

TIFFANY SHOEMAKER, LPC, NCC dba BE STILL COUNSELING SERVICES, LLC
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Is there a problem?

If you are not satisfied with your experiences here I want to hear from you so that I can provide my services to you in ways that we both find satisfactory.

If you have a problem with anything about my practice, first, speak with me. If the problem is with your insurance, bills, or payment, talk to me, since I handle all of that. If the problem is with your therapy, please talk to me. If you believe there has been some kind of violation of the confidentiality or the privacy of your records speak to our Privacy Officer, which again is myself, and let us clarify and fix the situation.

If you are not satisfied or the problems still continues, please fill out this simple form and I assure you it will be investigated, I will try my best to fix it, and to repair any damage that has been done . Also, I promise you that I will not in any way limit your care here or take any actions against you if you bring a problem to my attention.

Note: You do not have to sign this form if you do not want to. Thank you.

Client's name _____ Date of birth _____

Telephone number _____ (home) _____ (work)

Client's address _____

What is or was the problem? _____

What would you like to see done about the problem? _____

Signature of client or his or her personal representative.

Date

Printed name of client or personal representative.

Relationship to the client

Note: A response must be made to the client within 30 days from when you, the Privacy Officer receive this form.

Privacy Officer

Phone