Dexibuprofen, Erdosteine, Predisol, and Cefiroxime.

Fill out this chart as best you can for children— if they are from a different relationship, like a previous marriage, write that down as well:

**CHILDREN and SCHOOL/EDUCATION INFORMATION**

	Child #1	Child #2	Child #3	Child #4
Name	N/A	N/A	N/A	N/A
Date of Birth	N/A	N/A	N/A	N/A
Age as of this evaluation	N/A	N/A	N/A	N/A
Grade in School	N/A	N/A	N/A	N/A
Name of School	N/A	N/A	N/A	N/A
How are they doing in school academically? (Grades are A, B, C, D, F?)	N/A	N/A	N/A	N/A
Do they have learning challenges? Do they receive tutoring? Extended time on tests? Do they have an IEP – Individual Education Plan?	N/A	N/A	N/A	N/A
Have they ever received services from REGIONAL CENTER, and if so, what kind?	N/A	N/A	N/A	N/A
DO they have behavior challenges at school? Ever get suspended or expelled?	N/A	N/A	N/A	N/A
What do they like best about school?	N/A	N/A	N/A	N/A
What is their hardest part of school?	N/A	N/A	N/A	N/A
What do they want to be when they grow up?	N/A	N/A	N/A	N/A
If in high school, what are their plans after graduation? Community College? Four year college? Work?	N/A	N/A	N/A	N/A
What, if anything, do they do in addition to school? (Be specific – sports, art, music, a job?)	N/A	N/A	N/A	N/A
DO they have friends at school? Have they ever been bullied? Or been a bully?	N/A	N/A	N/A	N/A

## EDUCATION

	YOU	Your Fiance/Spouse
Total number of years you completed in school	12 years	18 years
High school graduation? (Yes or No – if Yes, name of high school and the year you graduated) IF you got your GED, write the year you got the GED instead	Yes, George Washington High School, 2015	Yes, Taean High School, 2003
Community College graduation? (Yes or No – if Yes, name of college and the DEGREE or CERTIFICATE you completed and the year you completed it)	No	No
College graduation with a BA or BS? (Yes or No – if Yes, name of college and the DEGREE or CERTIFICATE you completed and the year you completed it)	No	Yes, Sookmyung Women's University, BS, Biology 2007
Graduate school graduation? (Yes or No – if Yes, name of school and the DEGREE or CERTIFICATE you completed and the year you completed it)	No	Yes, University of Ulsan, Master of Science in Medical Science, 2010

## WORK HISTORY

	YOU	FIANCE/SPOUSE
Current job – title, name of where you work, number of year's you've worked there, hours per week you work, typical weekly schedule	3ST systems maintainer and integrator: 4 years, work hours vary. (Sergeant, U.S. Army)	N/A
Job before this one (with same list of questions as above)	Technical Support Representative 1 year, workhours vary	Private Tutor (Math), work hours vary 10 years
Job before that one (with same list of questions as above)	Sales Associate, at Mac's 1 year, work hours vary	Researcher at Asan Medical Research Center, 5 years, work hours vary
Have any of your health issues made you miss work and if so, what is making it hard for you to work? (Poor concentration, tired/fatigued, memory problems, irritability/grouchiness, racing heart, shaky hands, chronic pain, etc.)	N/A	N/A
Do you have health insurance through work? What kind?	Tri Care Prime	N/A

## SOCIAL and INTERPERSONAL INFORMATION

Year you met your spouse/fiance - 2016

How did you meet? Where did you meet? - Met at a club in Seoul, South Korea

Date of your marriage/engagement to spouse? - Feb 21, 2019 (married)

Nov. 15, 2017 (engaged)

Is this a first marriage for you? (If not, what were the years of your previous marriage?)

Why did you divorce or separate from the first spouse? Was there any domestic violence or mental illness? Is that person a parent of children with you? If so, does s/he pay child support? Does s/he have a relationship with your children?)

yes.

Is it a first marriage for your fiancé/spouse? (If not, what were the years of her/his previous marriage? Why did s/he divorce or separate from the first spouse? Was there any domestic violence or mental illness? Is that person a parent of children with your fiancé/spouse? If so, does s/he pay child support? Does s/he have a relationship with the children?))

Yes

What is your typical week like? Go to work Monday to Friday, and spend time with my wife.

What do you like to do on the weekends? Clean the house, study, watch movies and cook/bake together with my wife.

Do you attend church/temples/synagogue? No

Name of church, city of church N/A

How often do you attend? N/A

Do you talk with anyone there about your problems or worries? (If so, to whom? Priest/clergy/support group/friend?) my wife and brothers

List FOUR GOALS for you and your fiancé/spouse

- finish naturalization process so that my wife and I can finally stop worrying about being separated ~~from~~ from each other
- 12 - get a college degree (me), get a doctorate (spouse)
- get a first house
- have kids

MEDICAL HISTORY AND CURRENT FUNCTIONING – You and Spouse

	YOU	Your Fiance/Spouse
List any/all medications you have been prescribed in the past 5 years. Include name medication, mg., name of prescribing person, and what it is for. (List even if you don't take it!)	Omeprazole, 40mg, Mitchell James A, Acid Reflux ranitidine, 150mg, Roche Jerome Joseph, Heartburn simethicone, 80mg, J Mitchell Antiflatulent Wisdom teeth removal, RW Bliss	None
List any/all surgeries (type of surgery, name of hospital, date)		None
List any trips to ER or Urgent Care in past two years (date and reason for the visit)	N/A	N/A
List any diagnoses from the past ten years	Pralontidolcyst, Arthritis	None
List any conditions/disorders you know you have right now (consider the following: diabetes, pre-diabetes, high blood pressure, high cholesterol, asthma, allergies, back/spine problems, arthritis, migraines, skin conditions, memory disorders, kidney or urinary problems, cancer, cardiac disease)	Arthritis (Left big toe) Pralontidolcyst	Astigmatism
List the types of doctors you've seen in the past 5-10 years (internist, neurologist, gynecologist, cardiologist, obstetrician, etc.)	Podiatrist, Physician, Dentist, Physical Therapist	Optometrist
List any mental health professionals you've seen: Therapist? Psychiatrist? Counselor? Psychologist? (Did you have couples counseling? Family? Individual?) Were you ever MANDATED to have therapy? For parenting? Domestic Violence? Drug/addiction/DUIs? Suicide attempt/s?	None	None Psychiatrist. prescribed antidepressants for PMS
List any dental problems you have (cavities, dentures, need root canals, need wisdom teeth pulled)	Cavities	Cavities
List any eye problems you have – do you wear glasses? Contacts? Need cataract surgery? Already had cataract surgery?	None	Astigmatism Don't wear glasses but need them
For women: How many pregnancies have you had? How many live births? C-Section or vaginal? Bed rest? Postpartum depression?	N/A	N/A
List if you have Anxiety, Depression, PTSD or any other mental health issue	None	None
History of alcoholism? Current issues with alcoholism? AA meetings? Sponsor?	N/A	N/A
History of drugs? Current issues with drugs?	None	None

MEDICAL HISTORY AND CURRENT FUNCTIONING - CHILDREN

	Child #1 NAME	Child #2 NAME
List any/all medications prescribed in the past five years. Include name of medication, mg., name of prescribing physicians, and what it is for. (List it even if they don't take it!)	N/A	N/A
List any/all surgeries (type of surgery, name of hospital, date)	N/A	N/A
List any trips to ER or Urgent Care in past two years (date and reason for the visit)	N/A	N/A
List any diagnoses they have ever been given	N/A	N/A
List any conditions/disorders you know they have right now (consider the following: diabetes, pre-diabetes, high blood pressure, high cholesterol, asthma, allergies, back/spine problems, arthritis, migraines, skin conditions, memory disorders, kidney or urinary problems, cancer, cardiac disease, Attention Deficit Disorder, etc.)	N/A	N/A
List the types of doctors they have seen (internist, neurologist, gynecologist, cardiologist, obstetrician, etc.)	N/A	N/A
List any mental health professionals they've seen: Therapist? Psychiatrist? Counselor? Psychologist? School counselor? Educational therapist?	N/A	N/A
List any dental problems they have (cavities, dentures, need root canals, need wisdom teeth pulled, braces, etc.)	N/A	N/A
List any eye problems they have – do they wear glasses? Contacts?	N/A	N/A
List if they have anxiety, depression, post traumatic stress (PTSD)	N/A	N/A
History of alcoholism? Current issues with alcoholism? AA meetings? Sponsor?	N/A	N/A
History of addiction with drugs? Current issues with drugs? (what kinds?) NA?	N/A	N/A

MEDICAL HISTORY AND CURRENT FUNCTIONING - CHILDREN

	Child #3 NAME	Child #4 NAME
List any/all medications prescribed in the past five years. Include name of medication, mg., name of prescribing physicians, and what it is for. (List it even if they don't take it!)	N/A	N/A
List any/all surgeries (type of surgery, name of hospital, date)	N/A	N/A
List any trips to ER or Urgent Care in past two years (date and reason for the visit)	N/A	N/A
List any diagnoses they have ever been given	N/A	N/A
List any conditions/disorders you know they have right now (consider the following: diabetes, pre-diabetes, high blood pressure, high cholesterol, asthma, allergies, back/spine problems, arthritis, migraines, skin conditions, memory disorders, kidney or urinary problems, cancer, cardiac disease, Attention Deficit Disorder, etc.)	N/A	N/A
List the types of doctors they have seen (internist, neurologist, gynecologist, cardiologist, obstetrician, etc.)	N/A	N/A
List any mental health professionals they've seen: Therapist? Psychiatrist? Counselor? Psychologist? School counselor? Educational therapist?	N/A	N/A
List any dental problems they have (cavities, dentures, need root canals, need wisdom teeth pulled, braces, etc.)	N/A	N/A
List any eye problems they have – do they wear glasses? Contacts?	N/A	N/A
List if they have anxiety, depression, post traumatic stress (PTSD)	N/A	N/A
History of alcoholism? Current issues with alcoholism? AA meetings? Sponsor?	N/A	N/A
History of addiction with drugs? Current issues with drugs? (what kinds?) NA?	N/A	N/A

## CONSEQUENCES OF A SEPARATION

In your own words, why can you not be separated from your spouse/fiancé?

- 1- I'm afraid I won't be mentally stable enough to perform my duties as a U.S. Soldier, potentially endangering the lives of my fellow soldiers
- 2- I'm afraid I won't be mentally stable enough to perform my duties as a U.S. Soldier and be separated from the ARMY because of it.
- 3- I'm worried I won't be able to support my wife financially and provide her housing because the military does not give me a housing allowance for my wife's location or cost of living.
- 4- I'm worried for my wife's health and well-being amongst the Covid-19 outbreak for which there is currently no cure for.

In your own words, why can your children not be separated from your spouse/fiancé?

1- N/A

2- N/A

3- N/A

4- N/A

## CONSEQUENCES OF A MOVE TO A FOREIGN COUNTRY

In your own words, why can you not move to your spouse's country of origin?

- 1- Language barrier would be extremely hard to overcome
- 2- Getting a job would be extremely difficult due to language barrier/lack of college degree.
- 3- Obligation to stay wherever the U.S. ARMY wants to send me for duration of my contract.
- 4- It would make it hard to support my father with his worsening health conditions.

In your own words, why can your children not move to your spouse's country of origin?

1- N/A

2- N/A

3- N/A

4- N/A

Jody Kussin, Ph.D.  
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**NOTICE OF PRIVACY PRACTICES FOR THE PRACTICE OF  
DR. JODY KUSSIN (for your information – do not need to return to me)**

I AM PROVIDING THIS NOTICE TO DESCRIBE HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY. IT OUTLINES HOW THE FEDERAL HEALTH PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) LEGISLATION AFFECTS HOW RECORDS ARE KEPT AND MAINTAINED.

The services you are receiving concern your psychological statues, a private and intimate component of your life. Therefore, protecting your privacy is crucial. This notice explains how, when and why I may use and/or disclose your records which are known under the HIPAA legislation as “Protected Health Information” (PHI.) Except in specified circumstances, I will not release your PHI to anyone. When disclosure is necessary under the law, I will only disclose the minimum amount of your PHI that is necessary to accomplish the purpose of the use and/or disclosure.

**My Duty to Safeguard Your Protected Health Information:**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (PHI.) Your PHI results from your treatment and payment and other related health care operations. I may also receive your PHI from other sources, with your signed release. You and your PHI receive certain protections under the law.

If you are receiving any type of psychological services, your PHI is typically limited to basic billing information placed in a file in my office and also on a computerized software program. I am the only person with access to the program. Clinical notes and reports are not part of the PHI. Except in unusual, emergency situations such as child abuse, elder abuse, abuse of a disabled person, homicidal or suicidal intention, your PHI will only be released with your specific authorization. (If you are consulting me for an evaluation, results of the evaluation and the report will be sent to the referring person with your written release and consent.)

How Your Protected Health Information May be Used or Disclosed:

In accordance with the HIPAA act and its privacy rule, I may use and/or disclose your PHI for a variety of reasons. Again, I will make efforts to prevent its dissemination. I am permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, and for our normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant permission via a signed RELEASE which is a separate form. However, the privacy rule provides that I am permitted to make certain other specified uses and/or disclosures about your PHI. These consist of the following:

- A. Uses and/or disclosures related to your treatment (T), the payment of services you receive (P) or our health care operations (O):
  - i. For treatment, I may use and/or disclose your PHI with psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – with your specific authorization. The only conceivable reason that a specific authorization or release might not be obtained would be in the case of a medical emergency.
  - ii. For payment, I may use and/or disclose your PHI for billing and collection activities without your disclosure.
  - iii. For health care operations I may use and/or disclose your PHI in the course of operating the various business functions of my office. For example, I may use and/or disclose your PHI for my assistant to process billing or interface with a third party payor.
- B. Use and/or disclosures not requiring your Authorization: The Privacy Rule provides that I may use and/or disclose your PHI without your authorization in the following circumstances:
  - i. When required by law. We may use and/or disclose your PHI when existing law requires that we report information including each of the following:
    1. Reporting abuse, neglect, or domestic violence I may use and/or disclose your PHI of suspected victims of abuse, neglect or domestic violence including reporting the information to relevant agencies.
    2. Judicial and administrative proceedings: I may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request or other lawful process.
    3. To avert a serious threat to health or safety I may use and/or disclose your PHI in order to avert a serious threat to health or safety.

Your Rights Regarding your Protected Health Information (PHI):

The HIPAA Privacy Rule grants you each of the following individual rights:

- A. The right to view and obtain copies of your PHI. In general, you have the right to view your PHI that is in my possession or to obtain copies of it. You may request it in writing. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances I may deny your request. If your request is denied, you will be given in writing the reasons for the denial. If you ask for copies of your PHI I will charge you not more than .25cents per page. I may see fit to provide you with a summary or explanation of the PHI but only if you agree in advance to it, as well as to the cost.
- B. The right to request limits on uses and disclosures of your PHI. You have the right to request that I limit my use and disclose your PHI. While I consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. The right to get a list of the disclosures I have made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to whom the PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.
- D. The right to amend your PHI. If you believe there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request in writing if I find that the PHI is a) correct and complete, b) forbidden to be disclosed, c) not part of my records, or d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. If I approve your request, I will make the change/s to your PHI and will inform others who need to know.

How to Complain about our Privacy Practices:

If you believe that I may have violated your individual privacy rights or if you object to a decision I made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington DC 20201. However, any complaint you file must be received by myself or filed with the Secretary within 180 days of when you knew or should have known the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

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### Patient Cover Sheet

Patient Name

Date of Evaluation

- Patient was given oral and written information pertaining to Consent for Psychological Services with Dr. Jody Kussin
- Patient was given and signed RELEASE of INFORMATION authorizing me to exchange information with:
- Patient received the HIPAA information hand out and had it explained.
- Patient was given oral and written information pertaining to electronic and telephonic communication, including but not limited to: skype sessions, email exchanges of information, texting, electronic billing options.
- Patient completed/submitted the Beck Depression Inventory
- Patient completed/submitted the Beck Anxiety Inventory
- Patient completed/submitted the Davidson Trauma Scale
- Patient completed/submitted the MMPI

The following documents were submitted by the patient: