



## **INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES**

Welcome to Etheridge Psychology, P.A. This document contains important information about our professional services and policies. Please read it carefully and be sure to ask us any questions you may have. When you sign the Psychological Services Agreement, it will represent an agreement between us. This document does not apply to forensic psychological services, which are services provided primarily for a legal purpose.

### **OUR SERVICES**

We provide two main types of clinical psychological services: psychological evaluations and psychotherapy.

Psychological evaluations are designed to answer a question, such as whether you have a mental health diagnosis, what your personality style is, how good your memory is, or whether you are a good candidate for certain types of medical treatments. A psychological evaluation is not treatment. Psychological evaluations involve a clinical interview and, often, administration of psychological tests. We may also need to request prior medical, psychological, academic, or legal records to complete your evaluation. In some cases, we may request to talk to a member of your family or other individual who knows you well to aid in our evaluation.

Psychotherapy also involves evaluation, but its purpose is to help you identify sources of emotional discomfort, develop a plan of action, and ultimately reduce that discomfort. Psychotherapy may involve education, support, talking about feelings, changing negative thought patterns, and changing your behavior. A diagnosis is usually given by the clinician. Diagnoses in mental health are technical terms that describe the nature of your symptoms.

### **BENEFITS/RISKS**

A psychological evaluation may be beneficial in that it may result in a diagnosis that can then be used for treatment planning with the goal that your symptoms improve. It may rule out a mental disorder that was suspected. Psychotherapy can help you to find solutions to specific problems, reduce feelings of emotional distress, and improve relationships.

Since we will be discussing intimate details of your life whether you are here for therapy or an evaluation, you may experience strong or uncomfortable feelings. Making even positive changes in your ways of thinking and acting can be disruptive to the relationships in your life. We cannot guarantee that your therapy or evaluation with us will result in external gain such as disability benefits or academic accommodations, and we cannot guarantee that a particular diagnosis will or will not be given.

### **MEETINGS**

A psychological evaluation typically requires one to three separate appointments, sometimes more. The first appointment includes an initial intake interview (typically 45-60 minutes) during which you will be asked questions about your current symptoms as well as information about your personal, educational, vocational, social, medical, mental health, and substance use history. During the intake assessment, if the clinician determines based on your unique symptoms and circumstances that they lack the necessary training and experience to complete your evaluation, this will be discussed with you and appropriate referrals provided. The clinician will determine whether psychological testing is needed and discuss this with you. In some cases, you can begin to complete any recommended self-report tests immediately following your intake interview, which can take 1-2 additional hours of your time. If any face-to-face testing with the clinician is recommended, that will be scheduled on a future date that is convenient for you. It will take some time after all testing is complete (usually a week or more) for your clinician to interpret the results and write a report. We recommend that you return for a final feedback session during which we will go over the evaluation results with you, discuss any diagnosis that has been given, and discuss treatment options.

Psychotherapy generally begins with an initial intake session that can last 45-60 minutes. Subsequent psychotherapy sessions last from 38-55 minutes if you have insurance; they can be longer if you pay out-of-pocket. The frequency and length of sessions should be agreed upon during your meeting with your clinician.

### **ENDING THERAPY**

You are usually the one who decides when therapy will end. We cannot determine before meeting with you whether we can help you. If your clinician decides that they are unable to help you due to the kind of problem you have or because their training and skills are not adequate for your unique needs, the clinician will discuss this with you and refer you to a

provider who may be a better fit. We may also discuss termination of services for: treatment not progressing, chronic lateness or no-shows, or inability to pay, although we will work with you on payment arrangements. We will provide you with referrals to other sources of care. We reserve the right to immediately terminate your services with us if you threaten, stalk, harass, or are aggressive or violent toward your clinician, any staff member at Etheridge Psychology, or any of their family members. This includes online, telephonic, in-person, or any other means of communication.

## CONTACTING US

The best way to reach us is by telephone at (919) 600-4906. We are an office-based mental health practice. We are not equipped as a crisis facility and cannot provide immediate or walk-in services, although we will see you as quickly as possible. Our clinicians are not often immediately available by telephone. We will make every effort to return your call on the same day except for weekends and holidays. If you are unable to reach us and are in a life-threatening situation, call 911 or go to the nearest emergency room. Additionally, we have compiled a list of community crisis resources on our website that may be of help to you in a crisis.

## PROFESSIONAL RECORDS

All the information you provide will go into a clinical record along with our notes, diagnosis, treatment provided, recommendations made, and any other information about our work with you. If your record is to be released to a third party, that party will be privy to the information contained within.

The laws and standards of our profession require that we keep records for a certain number of years. You are entitled to receive a copy of the records unless your clinician believes that seeing them could be emotionally damaging, in which case we will send them to another licensed mental health professional. Mental health records can be misinterpreted and/or upsetting to untrained readers. Your clinician may insist that you review your records in the clinician's presence before a copy will be released to you, and you will be charged our regular clinical rates for the meeting. Please note that the law allows greater protection for psychotherapy notes than for other clinical records. Test data and results may be released to you, but test materials will not. Please refer to our HIPAA Privacy Notice for more information about your clinical record.

## CONFIDENTIALITY

In general, the privacy of all communications between a patient and a licensed mental health professional is protected by law, and we can only release information about our work to others with your written permission with a few exceptions. Your privacy is of utmost importance to us. Please read the following carefully:

- If you will be filing a health insurance claim for services you receive from us, we are required to provide them with demographic information about you as well as a clinical diagnosis, dates of appointments, and services received. In rare cases, your insurance company may ask for a copy of your entire clinical record in processing the claim(s) or for auditing purposes. You must agree to allow us to release this information to your insurance company before we can submit a claim on your behalf.
- In some legal proceedings, a judge may order your clinician's testimony and/or require that your clinical record be released to the court.
- We are legally obligated to file a report or contact law enforcement if we believe or you disclose that any child, elderly person, or disabled person is being abused or neglected.
- If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions, which may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm themselves, we may be obligated to seek hospitalization for him/her. This can sometimes require calling police or an ambulance. Your permission is not required for these actions.
- If you threaten, stalk, harass, or are violent or sexually inappropriate toward a clinician or staff member at Etheridge Psychology or anyone else in our presence, we will contact law enforcement. This will compromise your confidentiality.
- If you are under eighteen years of age or are an adult with a legal guardian, please be aware that the law provides your parents or guardian the right to examine your medical records.
- Our clinicians may consult with other licensed mental health professionals about a patient. During a consultation, we make every effort to avoid revealing a patient's identity, and the consultant is also legally bound to confidentiality. We do not require your permission to consult with other mental health professionals and will typically not inform you that we have done so.

More information about confidentiality can be found in our HIPAA Privacy Notice.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important to discuss any questions or concerns that you may have at your appointment. Please note, however, that we have no legal training and cannot provide you with legal advice. If you have concerns about your rights as a patient that we cannot answer, we encourage you to seek an attorney's guidance.

By signing the Psychological Services Agreement, you attest that you have read this document, the Informed Consent for Psychological Services, in full. Please ask any questions you may have about its content.



## FINANCIAL POLICIES

Thank you for choosing Etheridge Psychology, P.A. This document outlines important information about our financial policies to avoid any miscommunication. When you (or your legal guardian) sign the Psychological Services Agreement, this document will represent a financial agreement between us.

A \$40 deposit is required for new patients scheduling a psychotherapy or evaluation appointment unless otherwise noted below. The deposit is applied to your fees or refunded to you upon settlement of your fees if a third party pays the entire cost of services. If you provide less than 24 hours of notice to cancel or reschedule your appointment or if you do not come to your scheduled appointment, your deposit is forfeited, and a new deposit is required to schedule with us again.

### **Payment for services is expected at the time of your appointment.**

If you are using health insurance, your expected portion of costs must be paid in full at your first appointment. We will provide you a written estimate of those costs, but we cannot guarantee how your insurance will pay your claims. If we cannot establish medical necessity or other requirements to bill your insurance, we charge self-pay rates.

For a self-pay psychological evaluation, you may pay 50% of the expected cost of the evaluation at the time of the first meeting. The remaining balance is due in full at your final appointment.

Missed, rescheduled, or cancelled appointments with less than 24 hours' notice: \$40 fee.

Lost testing materials: \$3 per test for replacements.

Returned/bounced checks: \$25 administrative fee.

Due to the increasing number of insurance claims that have gone unpaid and patients defaulting on financial obligations, we will not complete your evaluation report until we receive payment in full, whether that payment comes from you, your insurance company, or other responsible party. You are still entitled to a copy of the records we have produced during your evaluation with us, but a final written report will not be completed until payment in full is received.

### **Out-of-Pocket (Self-Pay) Fees for Services:**

<b><u>Licensed Psychologist</u></b>	<b><u>Fee</u></b>	<b><u>Licensed Professional Counselor</u></b>	<b><u>Fee</u></b>
Initial Evaluation/Intake	\$225.00	Initial Evaluation/Intake	\$200.00
Psychotherapy (38 minute minimum)	\$175.00	Psychotherapy (38 minute minimum)	\$150.00
Psychotherapy (53 minute minimum)	\$200.00	Psychotherapy (53 minute minimum)	\$175.00
Psychological Testing	\$200.00*		

\*A psychological evaluation includes an initial evaluation and is then billed per hour of the psychologist's time spent interviewing, obtaining and reviewing collateral information, administering, scoring, and interpreting psychological tests, and preparing a written report. The costs associated with the tests themselves are included in the hourly rate.

All psychological evaluations, unless specified, require an intake appointment (typically 45-60 minutes) during which the clinician will talk to you about your symptoms and gather information about you. The clinician will select test(s) based on the information gathered about you during the intake appointment.

If self-report tests are selected by the clinician, you may be able to complete these tests in the office immediately after your initial interview. Any testing requiring direct administration by the clinician will be scheduled for a later date. Test results are not available the same day of testing, as we need time to score and interpret the tests.

Your final appointment will be a feedback session during which the clinician will go over your testing results, discuss any diagnosis made, and provide treatment recommendations. Please keep in mind that fees for evaluations include not only the time your clinician spends with you directly, but also the clinician's time scoring and interpreting tests and preparing a written report. Your clinician spends many hours on your evaluation when you are not present!

To help you plan financially, the following is a list of estimated total fees for various types of psychological and psychoeducational evaluations we offer based on prior evaluations that we have completed. Sometimes, more extensive testing is required at an additional cost. We cannot know if you will need more extensive testing until we evaluate you and determine your unique needs. Please discuss your financial concerns with us.

### **Estimated Total Fees for Evaluations:**

#### **Adult ADHD Evaluation           \$750.00**

Includes clinical diagnostic interview, psychological testing, feedback session, and written report. Typically 2-3 separate appointments.

#### **Child ADHD Evaluation           \$950.00**

Includes clinical diagnostic interview, psychological testing (full scale IQ test included), feedback session, and written report sent to physician or other provider. 2-3 separate appointments.

#### **Clinical Psychological Evaluation   \$900.00**

Clinical diagnostic interview, psychological testing, feedback session, written report. Useful for diagnosing mental disorders, assessing personality, and treatment planning. 2-3 separate appointments. Does not apply to Autism (or Asperger's Disorder) evaluations, as this type of evaluation is much more extensive.

#### **Autism Testing                   \$1000-\$2000**

Autism (or Asperger's) evaluations are highly variable in the extent of testing required. Tests are selected based on the information gathered during the initial clinical interview. Usually 2-5 separate appointments.

#### **Pre-Bariatric Surgery Psychological Evaluation   \$500.00**

For patients seeking bariatric surgery. Includes clinical interview, psychological testing, and written report sent to your surgeon. Includes 30-60 minutes with the clinician and an additional 1-2 hours for testing. 1-2 visits typically required.

#### **Level I Neuropsychological Evaluation           \$750.00**

Clinical diagnostic interview, testing, feedback session, written report. Basic neuropsychological testing for memory, attention, visuospatial skills, language. Usually 3 separate appointments.

#### **Level II Neuropsychological Evaluation           \$1000.00**

Clinical diagnostic interview, testing, feedback session, written report. Same as Level I plus either a more detailed memory test OR a full-scale IQ test, depending on need. Typically 3-4 appointments.

#### **Level III Neuropsychological Evaluation           \$1400.00**

Clinical diagnostic interview, basic neuropsychological testing, more detailed memory testing, and full-scale IQ test. Feedback session and written report with diagnosis included. Usually 4-5 appointments.

#### **IQ Testing only                   \$450.00 (\$75 deposit required upon scheduling)**

Provides information about cognitive ability in multiple areas of intelligence. Includes brief interview, full-scale IQ testing, score report, and 30-minute feedback session. Typically 2 appointments. Testing is 1.5-2 hours.

#### **Achievement Testing only       \$475.00 (\$75 deposit required upon scheduling)**

Assesses academic achievement level in reading, writing, and mathematics. Includes brief interview, full-scale academic achievement testing, score report, and 30-minute feedback session. Typically 2 appointments. Testing is 2-2.5 hours.

#### **Learning Disorder Testing       \$975.00**

Interview, academic record review, IQ and achievement test, diagnosis, feedback session, and report with recommendations. This price does not include a clinical psychological evaluation. Typically, 4 visits are required.

#### **Early Entry into Kindergarten Testing           \$650.00 (\$75 deposit required upon scheduling)**

This testing satisfies only part of the requirements for consideration of early entry to kindergarten. Price includes full-scale IQ test, selected achievement subtests, and feedback session. Testing can typically be completed in one appointment.

## **INFORMATION ABOUT USING HEALTH INSURANCE WITH US:**

If you are using health insurance, you must provide us with all the information we need for your claim and present your insurance card at your appointment.

If you do not present your insurance card and/or we were unable to verify your benefits prior to your appointment, you must pay in full for services until we receive reimbursement from your insurance company, at which time you will receive an equivalent refund or credit.

We often verify benefits prior to patient appointments as a courtesy. It is ultimately your responsibility, however, to know your benefits, your expected costs, and whether preauthorization is required. You are urged to call your insurance company if you are not sure of your benefits, whether preauthorization is required, whether you must meet a deductible, and any other information needed for your claim.

We provide some services that insurance companies do not cover. For example, certain diagnoses and certain types of evaluations may not be covered. We cannot guarantee that your insurance company will pay for your services with us, even if the insurance company has given us a quote of your benefits.

**If your insurance company does not pay, or if they deny the claim, you will receive a bill from us that is due upon receipt.**

We are not responsible if your insurance company misquotes your benefits. Please understand that, even if an insurance company gives a quote of benefits, they do not guarantee that the claim will be paid. Insurance companies do not make a decision regarding payment until the claim is received (i.e., after your appointment). We will assist in any way we can to help get your claims paid, but ultimately you are responsible for paying if your insurance company does not.

## **INFORMATION ABOUT BILLING STATEMENTS:**

Billing statements are due upon receipt.

If you are a recurring patient, we may discuss any balance due at your next appointment, or you may receive a bill in the mail. If you are not a recurring patient and you have a balance due, we will mail you a billing statement.

If you are experiencing financial hardship, we can make a payment arrangement with you. To keep our prices fair to all patients, we do not discount or forgive balances.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we can and do use legal means to secure payment, such as a collection agency or small claims court. Delinquent balances will be reported to major credit bureaus, which will negatively affect your credit rating. If legal action is necessary, its costs will be included in the claim. We will release your name, address, phone number(s), driver's license number, social security number, the nature of services provided, why a balance is owed, a copy of your signed Psychological Services Agreement, and the balance due to the collection agency or other legal venue. We will not release your clinical records.

You are responsible for providing us with your accurate billing address. If the bill is returned to us and we cannot reach you by telephone, your account will be forwarded to a collection agency.

If you receive a billing statement from us, and you have health insurance, it usually means that your insurance company did not pay what they quoted. You are still responsible for the balance, and payment is due upon receipt. If you feel that your insurance company should have paid more than they did, that is an issue between you and your insurance company, and you must contact them directly. If they need additional information from us, we are happy to provide it.

Your signature on the Psychological Services Agreement certifies that you understand and agree to our Financial Policies.



## **HIPAA PRIVACY NOTICE**

### **Policies and Practices to Protect the Privacy of your Health Information**

IN COMPLIANCE WITH THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Definitions:

Etheridge Psychology, P.A. – Unless otherwise specified, Etheridge Psychology, P.A., or pronouns such as “We,” “Us,” or “Our”, refers to the above-named practice and its employees, volunteers, and related personnel.

“You” – Refers to the patient or the patient’s legally authorized personal representative.

Protected Health Information (PHI) – Information in your health record that could identify you. With certain limited exceptions, PHI is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual’s past, present, or future health or condition, healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual.

Use – Applies to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure – Applies to activities outside our practice, such as releasing, transferring, or providing access to information about you to other parties.

Authorization – Your written permission to disclose confidential mental health information.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your Protected Health Information (PHI), for:

Treatment – When we provide, coordinate, or manage your health care and other services related to your health care. Example: A psychologist who has evaluated you may need to tell your family doctor that you have an anxiety disorder that is affecting your sleep or that may be causing your stomachaches or headaches. A therapist who is treating you may need to tell your psychiatrist that you are experiencing a manic episode so that the psychiatrist can adjust your medications.

Payment – When we obtain reimbursement for your healthcare. Examples: We may disclose your PHI to your health insurer to obtain preauthorization for your treatment or to obtain reimbursement for your health care. We may disclose limited PHI to a collection agency to collect payment for a delinquent balance.

Health Care Operations – Activities that relate to the performance and operation of this practice. Examples of this are quality assessment/improvement activities and business-related matters such as audits/administrative services. We may use outside individuals or companies (business associates) to perform services for us (e.g., scanning, accounting, legal, technology, and test scoring services). We require these business associates to safeguard your health information.

### **II. Other Uses and Disclosures Requiring Authorization**

Etheridge Psychology, P.A. may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained unless required by law (see section IV).

Psychotherapy notes are different from and not included in PHI and include notes that have been made about the content of an individual, group, joint, or family therapy session. We will obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

### **III. Revocation of Authorization**

You may revoke all or any authorizations of PHI and/or psychotherapy notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1) we have relied on that authorization; or 2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **IV. Uses and Disclosures without Authorization**

We may use and disclose your PHI to contact you about appointments, treatment, or other communications. We may contact you by any method you provide to us, which may include mail, telephone, or email.

We will disclose your PHI when required by federal, state, or local law or other judicial or administrative proceeding without your consent or authorization. Following are examples:

Child Abuse – If you give us information that leads us to suspect child abuse, neglect, or death due to maltreatment of any child, we must report such information to the county Department of Social Services (DSS) or law enforcement if after hours. If asked by DSS to turn over information from your records relevant to a child protective services investigation, we must do so. We will inform you a report has been made unless we believe that informing you may place the individual at risk of serious harm.

Adult and Domestic Abuse – If you provide us with information that leads to reasonable belief that any disabled adult needs protective services because of abuse or neglect by themselves or another person, we must immediately report this to the Department of Social Services. We will inform you a report has been made unless we believe that informing you may place the individual at risk of serious harm.

Health Oversight Activities – The North Carolina Psychology Board and other professional boards have the authority to receive relevant records, including your entire clinical record, should we be the focus of an inquiry.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or your clinical records, we will not release such information without your written authorization or a court order. If a court order requires that your records be released, under law we must release them, even without your written consent or authorization. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety – If we believe disclosure of PHI is necessary to protect you or another individual from a substantial risk of imminent and serious physical injury, we will disclose the PHI to the appropriate individuals, which may include but is not limited to family members, police, or the individual at risk of harm. For example, if you tell your therapist that you plan to poison your spouse, we may notify your spouse as well as law enforcement. If you lose consciousness or become injured while at our practice, we will seek medical care for you and disclose any necessary PHI (e.g., that you have diabetes or a heart condition).

Worker's Compensation – If you file a worker's compensation claim, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law - This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.



## **V. Patient's Rights and Our Duties**

### **Patient's Rights:**

You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know you are seeing a mental health professional. At your request, we will send your bills to another address.

You have a right to inspect and/or obtain a copy of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances. In some cases, you may have this decision reviewed. You may be denied access to psychotherapy notes if we believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. We will notify you or your representatives if we do not grant complete access. On your request, we will discuss with you the details of the request and/or denial process.

You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

You generally have the right to receive an accounting of disclosures of PHI. Upon your request, we will discuss with you the details of the accounting process.

You have the right to obtain a paper copy of this notice from us.

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket for our services.

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

### **Our Duties:**

We are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you following a breach of unsecured PHI.

We are required to comply with the provisions of this notice and only use and/or disclose your health information as described in this notice.

We will explain how, when, and why we use and/or disclose your health information.

We reserve the right to change the privacy policies and practices described in this notice and to make the new notice provisions effective for all PHI we maintain. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect (as described in this document). If we revise this notice, the new notice will be effective

If we revise the terms of this notice, we will provide you with a revised notice in writing either by mail or in person during a regularly scheduled appointment, post it at our office, and upload it to our website.

## **VI. Questions and Complaints**

If you have questions about this notice, disagree with a decision we make about access to your records, or have concerns about your privacy rights, you may contact Etheridge Psychology, P.A. directly by phone at (919) 600-4906, or in writing at 1120 SE Cary Parkway, Suite 201, Cary, NC 27518.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to the address provided above. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

#### **VII. Effective Date, Restrictions and Changes to Privacy Policy**

This notice went into effect on 4/28/09. It was updated on 3/11/14, 12/29/14, 3/3/16, and 10/7/19.